

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

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

CASE NO. 22831

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Mark Hadjik
A-1	Application & Proposed Notice of Hearing
A-2	C102s for Wells
A-3	Plat of Tracts, Ownership Interests, Uncommitted Interests to be Pooled
A-4	Sample Well Proposal Letter and AFEs
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of David DaGian
B-1	Regional Locator Map
B-2	Cross-Section Locator Map
B-3	First Bone Spring – Structure Map
B-4	Second Bone Spring – Structure Map
B-5	Third Bone Spring – Structure Map
B-6	Structural Cross-Section
B-7	Stratigraphic Cross-Section
B-8	Gun Barrell Development Plan
Exhibit C	Affidavit of Dana S. Hardy

- C-1 Sample Notice Letters to All Interested Parties and Overriding Royalty Interest Owners
- C-2 Chart of Notice to All Interested Parties and Overriding Royalty Interest Owners
- C-3 Certified Mail Receipts
- C-4 Affidavit of Publication for May 18, 2022.

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22831
Hearing Date:	7/7/2022
Applicant	Colgate Operating, LLC
Designated Operator & OGRID	371449
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	COG Operating LLC
Well Family	Dundee 4 Fed Com
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring
Pool Name and Pool Code	Winchester, Bone Spring Pool (Code 65010)
Well Location Setback Rules	Standard
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320
Building Blocks	quarter-quarter
Orientation	West/East
Description: TRS/County	Lots 1, 2, 3, and 4 (N/2 N/2 equivalent) of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Dundee 4 Fed Com 111H (API # pending) SHL: 989' FNL & 140' FEL, Lot 1, Section 5, T20S-R28E BHL: 978' FNL & 10' FEL, Lot 1, Section 3, T20S-R28E Completion Target: First Bone Spring (Approx. 6,160' TVD) Well Orientation: West to East
Well #2	Dundee 4 Fed Com 121H (API # pending) SHL: 988' FNL & 290' FEL, Lot 1, Section 5, T20S-R28E BHL: 978' FNL & 10' FEL, Lot 1, Section 3, T20S-R28E Completion Target: Second Bone Spring (Approx. 7,255' TVD) Well Orientation: West to East
Well #3	Dundee 4 Fed Com 131H (API # pending) SHL: 988' FNL & 230' FEL, Lot 1, Section 5, T20S-R28E BHL: 978' FNL & 10' FEL, Lot 1, Section 3, T20S-R28E Completion Target: Third Bone Spring (Approx. 8,480' TVD) Well Orientation: West to East
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 \$	\$8,000.00
Production Supervision/Month \$	\$800.00
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 C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
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-8
Gross Isopach	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibits B-5, B-6
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-8
Structure Contour Map - Subsea Depth	Exhibits B-3, B-4, B-5
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibits B-6, B-7
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):	/s/ Dana S. Hardy
Date:	7/5/2022

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

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

CASE NO. 22831

**SELF-AFFIRMED STATEMENT
OF MARK HADJIK**

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

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

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

4. Colgate seeks an order pooling all uncommitted interests in the Winchester, Bone Spring Pool (Code 65010) within the Bone Spring underlying a 316-acre, more or less, standard horizontal spacing unit comprised of Lots 1, 2, 3, and 4 (N/2 N/2 equivalent) of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the following wells (“Wells”)

- a. **Dundee 4 Fed Com 111H** well to be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3;
- b. **Dundee 4 Fed Com 121H** well to be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3; and

- c. **Dundee 4 Fed Com 131H** to be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3.
6. The completed interval of the Well will be orthodox.
7. **Exhibit A-2** contains the C-102s for the Wells.
8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Colgate seeks to pool highlighted in yellow. The exhibit also identifies any unlocatable interests.
9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Wells. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
10. Colgate has conducted a diligent search of all county public records including phone directories and computer databases.
11. In my opinion, Colgate made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.
12. Colgate requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Colgate and other operators in the vicinity.
13. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.
14. In my opinion, the granting of Colgate's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

15. 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 next to my electronic signature below.



Mark Hajdik

6/30/2022

Date

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

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

CASE NO. 22831

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 316-acre, more or less, standard horizontal spacing unit comprised of Lots 1, 2, 3, and 4 (N/2N/2 equivalent) of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following.

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the following wells (“Wells”):
 - a. **Dundee 4 Fed Com 111H** well, which will be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3;
 - b. **Dundee 4 Fed Com 121H** well, which will be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3; and
 - c. **Dundee 4 Fed Com 131H** well, which will be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3;
3. The completed intervals of the Wells will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.

Colgate Operating, LLC
Case No. 22831
Exhibit A-1

5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

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

WHEREFORE, Applicant requests this application be set for hearing on June 2, 2022, and that after notice and hearing, the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com
Counsel for Colgate Operating, LLC

Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 316-acre, more or less, standard horizontal spacing unit comprised of Lots 1, 2, 3, and 4 (N/2N/2 equivalent) of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): **Dundee 4 Fed Com 111H** well, **Dundee 4 Fed Com 121H** well, and **Dundee 4 Fed Com 131H** well, which will be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 12 miles northeast of Carlsbad, New Mexico.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code 65010		3 Pool Name Winchester, Bone Spring Pool	
4 Property Code		5 Property Name DUNDEE 4 FED COM			6 Well Number 111H
7 OGRID No. 371449		8 Operator Name COLGATE ENERGY LLC			9 Elevation 3317.79'

10 Surface Location

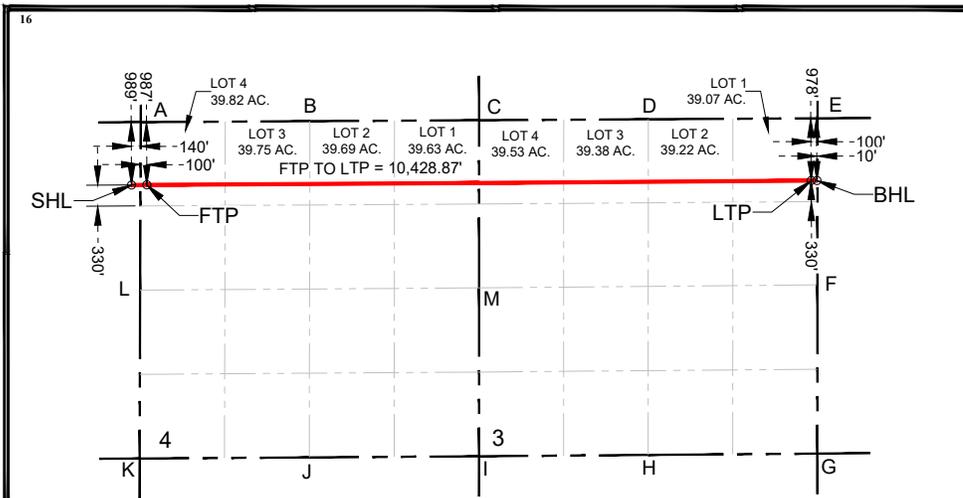
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	5	20-S	28-E		989'	NORTH	140'	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	3	20-S	28-E		978'	NORTH	10'	EAST	EDDY

12 Dedicated Acres 316	13 Joint or Infill	14 Consolidation Code	15 Order No.
----------------------------------	---------------------------	------------------------------	---------------------

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



SURFACE HOLE LOCATION (SHL)
NEW MEXICO EAST - NAD 83
X=585058.85 LAT.= 32.60718077° N
Y=584652.32 LONG.= 104.19134770° W
NEW MEXICO EAST - NAD 27
X=543878.80 LAT.= 32.60706373° N
Y=584590.72 LONG.= -104.19083967° W
989' FNL, 140' FEL - SECTION 5

FIRST TAKE POINT (FTP)
NEW MEXICO EAST - NAD 83
X=585299.30 LAT.= 32.60718875° N
Y=584655.54 LONG.= 104.19056684° W
NEW MEXICO EAST - NAD 27
X=544119.24 LAT.= 32.60707170° N
Y=584593.94 LONG.= -104.19005884° W
987' FNL, 100' FWL - SECTION 4

LAST TAKE POINT (LTP)
NEW MEXICO EAST - NAD 83
X=595727.95 LAT.= 32.60732906° N
Y=584722.25 LONG.= 104.15669943° W
NEW MEXICO EAST - NAD 27
X=554547.87 LAT.= 32.60721165° N
Y=584660.57 LONG.= -104.15619227° W
978' FNL, 100' FEL - SECTION 3

BOTTOM HOLE LOCATION (BHL)
NEW MEXICO EAST - NAD 83
X=595817.95 LAT.= 32.60733044° N
Y=584722.91 LONG.= 104.15640714° W
NEW MEXICO EAST - NAD 27
X=554637.87 LAT.= 32.60721303° N
Y=584661.22 LONG.= -104.15590000° W
978' FNL, 10' FEL - SECTION 3

- CORNER DATA**
NEW MEXICO EAST - NAD 83
- A. FOUND IRON PIPE W/ BRASS CAP N:585641.97° E:585202.31'
 - B. FOUND IRON PIPE W/ BRASS CAP N:585656.50° E:587858.72'
 - C. FOUND IRON PIPE W/ BRASS CAP N:585671.76° E:590514.87'
 - D. FOUND IRON ROD W/ ALUM. CAP N:585686.35° E:593171.86'
 - E. FOUND IRON PIPE W/ BRASS CAP N:585701.20° E:595828.61'
 - F. FOUND IRON PIPE W/ BRASS CAP N:583084.74° E:595826.84'
 - G. FOUND IRON PIPE W/ BRASS CAP N:580433.88° E:595824.69'
 - H. FOUND IRON PIPE W/ BRASS CAP N:580412.62° E:593168.80'
 - I. FOUND IRON PIPE W/ BRASS CAP N:580391.30° E:590513.47'
 - J. FOUND IRON PIPE W/ BRASS CAP N:580373.68° E:587849.16'
 - K. FOUND IRON PIPE W/ BRASS CAP N:580356.62° E:585185.65'
 - L. FOUND IRON PIPE W/ BRASS CAP N:583002.03° E:585194.24'
 - M. FOUND IRON PIPE W/ BRASS CAP N:583037.35° E:590513.68'

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

Signature _____ Date _____
Printed Name _____
E-mail Address _____

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

Date of Survey _____
Signature and Seal of Professional Surveyor:  _____
Certificate Number 2/24/2022

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
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Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code 65010	3 Pool Name Winchester, Bone Spring Pool
4 Property Code	5 Property Name DUNDEE 4 FED COM	
6 Well Number 121H	7 OGRID No. 371449	
8 Operator Name COLGATE ENERGY LLC		9 Elevation 3318.58'

10 Surface Location

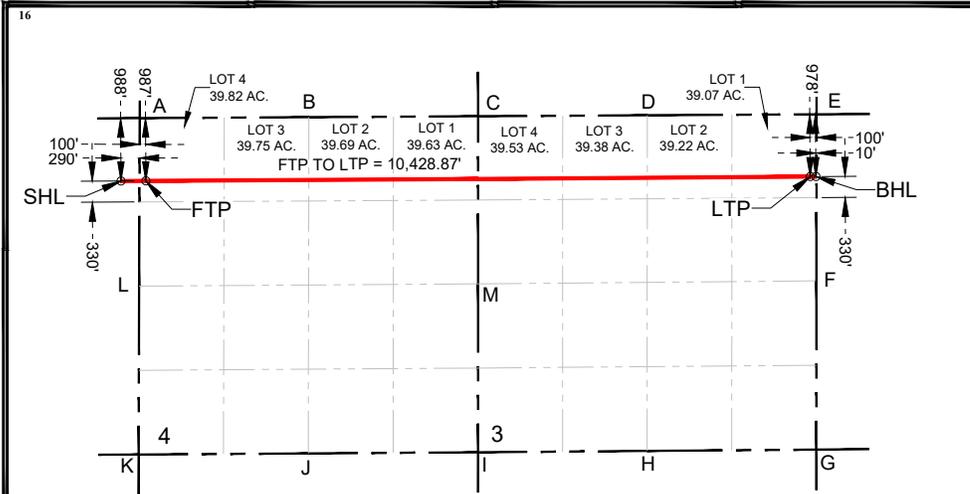
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	5	20-S	28-E		988'	NORTH	290'	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	3	20-S	28-E		978'	NORTH	10'	EAST	EDDY

12 Dedicated Acres 316	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



SURFACE HOLE LOCATION (SHL) NEW MEXICO EAST - NAD 83		FIRST TAKE POINT (FTP) NEW MEXICO EAST - NAD 83	
X=584908.85	LAT.= 32.60718234° N	X=585299.30	LAT.= 32.60718875° N
Y=584652.69	LONG.= 104.19183482° W	Y=584655.54	LONG.= 104.19056684° W
NEW MEXICO EAST - NAD 27		NEW MEXICO EAST - NAD 27	
X=543728.80	LAT.= 32.60706530° N	X=544119.24	LAT.= 32.60707170° N
Y=584591.09	LONG.= -104.19132678° W	Y=584593.94	LONG.= -104.19005884° W
988' FNL, 290' FEL - SECTION 5		987' FNL, 100' FWL - SECTION 4	
LAST TAKE POINT (LTP) NEW MEXICO EAST - NAD 83		BOTTOM HOLE LOCATION (BHL) NEW MEXICO EAST - NAD 83	
X=595727.95	LAT.= 32.60732906° N	X=595817.95	LAT.= 32.60733044° N
Y=584722.25	LONG.= 104.15669943° W	Y=584722.91	LONG.= 104.15640714° W
NEW MEXICO EAST - NAD 27		NEW MEXICO EAST - NAD 27	
X=554547.87	LAT.= 32.60721165° N	X=554637.87	LAT.= 32.60721303° N
Y=584660.57	LONG.= -104.15619227° W	Y=584661.22	LONG.= -104.15590000° W
978' FNL, 100' FEL - SECTION 3		978' FNL, 10' FEL - SECTION 3	

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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

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

Date of Survey _____

Signature and Seal of Professional Surveyor: 

Certificate Number _____ 2/24/2022

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4 Property Code		5 Property Name DUNDEE 4 FED COM			6 Well Number 131H
7 OGRID No. 371449		8 Operator Name COLGATE ENERGY LLC			9 Elevation 3318.03'

10 Surface Location

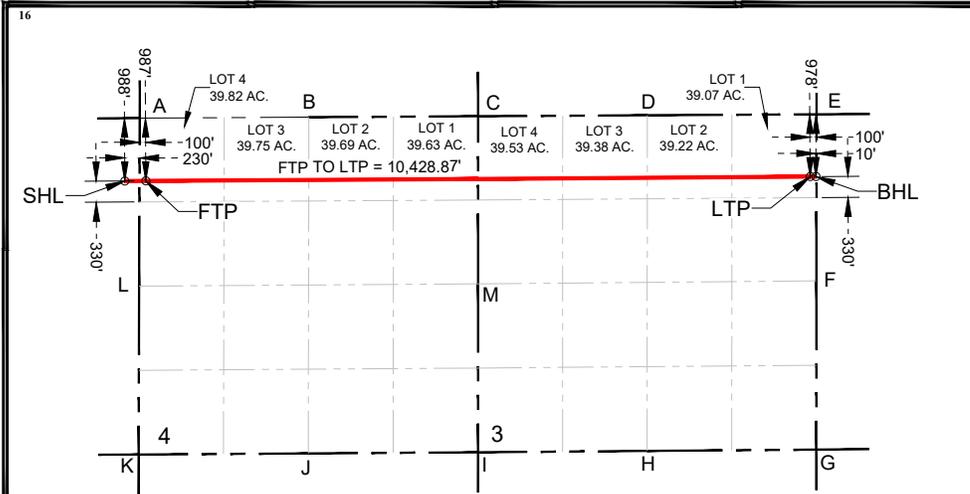
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	5	20-S	28-E		988'	NORTH	230'	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	3	20-S	28-E		978'	NORTH	10'	EAST	EDDY

12 Dedicated Acres 316	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



CORNER DATA
NEW MEXICO EAST - NAD 83

SURFACE HOLE LOCATION (SHL) NEW MEXICO EAST - NAD 83 X=584968.85 LAT.= 32.60718192° N Y=584652.62 LONG.= 104.19163997° W NEW MEXICO EAST - NAD 27 X=543788.80 LAT.= 32.60706488° N Y=584591.02 LONG.= -104.19113194° W 988' FNL, 230' FEL - SECTION 5	FIRST TAKE POINT (FTP) NEW MEXICO EAST - NAD 83 X=585299.30 LAT.= 32.60718875° N Y=584655.54 LONG.= 104.19056684° W NEW MEXICO EAST - NAD 27 X=544119.24 LAT.= 32.60707170° N Y=584593.94 LONG.= -104.19005884° W 987' FNL, 100' FWL - SECTION 4
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17 OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____
Printed Name _____
E-mail Address _____

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Date of Survey _____
Signature and Seal of Professional Surveyor: 
Certificate Number _____

DUNDEE 4 FED COM 111H, 121H, 131H (N/2N/2)				
WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	4-1A, 4-4A, 3-4A, 3-5A	263.65	83.41%	Operator
COG Operating LLC	4-4A, 3-4A	47.59	15.06%	No
Don Hofman*	4-4A	0.18	0.06%	Yes
Trustee(s) Samuel Max Mordka Trust	4-4A	0.09	0.03%	Yes
Trustee(s) Michelle A. Rubin Trust	4-4A	0.09	0.03%	Yes
E. O. Bufkin, Jr.	3-4A	2.37	0.75%	Yes
C & J Investments	3-4A	0.79	0.25%	Yes
Charles W. Seltzer, Trustee of the Charles W. Seltzer Trust	3-4A	0.39	0.12%	Yes
Shauna Seltzer Redwine, Trustee of the Shauna Seltzer Redwine Trust	3-4A	0.39	0.12%	Yes
Michael Neitzel	3-4A	0.39	0.12%	Yes
Karen Ralston Slade Revocable Trust	3-4A	0.08	0.02%	Yes
Kirk & Sweeney, Ltd. Co.	3-4A	0.08	0.02%	Yes
*Unlocatable		316.08	100.00%	

Colgate Operating, LLC
Case No. 22831
Exhibit A-3

T20S-R28E Section 4		T20S-R28E Section 3		
Dundee 4 22831				
4-1A	4-4A	3-4A	3-5A	
4-1B	4-4B	3-4B	3-5B	
4-1C	4-2C	4-3C	3-5C(a)	3-5C(b)
4-1D	4-2D	4-3D	3-5D(a)	3-5D(b)

LESSEE OF RECORD	FORCE POOL	TRACT
James L Alford	Yes	4-4A 3-4A

OVERRIDING ROYALTY INTERESTS
Realtimzone, Inc.
Long, LLC
Sandra Thoma
John Kyle Thoma, Trustee of the Cornerstone Family Trust
Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012
Monarch Oil and Gas Inc.

Scott Exploration, Inc.
Stephen T. Mitchell
Qualia Interests, LLC
Hutchings Oil Company
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981
Robert W. Hanagan
Natalie V. Hanagan
The Heirs and/or Devisees of the Estate of Harold Scott
Stephens Enterprises
Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012
OGI, Inc.
ROEC, Inc.
Doris R. Stinson
Energy Properties Limited, L.P.
Sam L. Shackelford
Robin K. Shackelford
William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan
Robin L. Morgan
Elizabeth S. Shelton, Trustee of the Elizabeth S. Shelton Living Trust, an inter vivos trust
Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the

Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the Colgate Royalties, LP
John P. Conn and Eileen C. Knecht
Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust
Trinity Royalty Holdings I, LP
Shelley Schutz Dominguez
Nuevo Seis, Limited Partnership
Adventure Exploration, L.P.
Paul Davis, Ltd.
PDIII Exploration, Ltd.
JB & PDIII Partners, LLC
Merrick Properties, LLC
MKL Minerals, LLC
Tar Creek, LLC



March 4, 2022

Via Certified Mail

COG Operating LLC
600 W Illinois Ave
Midland, TX 79701

RE: Dundee 4 Fed Com – Well Proposals
Section 4: All, Section 3: All, T20S-R28E, Bone Spring and Wolfcamp Formation
Eddy County, New Mexico

To Whom It May Concern:

Colgate Operating, LLC, as operator for Colgate Production, LLC (“Colgate”), hereby proposes the drilling and completion of the following eleven (11) wells, the Dundee 4 Fed Com 111H, 112H, 113H, 114H, 121H, 122H, 123H, 124H, 131H, 132H, 133H, 134H, 201H, 202H, & 203H at the following approximate locations within Township 20 South, Range 28 East:

- 1. Dundee 4 Fed Com 111H**
SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10’ FEL & 990’ FNL of Section 3
FTP: 100’ FWL & 990’ FNL of Section 4
LTP: 100’ FEL & 990’ FNL of Section 3
TVD: 6,160’
TMD: Approximately 16,887’
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

- 2. Dundee 4 Fed Com 112H**
SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10’ FEL & 2310’ FNL of Section 3
FTP: 100’ FWL & 2310’ FNL of Section 4
LTP: 100’ FEL & 2310’ FNL of Section 3
TVD: 6,160’
TMD: Approximately 16,887’
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

300 N. Marienfeld St., Suite 1000, Midland, Texas 79701
P: (432) 695-4222 | F: (432) 695-4063
www.ColgateEnergy.com

Colgate Operating, LLC
Case No. 22831
Exhibit A-4

Dundee 4 Fed Com Well Proposal

3. Dundee 4 Fed Com 113H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 1650' FSL of Section 3
FTP: 100' FWL & 1650' FSL of Section 4
LTP: 100' FEL & 1650' FSL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

4. Dundee 4 Fed Com 114H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

5. Dundee 4 Fed Com 121H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

6. Dundee 4 Fed Com 122H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 2310' FNL of Section 3
FTP: 100' FWL & 2310' FNL of Section 4
LTP: 100' FEL & 2310' FNL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

7. Dundee 4 Fed Com 123H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 1650' FSL of Section 3
FTP: 100' FWL & 1650' FSL of Section 4
LTP: 100' FEL & 1650' FSL of Section 3
TVD: 7,509'
TMD: Approximately 12,794'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

8. Dundee 4 Fed Com 124H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

9. Dundee 4 Fed Com 131H

SHL: At a legal location the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

10. Dundee 4 Fed Com 132H

SHL: At a legal location the NE/4NE/4 of Section 5
BHL: 10' FEL & 2,310' FNL of Section 3
FTP: 100' FWL & 2,310' FNL of Section 4
LTP: 100' FEL & 2,310' FNL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

11. Dundee 4 Fed Com 133H

SHL: At a legal location the SE/4 of Section 5
BHL: 10' FEL & 1,650' FSL of Section 3
FTP: 100' FWL & 1,650' FSL of Section 4
LTP: 100' FEL & 1,650' FSL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

12. Dundee 4 Fed Com 134H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

13. Dundee 4 Fed Com 201H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 1,650' FNL of Section 3
FTP: 100' FWL & 1,650' FNL of Section 4
LTP: 100' FEL & 1,650' FNL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

14. Dundee 4 Fed Com 202H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 2,310' FSL of Section 3
FTP: 100' FWL & 2,310' FSL of Section 4
LTP: 100' FEL & 2,310' FSL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

15. Dundee 4 Fed Com 203H

SHL: At a legal location in the SE/4SE/4 of Section 5
BHL: 10' FEL & 990' FSL of Section 3
FTP: 100' FWL & 990' FSL of Section 4
LTP: 100' FEL & 990' FSL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Colgate is proposing to drill these wells under the modified terms of the 1989 AAPL Operating Agreement and a form of said Operating Agreement is available upon request. The Operating Agreement has the following general provisions:

- 100%/300%/300% non-consent provisions
- \$8,000/\$800 drilling and producing rates
- Colgate Operating, LLC named as Operator

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the proposed AFE, a signed copy of the insurance declaration and your geologic well requirements.

In the interest of time, should we not reach an agreement within thirty (30) days of the date of your receipt of this letter, Colgate will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well. If you do not wish to participate, Colgate would be interested in acquiring your interest in the subject lands which is subject to further negotiation.

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.257.3886 or by email at mhajdik@colgateenergy.com.

Respectfully,



Mark Hajdik
Senior Staff Landman
Enclosures

Dundee 4 Fed Com Well Proposal

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Dundee 4 Fed Com 111H		
Dundee 4 Fed Com 112H		
Dundee 4 Fed Com 113H		
Dundee 4 Fed Com 114H		
Dundee 4 Fed Com 121H		
Dundee 4 Fed Com 122H		
Dundee 4 Fed Com 123H		
Dundee 4 Fed Com 124H		
Dundee 4 Fed Com 131H		
Dundee 4 Fed Com 132H		
Dundee 4 Fed Com 133H		
Dundee 4 Fed Com 134H		
Dundee 4 Fed Com 201H		
Dundee 4 Fed Com 202H		
Dundee 4 Fed Com 203H		

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Dundee 4 Fed Com Well Proposal

Participate / Rejection Declaration

Please return this page to Colgate by the date specified in the letter, signed indicating your election to either participate in or reject this insurance program. If you reject the insurance coverage arranged by Colgate, then, to the extent that Colgate has an obligation to secure any such insurance on your behalf under any applicable agreements or otherwise, Colgate will be relieved of such obligation, and Colgate will assume that you maintain appropriate levels of insurance and will provide a current Certificate of Insurance upon request. If you fail to make an election within 30 days from receipt of this notice, you will be deemed a participant in the program as detailed on the attached and billed for your percentage participation as such.

- I hereby elect to participate in the insurance coverage arranged by Colgate Operating, LLC and understand that I will be charged for such participation.
- I hereby elect to reject the insurance coverage arranged by Colgate Operating, LLC.

Agreed this _____ day of _____, 2022 by:

Company Name (If Applicable):

Signature

Printed Name

Title

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	3/3/2022	AFE NO.:	0
WELL NAME:	Dundee 4 Fed Com 111H	FIELD:	Old Millman Ranch, BONE SPRING
LOCATION:	Section 5, Block T205-R28E	MD/TVD:	16887' MD / 6160' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,400
Colgate WI:		DRILLING DAYS:	14.5
GEOLOGIC TARGET:	FBSG	COMPLETION DAYS:	18.6

REMARKS: Drill a horizontal FBSG well and complete. AFE includes drilling, completions, flowback and Initial AL install cost

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	205,693	13,000	25,000	243,693
4 Freight / Transportation	34,270	30,250	-	64,520
5 Rental - Surface Equipment	70,439	153,700	13,060	237,199
6 Rental - Downhole Equipment	145,281	26,250	-	171,531
7 Rental - Living Quarters	29,069	43,450	-	72,519
10 Directional Drilling, Surveys	258,752	-	-	258,752
11 Drilling	429,871	-	-	429,871
12 Drill Bits	82,680	-	-	82,680
13 Fuel & Power	101,959	290,000	-	391,959
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	24,000	-
16 Perforating, Wireline, Slickline	-	282,875	28,000	310,875
17 High Pressure Pump Truck	-	46,000	18,000	64,000
18 Completion Unit, Swab, CTU	-	75,950	-	75,950
20 Mud Circulation System	60,425	-	-	60,425
21 Mud Logging	10,584	-	-	10,584
22 Logging / Formation Evaluation	4,426	6,000	-	10,426
23 Mud & Chemicals	203,751	285,841	-	489,592
24 Water	31,270	437,000	-	468,270
25 Stimulation	-	483,149	-	483,149
26 Stimulation Flowback & Disp	-	102,125	-	102,125
28 Mud / Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision / Engineering	64,419	102,075	4,800	171,294
32 Drig & Completion Overhead	5,625	-	-	5,625
34 Vacuum Truck	-	-	2,000	-
35 Labor	103,986	50,000	20,000	173,986
54 Proppant	-	880,000	-	880,000
95 Insurance	8,950	-	-	8,950
97 Contingency	-	14,494	-	14,494
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,182,354	3,366,160	134,860	5,657,374

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 18,835	\$ -	\$ -	\$ 18,835
61 Intermediate Casing	123,096	-	-	123,096
62 Drilling Liner	-	-	-	-
63 Production Casing	420,204	-	-	420,204
64 Production Liner	-	-	-	-
65 Tubing	-	-	85,500	85,500
66 Wellhead	46,640	-	40,200	86,840
67 Packers, Liner Hangers	10,600	-	7,500	18,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	84,000	84,000
70 Flow Lines	-	-	94,800	94,800
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	23,000	23,000
73 Compressor	-	-	42,500	42,500
74 Installation Costs	-	-	34,000	34,000
75 Surface Pumps	-	-	20,000	20,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	26,000	26,000
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	15,400	15,400
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical / Grounding	-	-	-	-
85 Communications / SCADA	-	-	15,000	15,000
86 Instrumentation / Safety	-	-	-	-
TOTAL TANGIBLES >	619,374	0	527,900	1,147,274
TOTAL COSTS >	2,801,729	3,366,160	662,760	6,804,648
	\$ 269	\$ 324	\$ 680	

PREPARED BY Colgate Energy:

Drilling Engineer: SS/RM/PS
 Completions Engineer: BA/ML
 Production Engineer: Levi Harris

Colgate Energy APPROVAL:

Co-CEO _____ VP - Operations _____
 WH _____ JW _____ CRM _____
 VP - Land & Legal _____ VP - Geosciences _____
 BG _____ SO _____

NON OPERATING PARTNER APPROVAL:

Company Name: _____ Working Interest (%): _____ Tax ID: _____
 Signed by: _____ Date: _____
 Title: _____ Approval: Yes No (mark one)

The costs on this AFE are estimates only and may not be construed as collings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of approval.

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	3/3/2022	AFE NO.:	0
WELL NAME:	Dundee 4 Fed Com 121H	FIELD:	Old Millman Ranch, BONE SPRING
LOCATION:	Section 5, Block T205-R28E	MD/TVD:	17982' MD / 7255' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,400
Colgate WI:		DRILLING DAYS:	14.9
GEOLOGIC TARGET:	SBSG	COMPLETION DAYS:	18.6

REMARKS: Drill a horizontal 2nd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	205,693	13,000	25,000	243,693
4 Freight / Transportation	34,270	30,250	-	64,520
5 Rental - Surface Equipment	70,439	153,700	13,060	237,199
6 Rental - Downhole Equipment	145,281	26,250	-	171,531
7 Rental - Living Quarters	29,125	43,450	-	72,575
10 Directional Drilling, Surveys	262,968	-	-	262,968
11 Drilling	429,871	-	-	429,871
12 Drill Bits	82,680	-	-	82,680
13 Fuel & Power	101,959	290,000	-	391,959
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	24,000	-
16 Perforating, Wireline, Slickline	-	282,875	28,000	310,875
17 High Pressure Pump Truck	-	46,000	18,000	64,000
18 Completion Unit, Swab, CTU	-	75,950	-	75,950
20 Mud Circulation System	61,667	-	-	61,667
21 Mud Logging	10,821	-	-	10,821
22 Logging / Formation Evaluation	4,426	6,000	-	10,426
23 Mud & Chemicals	212,747	285,841	-	498,587
24 Water	31,270	437,000	-	468,270
25 Stimulation	-	483,149	-	483,149
26 Stimulation Flowback & Disp	-	102,125	-	102,125
28 Mud / Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision / Engineering	66,328	102,075	4,800	173,203
32 Drig & Completion Overhead	5,625	-	-	5,625
34 Vacuum Truck	-	-	2,000	-
35 Labor	103,986	50,000	20,000	173,986
54 Proppant	-	880,000	-	880,000
95 Insurance	9,530	-	-	9,530
97 Contingency	-	14,494	-	14,494
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,199,590	3,366,160	134,860	5,674,610

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 18,835	\$ -	\$ -	\$ 18,835
61 Intermediate Casing	123,096	-	-	123,096
62 Drilling Liner	-	-	-	-
63 Production Casing	447,132	-	-	447,132
64 Production Liner	-	-	-	-
65 Tubing	-	-	85,500	85,500
66 Wellhead	46,640	-	40,200	86,840
67 Packers, Liner Hangers	10,600	-	7,500	18,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	84,000	84,000
70 Flow Lines	-	-	94,800	94,800
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	23,000	23,000
73 Compressor	-	-	42,500	42,500
74 Installation Costs	-	-	34,000	34,000
75 Surface Pumps	-	-	20,000	20,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	26,000	26,000
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	15,400	15,400
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical / Grounding	-	-	-	-
85 Communications / SCADA	-	-	15,000	15,000
86 Instrumentation / Safety	-	-	-	-
TOTAL TANGIBLES >	646,303	0	527,900	1,174,203
TOTAL COSTS >	2,845,893	3,366,160	662,760	6,848,813
	\$ 274	\$ 324	\$ 685	

PREPARED BY Colgate Energy:

Drilling Engineer: SS/RM/PS
 Completions Engineer: BA/ML
 Production Engineer: Levi Harris

Colgate Energy APPROVAL:

Co-CEO _____ VP - Operations _____
 WH _____ JW _____ CRM _____
 VP - Land & Legal _____ VP - Geosciences _____
 BG _____ SO _____

NON OPERATING PARTNER APPROVAL:

Company Name: _____ Working Interest (%): _____ Tax ID: _____
 Signed by: _____ Date: _____
 Title: _____ Approval: Yes No (mark one)

The costs on this AFE are estimates only and may not be construed as collings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of approval.

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	3/3/2022	AFE NO.:	0
WELL NAME:	Dundee 4 Fed Com 131H	FIELD:	Old Millman Ranch, BONE SPRING
LOCATION:	Section 5, Block T205-R28E	MD/TVD:	19207' MD / 8480' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,400
Colgate WI:		DRILLING DAYS:	20.8
GEOLOGIC TARGET:	TBSG	COMPLETION DAYS:	19

REMARKS: Drill a horizontal 3rd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	207,601	13,000	25,000	245,601
4 Freight / Transportation	34,270	30,250	-	64,520
5 Rental - Surface Equipment	93,261	153,700	13,060	260,021
6 Rental - Downhole Equipment	145,281	26,250	-	171,531
7 Rental - Living Quarters	35,726	43,450	-	79,176
10 Directional Drilling, Surveys	320,916	-	-	320,916
11 Drilling	566,837	-	-	566,837
12 Drill Bits	72,080	-	-	72,080
13 Fuel & Power	142,742	300,000	-	442,742
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	24,000	-
16 Perforating, Wireline, Slickline	-	292,525	28,000	320,525
17 High Pressure Pump Truck	-	46,000	18,000	64,000
18 Completion Unit, Swab, CTU	-	75,950	-	75,950
20 Mud Circulation System	79,082	-	-	79,082
21 Mud Logging	16,158	-	-	16,158
22 Logging / Formation Evaluation	7,419	6,000	-	13,419
23 Mud & Chemicals	262,123	316,753	-	578,875
24 Water	31,270	487,976	-	519,246
25 Stimulation	-	562,286	-	562,286
26 Stimulation Flowback & Disp	-	102,125	-	102,125
28 Mud / Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision / Engineering	92,568	102,075	4,800	199,443
32 Drig & Completion Overhead	7,875	-	-	7,875
34 Vacuum Truck	-	-	2,000	-
35 Labor	103,986	50,000	20,000	173,986
54 Proppant	-	1,029,600	-	1,029,600
95 Insurance	10,180	-	-	10,180
97 Contingency	-	16,869	-	16,869
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,560,281	3,698,808	134,860	6,367,949

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 18,835	\$ -	\$ -	\$ 18,835
61 Intermediate Casing	123,096	-	-	123,096
62 Drilling Liner	-	-	-	-
63 Production Casing	477,257	-	-	477,257
64 Production Liner	-	-	-	-
65 Tubing	-	-	85,500	85,500
66 Wellhead	46,640	-	40,200	86,840
67 Packers, Liner Hangers	10,600	-	7,500	18,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	84,000	84,000
70 Flow Lines	-	-	94,800	94,800
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	23,000	23,000
73 Compressor	-	-	42,500	42,500
74 Installation Costs	-	-	34,000	34,000
75 Surface Pumps	-	-	20,000	20,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	26,000	26,000
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	15,400	15,400
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical / Grounding	-	-	-	-
85 Communications / SCADA	-	-	15,000	15,000
86 Instrumentation / Safety	-	-	-	-
TOTAL TANGIBLES >	676,428	0	527,900	1,204,328
TOTAL COSTS >	3,236,709	3,698,808	662,760	7,572,277
	\$ 311	\$ 356	\$ 728	

PREPARED BY Colgate Energy:

Drilling Engineer: SS/RM/PS
 Completions Engineer: BA/ML
 Production Engineer: Levi Harris

Colgate Energy APPROVAL:

Co-CEO _____ VP - Operations _____
 WH _____ JW _____ CRM _____
 VP - Land & Legal _____ VP - Geosciences _____
 BG _____ SO _____

NON OPERATING PARTNER APPROVAL:

Company Name: _____ Working Interest (%): _____ Tax ID: _____
 Signed by: _____ Date: _____
 Title: _____ Approval: Yes No (mark one)

The costs on this AFE are estimates only and may not be construed as collings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

Dundee 4 Communication Timeline

March 2022 – Initial proposals sent for the Dundee 4 Wells

March-Present 2022 – The following actions were taken for Estate of Don Hoffman and T E Ray Resources:

- From March to present non deliverable proposals were resent to additional addresses
- Colgate utilized a number of resources to locate parties or new addresses
 - Researched online and county records
 - Utilized idiCore which is a subscription based online investigative search tool to locate last known addresses and other information about parties
 - Searched obituaries to identify possible heirs to send notice to
 - Searched Secretary of State website for details regarding entities that had bad delivery or were not locatable

March 2022 – Rubin and Mordka elected to non consent the proposals. Neitzel and AGS Resources 2007 elected to participate and appears to intend to participate under the orders.

March-May 2022 – Exchanged correspondence with Kirk & Sweeney via email and they plan to participate pursuant to the orders closer to actual spud. Exchanged email and telephone conversations with various parties including Locker and Kennedy. Did not receive a final election or enter into JOA negotiations from several of the parties communicated with.

June 2022 – Negotiated JOA and finalized execution of JOA covering all spacing units with COG.

March 2022 to present – Several parties have not responded to the proposals that were received and two parties were completely unlocatable necessitating compulsory pooling.

Colgate Operating, LLC
Case No. 22831
Exhibit A-5

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

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

CASE NO. 22831

**SELF-AFFIRMED STATEMENT
OF DAVID DAGIAN**

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

2. I am familiar with the geological matters that pertain to the above-referenced case.

3. **Exhibit B-1** is a regional locator map that identifies the Dundee project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of these applications.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore path for the proposed Dundee 4 Fed Com 111H, Dundee 4 Fed Com 121H, and Dundee 4 Fed Com 131H wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section well names and a black line in proximity to the proposed wells.

5. **Exhibit B-3** is a First Bone Spring (FBSG) Structure map on the top of the First Bone Spring formation in TVD subsea with a contour interval of 100 ft. The map identifies the

approximate wellbore path for the Dundee 4 Fed Com 111H proposed Well with a green dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** is a Second Bone Spring (SBSG) Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore path for the Dundee 4 Fed Com 121H proposed Well with an orange dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

7. **Exhibit B-5** is a Third Bone Spring (TBSG) Structure map on the top of the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore path for the Dundee 4 Fed Com 131H proposed Well with a red dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

8. **Exhibit B-6** identifies three wells penetrating the targeted interval I used to construct a structural cross-section from A to A'. The structural cross section from west to east shows the regional dip to the East-Southeast for the Bone Spring Wells. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the

geology in the area. The target zones for the proposed Wells are the Bone Spring formation, which is consistent across the units. The approximate well-path for the proposed Wells is indicated by dashed lines to be drilled from west to east across the units.

9. **Exhibit B-7** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit B-6**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zone for the Wells is labeled on the exhibit. The approximate well-path for the proposed well is indicated by dashed lines to be drilled from west to east across the units. This cross-section demonstrates the target interval is continuous across the Unit.

10. **Exhibit B-8** is a gun barrel diagram that shows the Dundee 4 Fed Com 111H, Dundee 4 Fed Com 121H, and Dundee 4 Fed Com 131H wells in the Bone Spring formation.

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

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

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

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

15. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 14 above is true and correct and is made under

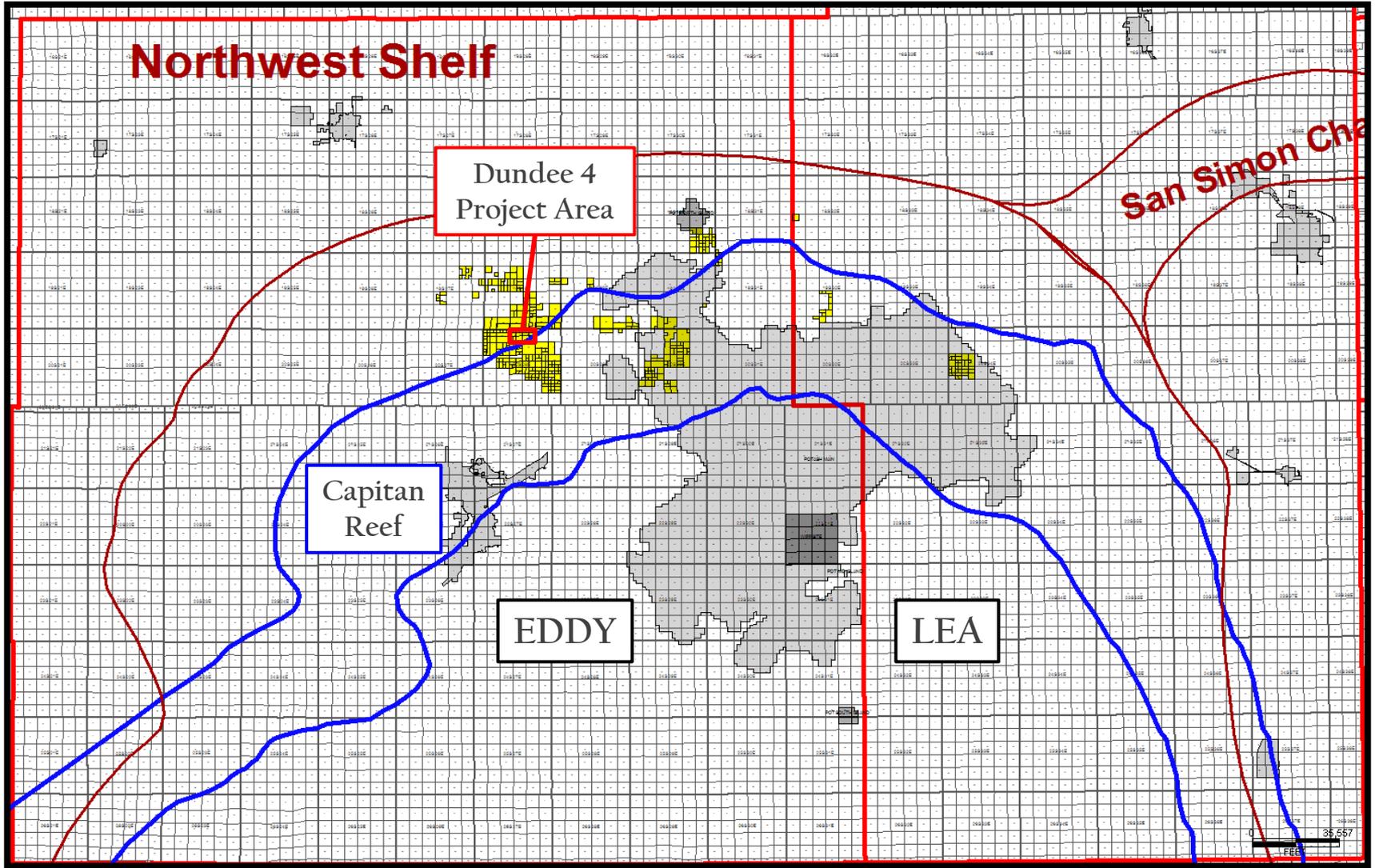
penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.



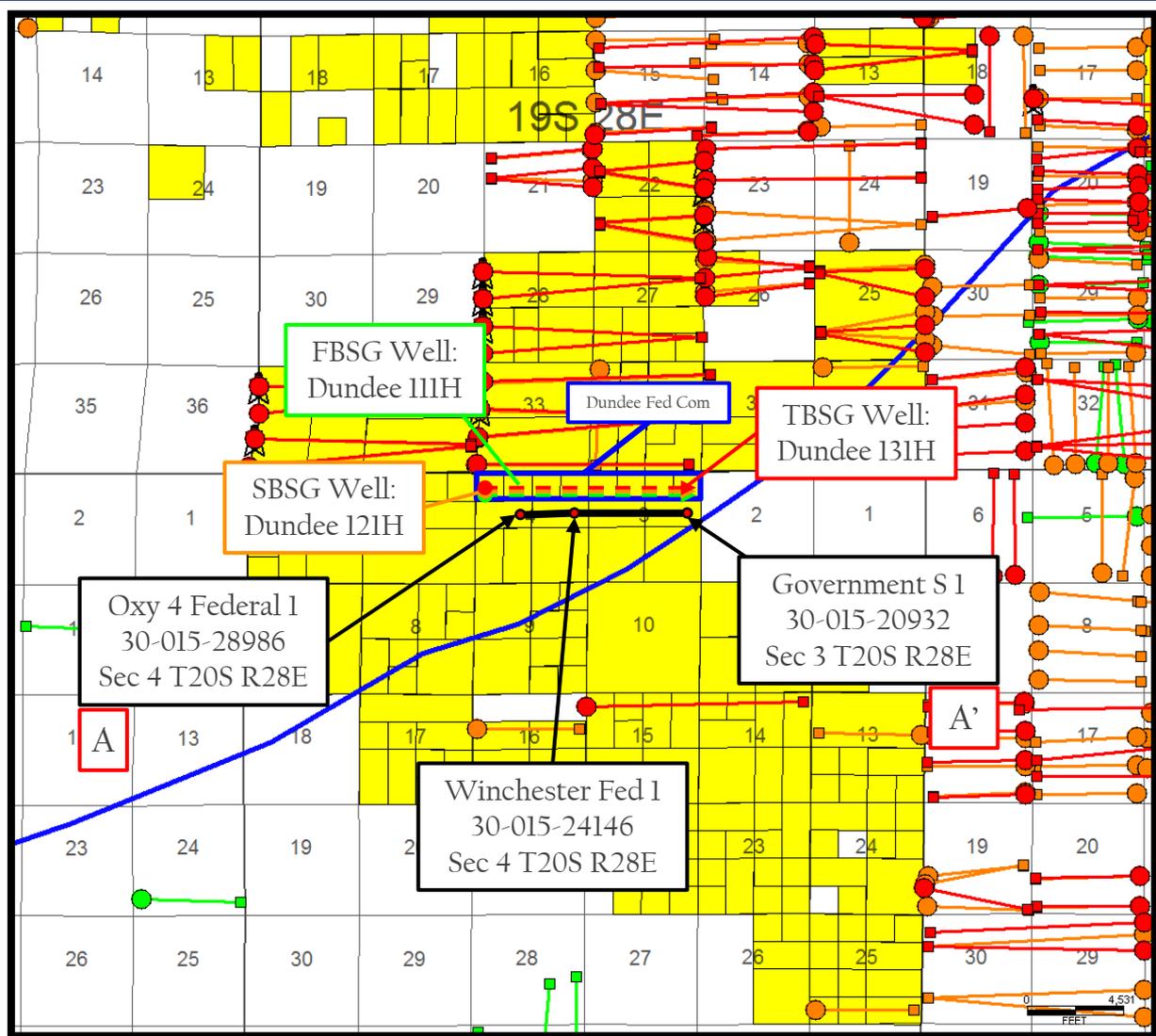
David DaGian

5/25/22

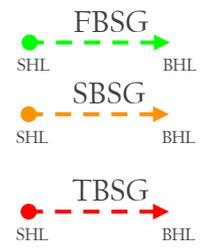
Date



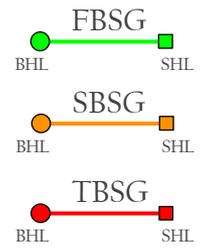
Colgate Energy



Proposed Wells



Producing Wells



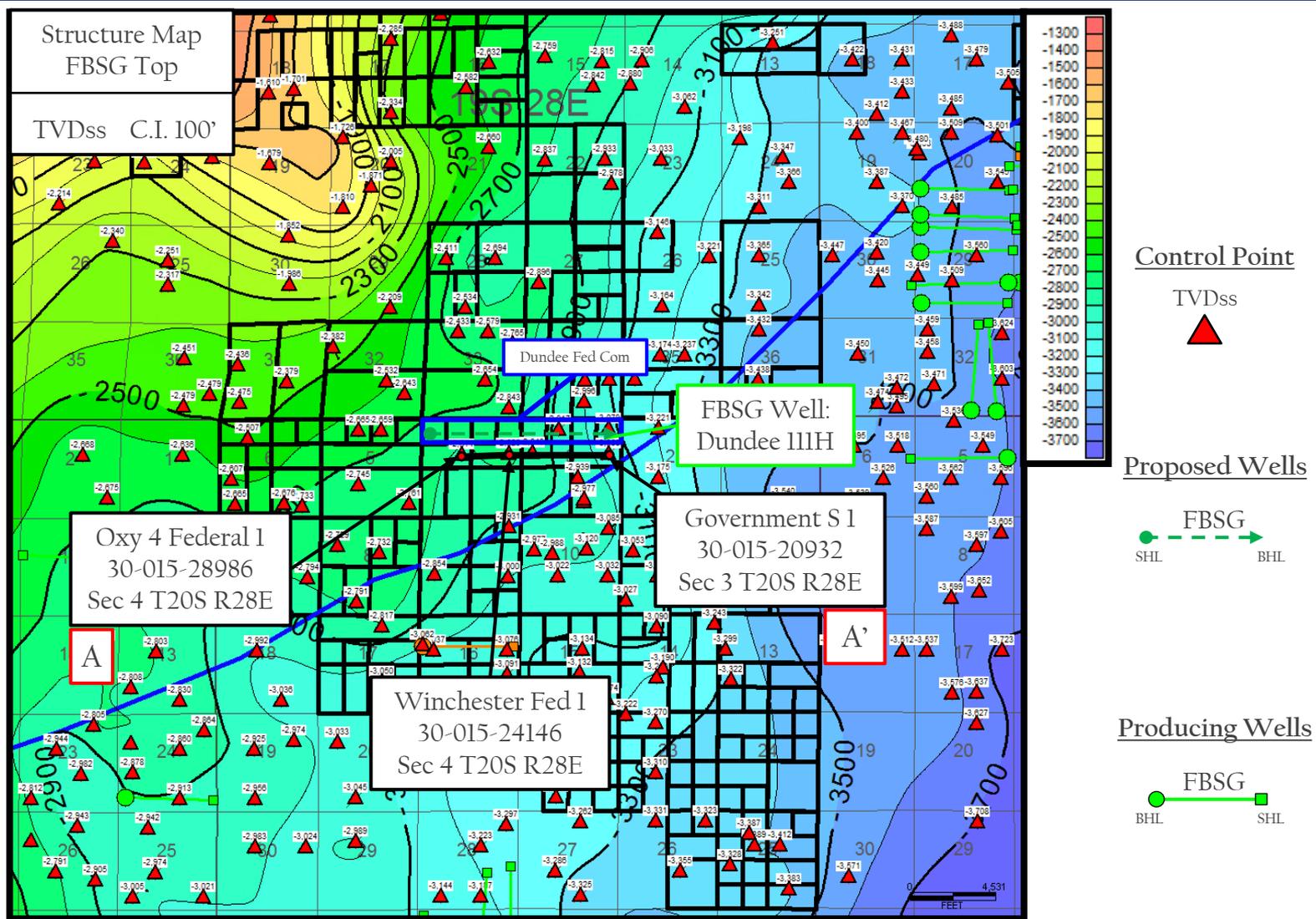
Colgate Energy

Structure Map

Dundee 4 Fed Com IIIH

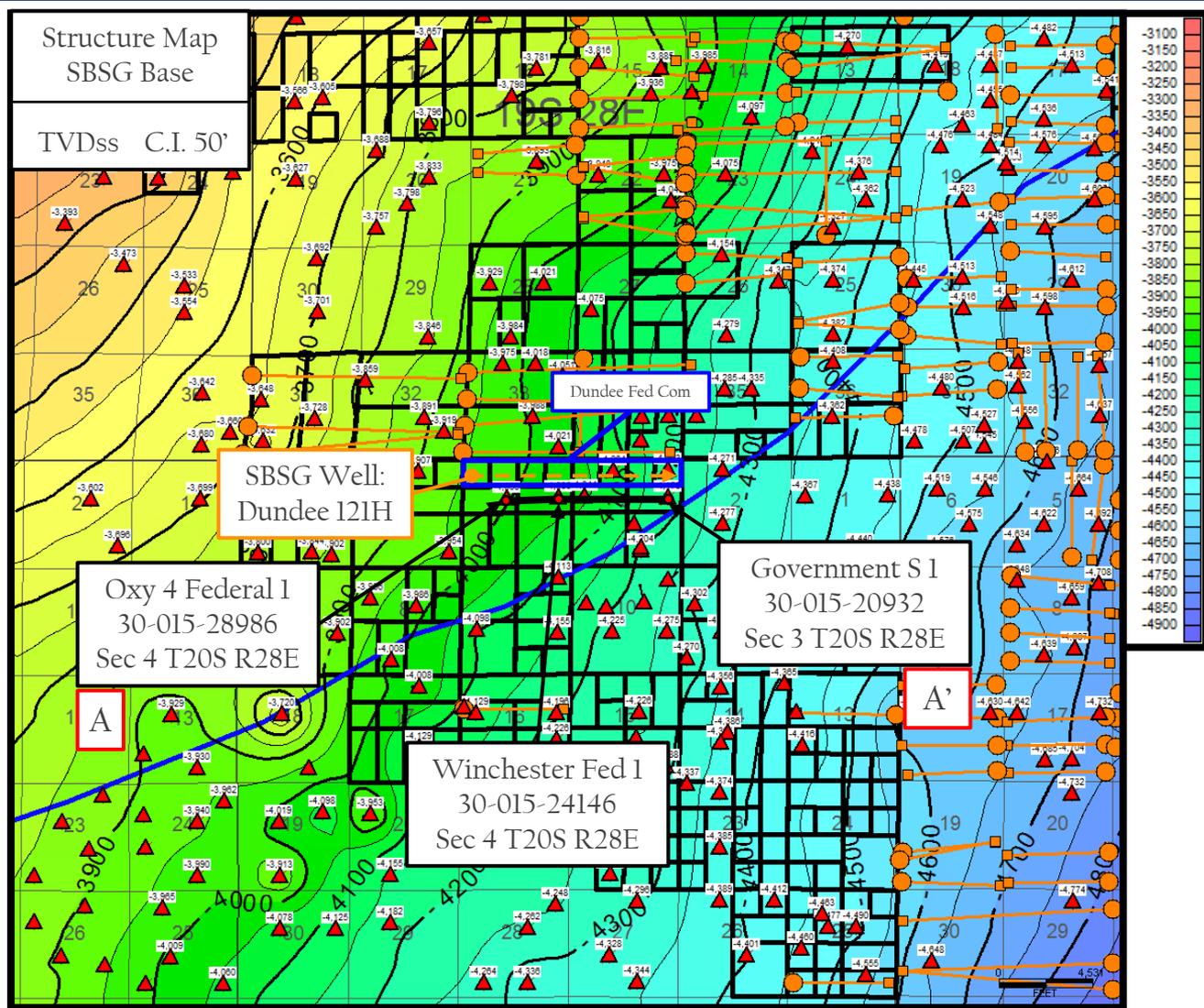
Colgate Operating, LLC
Case No. 22831
Exhibit B-3

Exhibit B-3

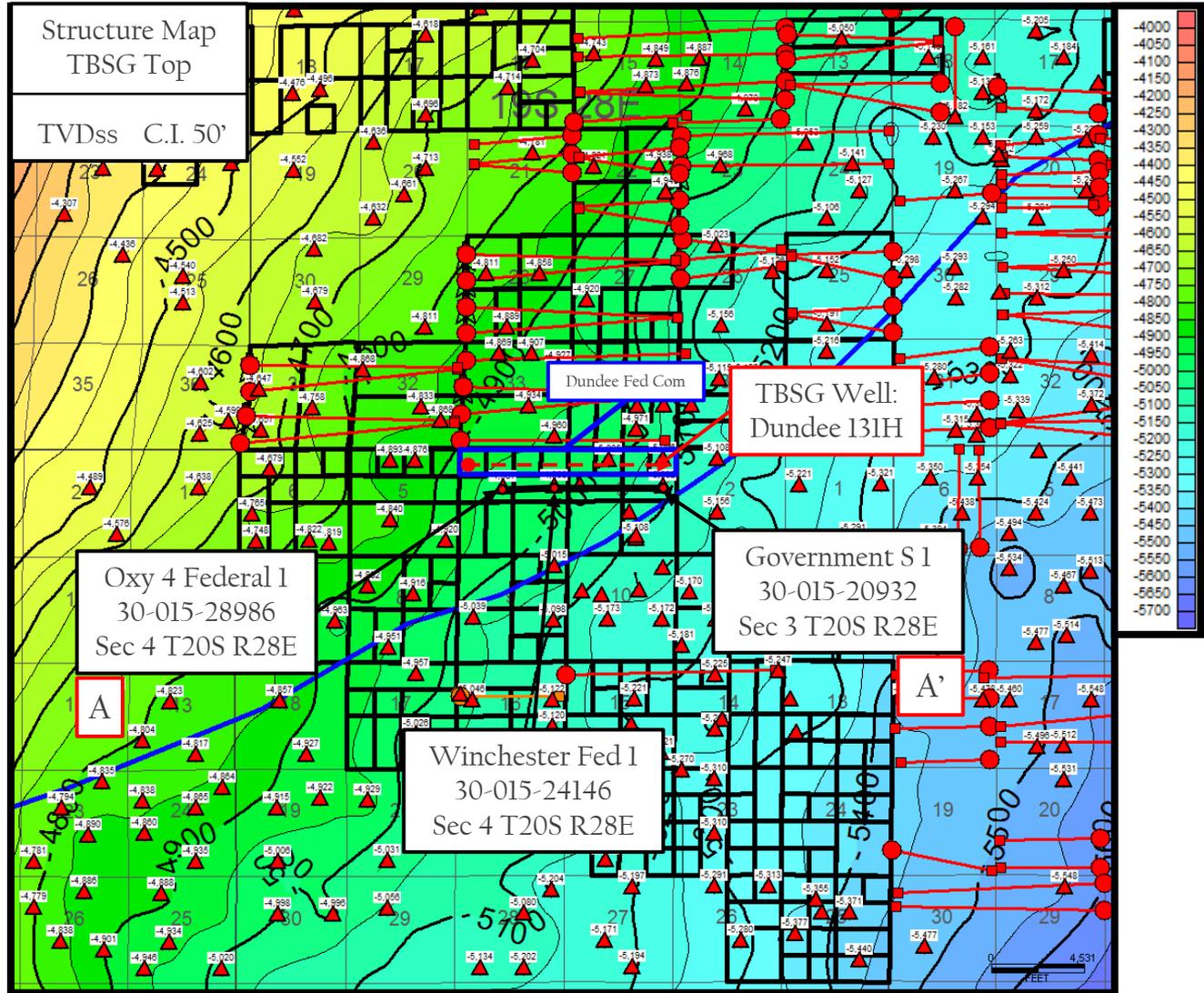


Colgate Energy

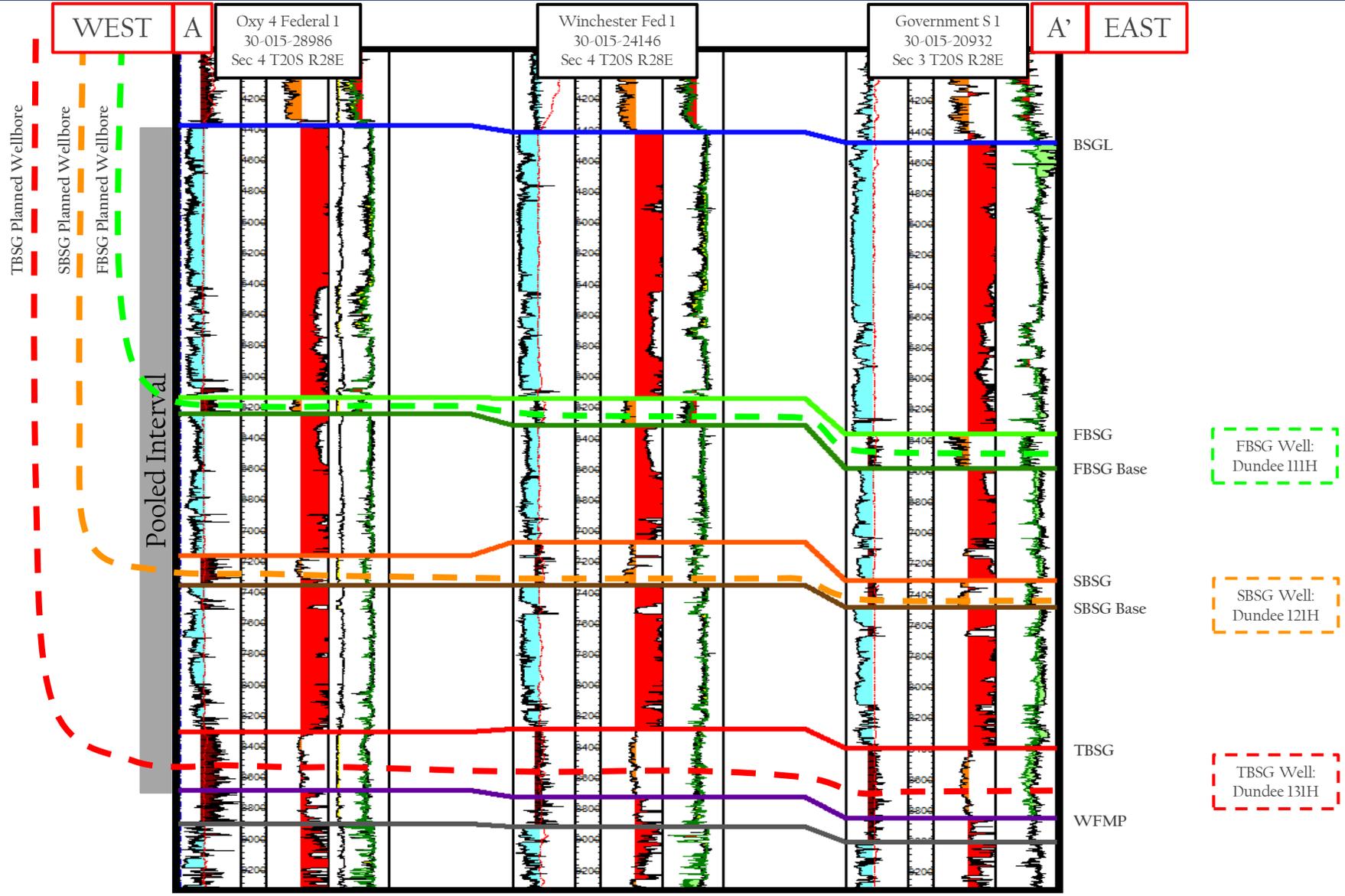
Dundee 4 Fed Com 121H



Colgate Energy



Colgate Energy

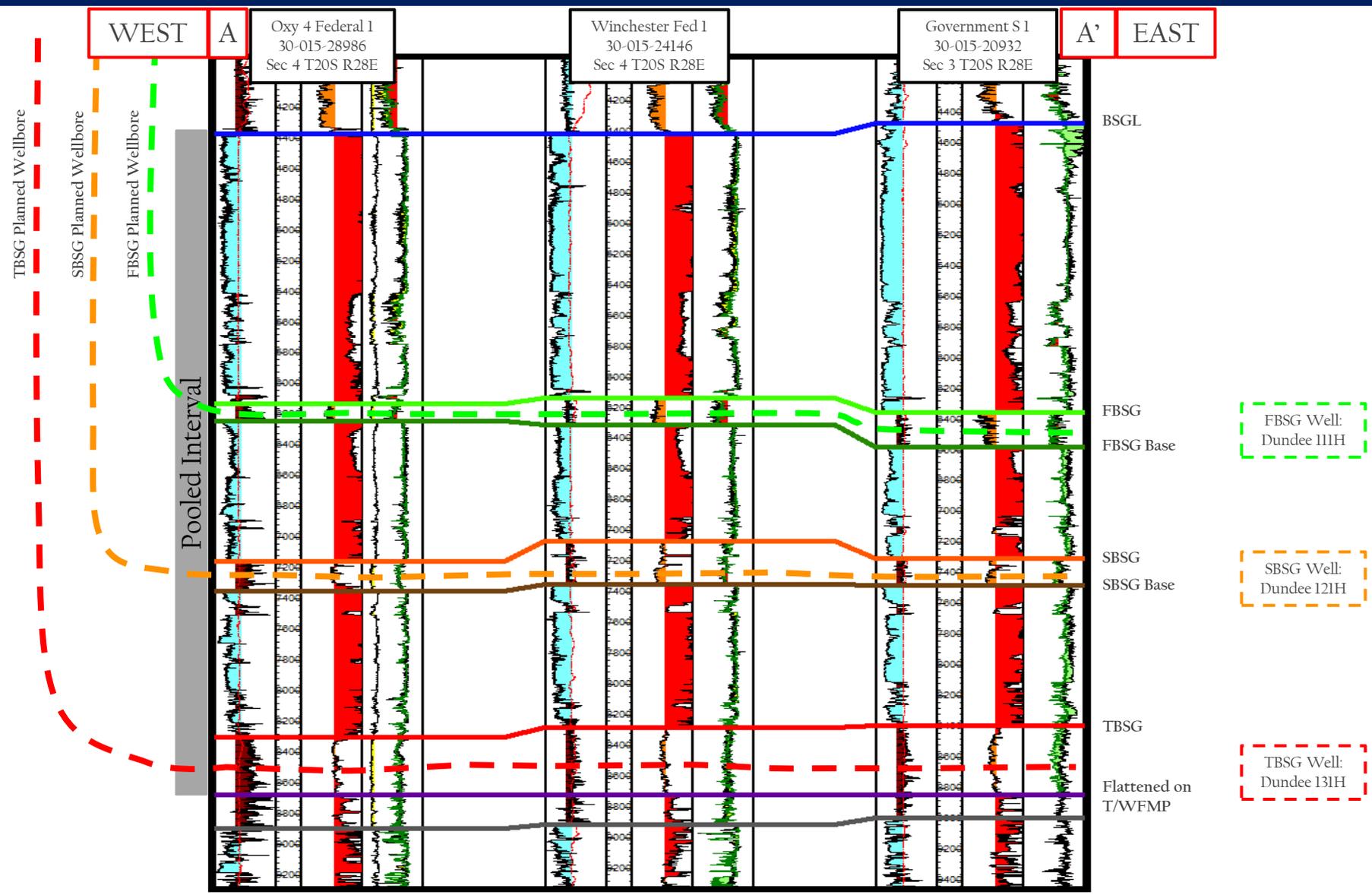


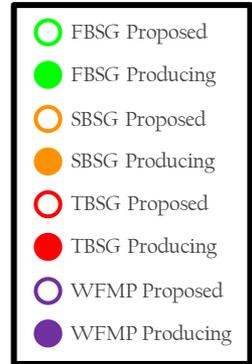
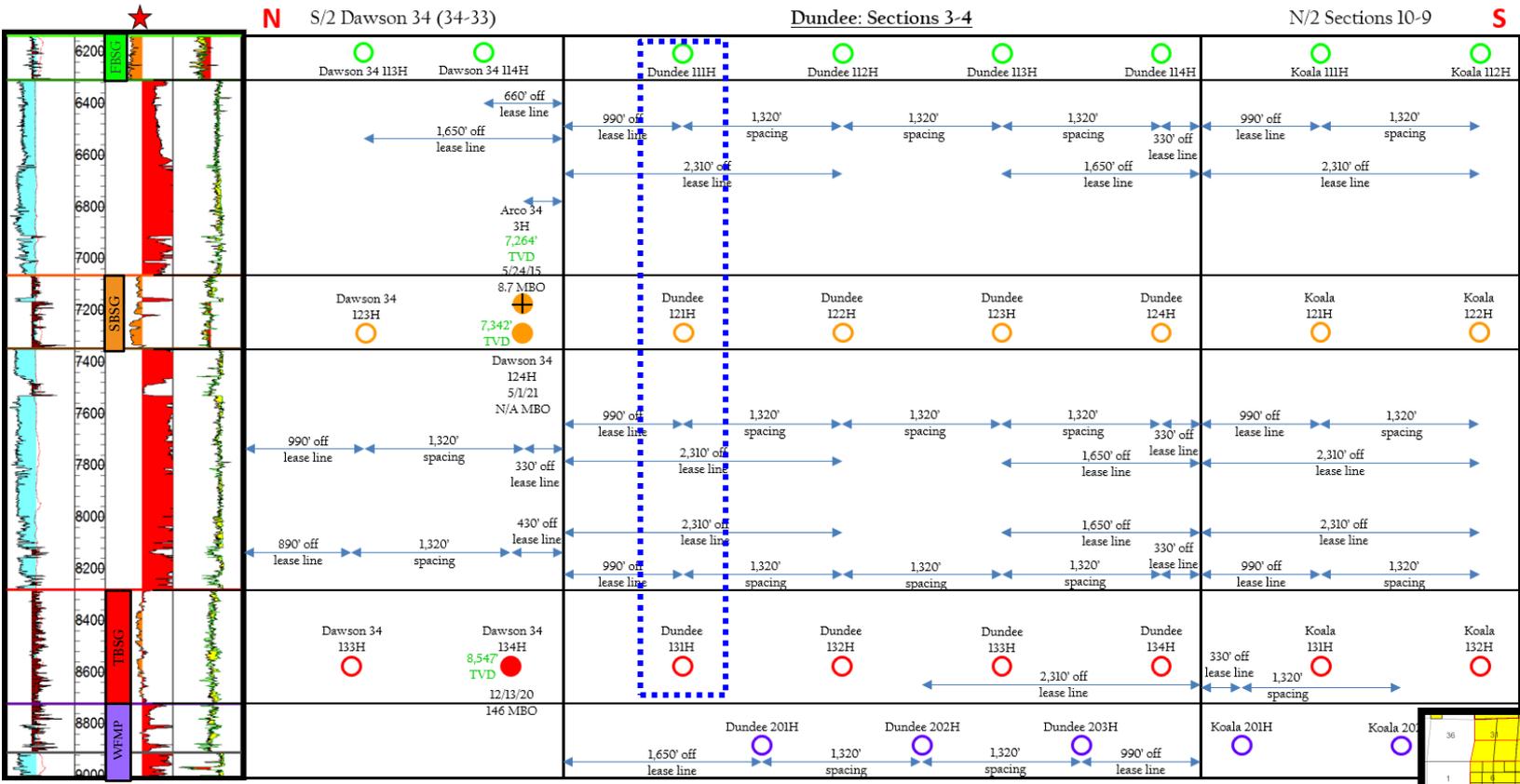
Stratigraphic Cross Section A-A'

Dundee 4 Fed Com 111H, 121H, 131H

Colgate Operating, LLC
Case No. 22831
Exhibit B-7

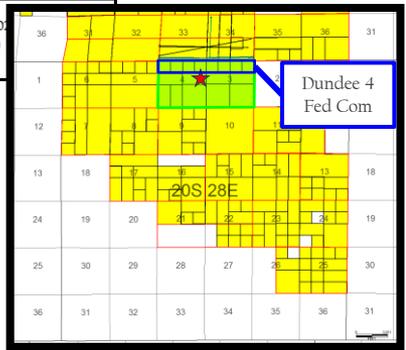
Exhibit B-7





30-015-24146

Proposed Wells



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

**APPLICATIONS OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22831

**SELF-AFFIRMED STATEMENT OF
DANA S. HARDY**

1. I am attorney in fact and authorized representative of Colgate Operating LLC, the Applicant herein.

2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter to be sent to the parties set out in the chart attached as **Exhibit C-2**.

3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit C-2.

4. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.

5. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.

6. On May 18, 2021, 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 C-4**.

/s/ Dana S. Hardy
Dana S. Hardy

July 2, 2022
Date

Colgate Operating, LLC
Case No. 22831
Exhibit C



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

May 12, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22831 – Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **June 2, 2022** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/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 filed at the Division’s Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) 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 Mark Hadjik at 432-257-3886 if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Colgate Operating, LLC
 Case No. 22831
 Exhibit C-1

Enclosure

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



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

May 12, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE

Re: Case Nos. 22824, 22825, 22826, 22827, 22828, 22829, 22830, 22831, 22834 – Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

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Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division’s Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) 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 Mark Hadjik at 432-257-3886 if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

Case No. 22831

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Edward O Bufkin JR 3724 Wooded Creek Dr Farmers Branch, TX 75244	05/13/22	06/15/22 Return to Sender – Vacant
C & J Investments 101 E Lohman Ave Las Cruces, NM 88001	05/13/22	05/20/22
C & J Investments 2 Avery St., Apt 21B Boston, MA 02111	05/13/22	05/25/22
Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701	05/13/22	05/18/22
COG Operating LLC 600 W Illinois Ave Midland, TX 79701	05/13/22	05/25/22
Estate of Don Hoffman 6550 43rd St Unit 1000-216 Lubbock TX 79407	05/13/22	05/18/22
Estate of Don Hoffman c/o Donna Pharies 1408 E 10th St Clovis, NM 88101	05/13/22	05/25/22
Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095	05/13/22	06/01/22
Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202	05/13/22	05/20/22

Colgate Operating, LLC
Case No. 22831
Exhibit C-2

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

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

Case No. 22831

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Michelle A. Rubin Trust 8718 Hamlin Skokie, Illinois 60076	05/13/22	05/25/22
Michael J. Neitzel 5220 Spring Valley Ste 510, Dallas, TX 75254	05/13/22	05/25/22
Samuel Max Mordka Trust 2652 Asbury Avenue Evanston, Illinois 60201	05/13/22	06/01/22
Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205	05/13/22	05/25/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Adventure Exploration L.P. P.O. Box 11354 Midland, TX 79702	05/13/22	Per USPS Tracking: In Transit to Next Facility as of 05/21/22.
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002 25812 South Danford Dr Sun Lake, AZ 85248	05/13/22	05/20/22
John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532	05/13/22	05/25/22
Shelley Schutz Dominguez 725 Live Oak El Paso, TX 79932	05/13/22	05/25/22
Energy Properties Limited, L.P. PO Box 51408 Casper, WY 82605	05/13/22	06/01/22
FFF, Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Frannifin Minerals, LLC PO Box 13128 Las Cruces, NM 88013	05/13/22	05/20/22
Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801	05/13/22	06/07/22
Robert W. Hanagan PO Box 750 Big Horn, WY 82833	05/13/22	06/01/22
Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707	05/13/22	05/18/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan PO Box 2944 Casper, WY 82602	05/13/22	05/25/22
Hutchings Oil Company PO Box 1216 Albuquerque, NM 87103	05/13/22	05/25/22
JAB Investments, Inc. 612 W Plains Ave Clovis, NM 88101	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/20/22.
JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702	05/13/22	05/25/22
Long, LLC 215 South State St #100 Salt Lake City, UT 84111	05/13/22	05/31/22 Return to sender. Vacant.
Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703	05/13/22	05/25/22
MKL Minerals LLC 1901 Ward Midland, TX 79705	05/13/22	05/18/22
MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	05/25/22
MAP 98A-OK, an Oklahoma general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514	05/13/22	05/20/22
MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514	05/13/22	05/25/22
Merrick Properties, LLC P.O. Box 144 Midland, TX 79702	05/13/22	05/25/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707	05/13/22	06/02/22
Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202	05/13/22	05/18/22
Robin L. Morgan 135 Cottonwood Rd Artesia, NM 88210	05/13/22	05/18/22
Motowi, LLC 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202	05/13/22	05/18/22
Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012 706 Brazos St. Roswell, NM 88201	05/13/22	05/18/22
Nuevo Seis, Limited Partnership PO Box 2588 Roswell, NM 82202	05/13/22	05/20/22
OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147	05/13/22	05/25/22
PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702	05/13/22	05/25/22
Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702	05/13/22	05/25/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Qualia Interests, LLC PO Box 991 Midland, TX 79702	05/13/22	05/25/22
ROEC, Inc 528 Corona St. Denver, CO 80209	05/13/22	06/01/22 Return rec'd 06/28/22 Return to Sender Rec'd – not at this address
Realtimzone, Inc. PO Box 1834 Roswell, NM 88202	05/13/22	05/20/22
S & E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226	05/13/22	06/01/22
Michelle R. (Hannifin) Sandoval PO Box 131570 Carlsbad, CA 92013	05/13/22	Per USPS Tracking: In Transit to Next Facility as of 05/20/22.
Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202	05/13/22	05/20/22
Harold Scott 12025 N 1878 Rd Sayre, OK 73662-7601	05/13/22	05/20/22
Robin K. Shackelford 108 Paradise Canyon Ruidoso, NM 88345	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211	05/13/22	05/25/22
Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell 315 N Orchard Ln Covington, LA 70433	05/13/22	06/16/22 Return to sender. Unclaimed.

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Cristina Elizabeth Shelton 315 N Orchard Ln Covington, LA 70433	05/13/22	06/16/22 Return to sender. Unclaimed.
Stelaron, Inc. P.O. Box 7787 Amarillo, Texas 79114	05/13/22	06/01/22
Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042	05/13/22	05/20/22
Doris R. Stinson 30 SKP Ranch RD 33 Lakewood, NM, 88254	05/13/22	06/21/22 Return to sender.
Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401	05/13/22	05/25/22
John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831	05/13/22	06/02/22
Sandra Thoma 789 West Hells Gate Strawn, TX 76475	05/13/22	06/15/22 Return to sender.
Trinity Royalty Holdings I LP 1330 Post Oak Blvd Ste 1888 Houston, TX 77056	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981 4151 Woronzof Dr. Anchorage, AK 99517	05/13/22	06/10/22 Return to sender.

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Wambaugh Exploration LLC 4747 RESEARCH FOREST DR STE 410 THE WOODLANDS, TX 77381- 4903	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.
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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
 \$ _____

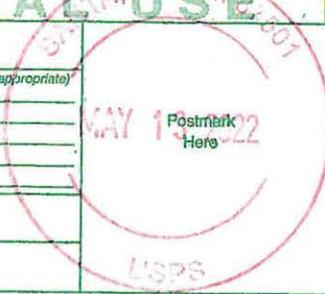
Sent To
 Street and Apt. No., or PO Box No. _____
 City, State, ZIP+4® _____

C & J Investments
 101 E Lohman Ave
 Las Cruces, NM 88001

Colgate Dundee - 22831

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

7019 2970 0000 7595 5602



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) _____</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>C & J Investments 101 E Lohman Ave Las Cruces, NM 88001</p> <p>Colgate Dundee - 22831</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"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2464 29</p> <p>7019 2970 0000 7595 5602</p>	<p>1 1 0</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Colgate Operating, LLC
 Case No. 22831
 Exhibit C-3

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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 \$ _____	
Postage \$ _____	Total Postage and Fees \$ _____
Sent To Street and Apt. No., or PO Box No. C & J Investments 2 Avery St., Apt 21B Boston, MA 02111 City, State, ZIP+4® Colgate Dundee - 22831	

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 <u>MADCHIA</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> C & J Investments 2 Avery St., Apt 21B Boston, MA 02111 <small>Colgate Dundee - 22831</small> </div>	B. Received by (Printed Name) <u>MADCHIA</u> C. Date of Delivery <u>5/16/22</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7641 5372</div>	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

MAY 16 2022

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Certified Mail Fee \$ _____	Postmark Here MAY 13 2022 
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® _____	
COG Operating LLC 600 W Illinois Ave Midland, TX 79701 Colgate Dundee - 22831	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>James Lee</u></p> <p>C. Date of Delivery <u>5/17/22</u></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; font-size: 1.2em;">COG Operating LLC 600 W Illinois Ave Midland, TX 79701</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - 22831</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2970 0000 7595 5558</p>	<p>iii Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>													
<p>Domestic Return Receipt</p>													

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Charles W. Seltzer Trust
 214 W. Texas, Suite 509
 Midland, Texas 79701

City, State, ZIP+4® _____ Colgate Dundee - 22831

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



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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> C. Seltzer <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) COVID-19 - F.A. C. Date of Delivery 5/16/22</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>1. Article Addressed to:</p> <p>Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701</p> <p>Colgate Dundee - 22831</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2464 36</p> <p>7019 2970 0000 7595 4193</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"/> Restricted Delivery</p>
<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)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Estate of Don Hoffman 6550 43rd St Unit 1000-216 Lubbock TX 79407 Colgate Dundec - 22831	
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 <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> <p style="text-align: center;">Estate of Don Hoffman 6550 43rd St Unit 1000-216 Lubbock TX 79407</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundec - 22831</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="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5565</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> </table> <p style="text-align: right;">Restricted Delivery</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"/> 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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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. Estate of Don Hoffman
c/o Donna Pharies
1408 E 10th St
City, State, ZIP+4® Clovis, NM 88101

Colgate Dundee - 22831

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

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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 mailpiece to you. Attach this card to the back of the mailpiece, or on the inside of the envelope. <p>1. Article Description</p> <p>Estate of Don Hoffman c/o Donna Pharies 1408 E 10th St Clovis, NM 88101</p> <p>Colgate Dundee - 22831</p>  <p>9590 9402 6746 1074 2464 81</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 5365</p>	<p>A. Signature</p> <p>X <i>Justin Hill</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>MAY 23 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> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7019 2970 0000 7641 5341

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. Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095 City, State, ZIP+4® Colgate Dundee - 22831	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery KAREN SLADE 5/24/22</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>1. Article Addressed to:</p> <p style="text-align: center;">Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - 22831</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.5em;">7019 2970 0000 7641 5341</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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Certified Mail Fee \$ _____	Postmark Here MAY 13 2022 USPS
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. Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202	
City, State, ZIP+4® Colgate Dundee - 22831	

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202 Colgate Dundee - 22831 </div>	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">7019 2970 0000 7641 5358</div>	3. Service Type <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"/> 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

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

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Postmark Here **MAY 13 2022**

7019 2970 0000 7595 5589

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.	Michelle A. Rubin Trust 8718 Hamlin Skokie, Illinois 60076
City, State, ZIP+4®	Colgate Dundee - 22831

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>WM</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>C-19</i> <i>5/20/22</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;">Michelle A. Rubin Trust 8718 Hamlin Skokie, Illinois 60076</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - 22831</p> <div style="text-align: center;">  9590 9402 6746 1074 2486 76 </div>	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7595 5589</p>	<p style="text-align: center;">Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7019 2970 0000 7641 5334

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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. _____ Michael J. Neitzel
 5220 Spring Valley Ste 510,
 Dallas, TX 75254

City, State, ZIP+4® _____ Colgate Dundee - 22831

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>Chris Dana</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. NEITZEL</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Michael J. Neitzel 5220 Spring Valley Ste 510, Dallas, TX 75254</p> <p>Colgate Dundee - 22831</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>9590 9402 6746 1074 2464 50</p> <p>7019 2970 0000 7641 5334</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"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7019 2970 0000 7595 5572

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 
Sent To Street and Apt. No., or PO Box No. Samuel Max Mordka Trust 2652 Asbury Avenue Evanston, Illinois 60201 City, State, ZIP+4® Colgate Dundee - 22831	

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 <u>COVID 19</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery _____ <u>6/23/22</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Samuel Max Mordka Trust 2652 Asbury Avenue Evanston, Illinois 60201 Colgate Dundee - 22831	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
2. Article Number (Transfer from service label) 9590 9402 6746 1074 2486 69 7019 2970 0000 7595 5572	<input type="checkbox"/> Restricted Delivery

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

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MAY 13 2022

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USPS

7019 2970 0000 7595 4209

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. _____
Shauna Seltzer Redwine Trust
4406 San Carlos Drive
Dallas, Texas 75205

City, State, ZIP+4® _____
Colgate Dundee - 22831

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 <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;">x Shauna Redwine</div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;">SHAUNA Redwine</div></p> <p>C. Date of Delivery <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;">5/17/22</div></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> <div style="text-align: center; padding: 10px;"> <p>Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205 4414</p> <p style="font-size: 0.8em;">Colgate Dundee - 22831</p> <p>9590 9402 6746 1074 2464 43</p> </div>	<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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2970 0000 7595 4209</p>	<p><input type="checkbox"/> Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7019 2970 0000 7595 5596

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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. Edward O Bufkin JR
 3724 Wooded Creek Dr
 Farmers Branch, TX 75244

City, State, ZIP+4® Colgate Dundee - 22831

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



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 SANTA FE, NEW MEXICO 87504



7019 2970 0000 7595 5596

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

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JUN 15 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

LN
 5-17

Edward O Bufkin JR
 3724 Wooded Creek Dr
 Farmers Branch, TX 75244

Colgate Dundee - 22831

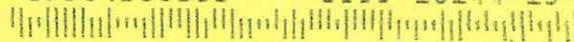
NIXIE 750 DE 1 0006/10/22

RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD

VAC

BC: 87504206868 *2255-10144-13-42

7524436749 0686



7020 0640 0000 0304 2644

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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. Long, LLC
215 South State St #100
Salt Lake City, UT 84111

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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



Vacant

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Long, LLC
215 South State St #100
Salt Lake City, UT 84111

VAC

NIXIE 842 CZ 1 0105/19/22

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

EC: 87504206868 0091N139161-01353

NIXIE 842 5E 1 0105/26/22

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

EC: 87504206868 0091N146154-00311

RECEIVED

MAY 1 2022

Hinkle Shanor LLP
Santa Fe, NM 87504

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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® _____

ROEC, Inc
528 Corona St.
Denver, CO 80209

Colgate Dime® - ORR1 22826-31 A 34

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



Handwritten mark: SJ

FROM

HINKLE SHANOR LLP
ATTORNEYS AT LAW

PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

ROEC, Inc
528 Corona St.
Denver, CO 80209

Colgate Dime® - ORR1 22826-31 A 34

Handwritten mark: AS

Handwritten note: not at this address

RECEIVED
JUN 28 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <i>BP916CL9</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BP</i> C. Date of Delivery <i>5-27-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ROEC, Inc 528 Corona St. Denver, CO 80209</p> <p>Colgate Dime® - ORR1 22826-31 A 34</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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 4855</p>	<p>all Restricted Delivery</p>

* 808 DE 1 N C7205/24/22
UNABLE TO FORWARD/FOR REVIEW
C016

-R-T-S- 802095204-1N 06/23/22

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER



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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. _____ Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Cristina Elizabeth Shelton
 315 N Orchard Ln
 Covington, LA 70433

City, State, ZIP+4® _____ Colgate Dundee - ORRI 22824-31 & 34

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7019 2970 0000 7642 4923



FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.76⁰
 02 7H
 0006052409 MAY 13 2022

FROM

 **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW

PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO

Elizabeth Sherman Shelton, as Trustee of the
 Prescott A. Sherman Grandchildren's Trust for the
 benefit of Cristina Elizabeth Shelton
 315 N Orchard Ln
 Covington, LA 70433

Colgate Dundee - ORRI 22824-31 & 34

Not
5/18/22
de Kal

NAME _____

1ST NOTICE 5/18

2ND NOTICE _____

RETURN 6/2

UNCLAIMED

RECEIVED

JUN 16 2022

Hinkle Shanor LLP
Santa Fe NM 87504

NIXIE 773 DE 1 0006/10/22

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504206868 2091N161175-00101



7019 2970 0000 7642 4930

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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
Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Any Shelton Murrell
315 N Orchard Ln
Covington, LA 70433

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

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



FROM

HINKLE SHANOR LLP
ATTORNEYS AT LAW

PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Any Shelton Murrell
315 N Orchard Ln
Covington, LA 70433

*Not
5/18/22
de R21*

NAME _____
1ST NOTICE 5/18
2ND NOTICE _____
RETURN 6/2

RECEIVED

JUN 16 2022

Hinkle Shanor LLP
Santa Fe NM 87504

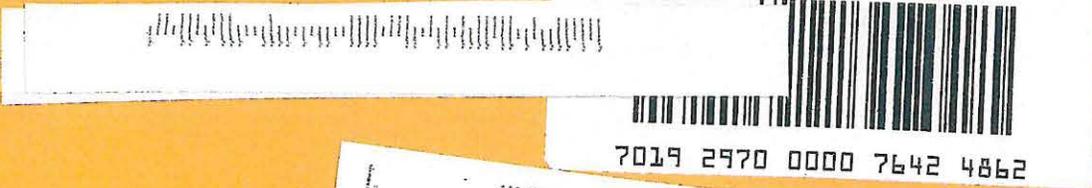
UNCLAIMED

NIXIE 773 DE 1 8686/16/22

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504206868 2091N161175-00105

CERTIFIED MAIL



FIRST CLASS



US POSTAGE PITNEY BOWES
ZIP 87501 02 7H \$ 008.76
0006052409 MAY 13 2022

791 SE 1 NIXIE
RETURN TO SENDER
UNABLE TO FORWARD
ATTEMPTED - NOT KNOWN
BC: 87504229868
2067N15175-00233
0106/14/22

Ank
5/16

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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. Doris R. Stinson
 30 SKP RANCH RD 33
 LAKEWOOD, NM, 88254
 City, State, ZIP+4® LAKEWOOD, NM, 88254
Colgate Dundee - ORRI 22824-31 & 34

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

FROM

 **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Doris R. Stinson
30 SKP RANCH RD 33
LAKEWOOD, NM, 88254

Colgate Dundee - ORRI 22824-31 & 34

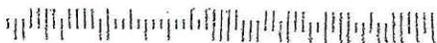


RECEIVED

JUN 21 2022

Hinkle Shanor LLP
Santa Fe NM 87504

MMR



7020 0640 0000 0304 2651

FIRST-CLASS



US POSTAGE SMPITNEY BOWES

ZIP 87501 \$ 008.76⁰
02 7H
0006052409 MAY 13 2022

BC: 87504206868
2266N159144-00663
UNABLE TO FORWARD
NO MAIL RECEIPT
RETURN TO SENDER
731 DE 1
MIXIE
0006/05/22

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

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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
Street and Apt. No., or PO Box No. Sandra Thoma
789 West Hells Gate
City, State, ZIP+4® Strawn, TX 76475
Colgate Dendur - ORRI 22824-31 & 34

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FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Sandra Thoma
789 West Hells Gate
Strawn, TX 76475

Colgate Dendur - ORRI 22824-31 & 34



7020 0640 0000 0304 2651

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JUN 15 2022

Hinkle Shanor LLP
Santa Fe NM 87504

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 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

Sent To Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981
 Street and Apt. No., or PO Box No. 4151 Woronzof Dr.
 City, State, ZIP+4® Anchorage, AK 99517

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7019 2970 0000 7595 5237



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ZIP 87501 \$ 008.70
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0086052409 MAY 13 2022

ANK

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981
4151 Woronzof Dr.
Anchorage, AK 99517

-R-T-S- 995175043-1N 06/06/22
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER

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JUN 10 2022

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Santa Fe, NM 87504

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10/10

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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
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Sent To
Street and Apt. No., or PO Box No. Adventure Exploration L.P.
P.O. Box 11354
Midland, TX 79702
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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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. FFF, Inc.
2307 Stagecoach Dr
Las Cruces, NM 88011
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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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
Street and Apt. No., or PO Box No. JAB Investments, Inc.
612 W Plains Ave
Clovis, NM 88101
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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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
Street and Apt. No., or PO Box No. Motowi, LLC
2307 Stagecoach Dr
Las Cruces, NM 88011
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Michelle R. (Hannifin) Sandoval
PO Box 131570
Carlsbad, CA 92013
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
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Total Postage and Fees
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Sent To
Street and Apt. No., or PO Box No. Robin K. Shackelford
108 Paradise Canyon
Ruidoso, NM 88345
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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<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.	Trinity Royalty Holdings LLP 1330 Post Oak Blvd Ste 1888 Houston, TX 77056
City, State, ZIP+4®	Colgate Dundee - ORRI 22824-31 & 34
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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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.	Wambaugh Exploration LLC 4747 RESEARCH FOREST DR STE 410 THE WOODLANDS, TX 77381-4903
City, State, ZIP+4®	Colgate Dundee - ORRI 22824-31 & 34
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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

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

City, State, ZIP+4® _____

Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002
25812 South Danford Dr
Sun Lake, AZ 85248

Colgate Dundee - ORRI 22824-31 & 34

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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>PR</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002 25812 South Danford Dr Sun Lake, AZ 85248</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>B. Received by (Printed Name) <i>PR</i></p> <p>C. Date of Delivery <i>5-16-22</i></p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">7019 2970 0000 7595 5220</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 3892 56</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"/> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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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	
John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532	
<i>Street and Apt. No., or PO Box No.</i>	
<i>City, State, ZIP+4®</i>	
<small>Colgate Dunlop - ORR122824-31 & 34</small>	

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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> <p style="text-align: center;">John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532</p> <p style="text-align: center;"><small>Colgate Dunlop - ORR122824-31 & 34</small></p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>John P. Conn</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;"><i>JOHN P. Conn</i> 5/17/22</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4947</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 checked="" 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> </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 checked="" 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"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> 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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<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.	Shelley Schutz Dominguez 725 Live Oak
City, State, ZIP+4®	El Paso, TX 79932 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Shelley Dominguez 5/19/22</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>1. Article Addressed to:</p> <p style="text-align: center;">Shelley Schutz Dominguez 725 Live Oak El Paso, TX 79932</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>	<p>3. Service Type <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><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</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4978</p>	<p><input type="checkbox"/> all <input type="checkbox"/> all Restricted Delivery (over \$500)</p>
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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

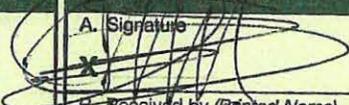
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Street and Apt. No., or PO Box No. Energy Properties Limited, L.P.
PO Box 51408

City, State, ZIP+4® Casper, WY 82605

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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> <p style="text-align: center;">Energy Properties Limited, L.P. PO Box 51408 Casper, WY 82605</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dandee - ORR1 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3891 57 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4879</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>TOM GEORG</u></p> <p>C. Date of Delivery <u>5/24/22</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> <div style="text-align: center;">  </div> <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"/> Mail Restricted Delivery (0)</p>
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PO Box 13128

City, State, ZIP+4® Las Cruces, NM 88013
Colgate Dundee - ORRI 22824-31 & 34

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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) C. Date of Delivery</p> <p>FRANNIFIN MINERALS - 17-22</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>1. Article Addressed to:</p> <p style="text-align: center;">Frannifin Minerals, LLC PO Box 13128 Las Cruces, NM 88013</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 5128</p>	<p style="text-align: center; font-size: 1.5em; font-weight: bold;">9590 9402 6746 1074 2264 90</p> <p style="text-align: center;">Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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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 Street and Apt. No., or PO Box No. Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801 </div> <p style="font-size: 0.8em; text-align: right;">Colgate Dundee - ORRI 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3892 25 </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7595 5251</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Natalie Hanagan</p> <p>C. Date of Delivery 6-1-22</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> </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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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7019 2970 0000 7595 5244

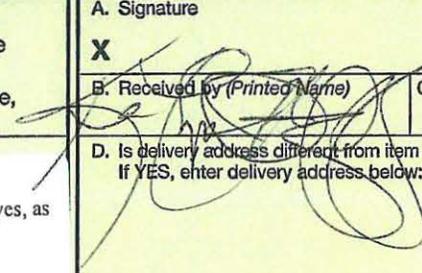
Certified Mail Fee	
\$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> 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 W. Hanagan PO Box 750	
City, State, ZIP+4® Big Horn, WY 82833	

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;">Robert W. Hanagan PO Box 750 Big Horn, WY 82833</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3892 32 </div> <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 5244</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Brenda Hanagan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Brenda Hanagan</i> <i>5/24/22</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>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> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7019 2970 0000 7642 4954

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For delivery information, visit our website at www.usps.com ®.	
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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 Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707 Colgate Dundee - ORRI 22824-31 & 34	
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 <input checked="" type="checkbox"/> 
1. Article Addressed to: Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707  9590 9402 6746 1074 3890 72	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7019 2970 0000 7642 4954	3. Service Type <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"/> 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
PS Form 3811, July 2020 PSN 7530-02-000-9053	Restricted Delivery 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 _____

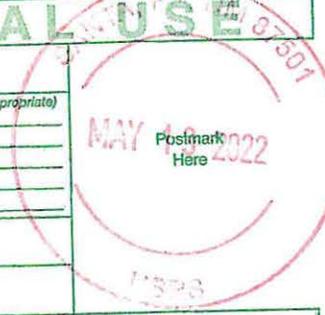
Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan
 PO Box 2944
 Casper, WY 82602

Colgate Dundee - ORRI 22824-31 & 34

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>Tom Heiss</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 5-19-22</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>1. Article Addressed to:</p> <p>William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan PO Box 2944 Casper, WY 82602</p> <p>Colgate Dundee - ORRI 22824-31 & 34</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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 3891 26</p> <p>7019 2970 0000 7642 4909</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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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		
Street and Apt. No., or PO Box No.	Hutchings Oil Company PO Box 1216	
City, State, ZIP+4®	Albuquerque, NM 87103 <small>Colgate Dundee - DRRI 22824-31 & 34</small>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Jane Sildan</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p>Hutchings Oil Company PO Box 1216 Albuquerque, NM 87103</p> <p style="font-size: 0.8em; text-align: right;"><small>Colgate Dundee - DRRI 22824-31 & 34</small></p> </div> <p style="text-align: center;">9590 9402 6746 1074 3892 63</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Janelle W. ...</i> 5/18/22</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7595 5213</p>	<p>3. Service Type <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><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"/> Restricted Delivery</p> <p style="text-align: right;">Restricted Delivery</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)		
<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.		JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702
City, State, ZIP+4®		Colgate Dundee - ORRI 22824-31 & 34

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="text-align: center; padding: 10px;"> <p>JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702</p> <p style="font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p>  <p>9590 9402 6746 1074 3973 36</p> </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 5036</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Paul L. Navin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Paul L. Navin</i> 5/19/2022</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%; 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> </table> <p><input type="checkbox"/> Restricted Delivery</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"/> 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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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. Lowe Royalty Partners, LP
1717 W. 6th Street, Suite 470
Austin, Texas 78703

City, State, ZIP+4® _____ Colgate Dundee - ORRI 22824-31 & 34

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;">Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703</p> <p style="text-align: center; font-size: small;">Colgate Dundee - ORRI 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3973 05 </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 5067</p>	<p>A. Signature X <i>Secure</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Mailbox</i> 5/18</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> <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"/> Restricted Delivery</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"/> Restricted Delivery	
<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"/> Restricted Delivery															
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt														

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7019 2970 0000 7642 5142

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® _____ MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____ FRANK HARRINGTON</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 2207 Stagecoach</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 5142</p>	<p style="text-align: center; font-size: 0.8em;">stricted Delivery</p>												
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7019 2970 0000 7642 5074

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® _____	

MAP 98A-OK, an Oklahoma general partnership
 101 North Robinson, Suite 1000
 Oklahoma City, OK 73102-5514
 Colgate Dundee - ORRI 22824-31 & 34

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</p> <p>B. Received by (Printed Name) <i>Michelle Creach</i> C. Date of Delivery <i>5-16-22</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; margin-top: 20px;"> MAP 98A-OK, an Oklahoma general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514 <small>Colgate Dundee - ORRI 22824-31 & 34</small> </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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5074</p>	<p>restricted Delivery</p>												

9590 9402 6746 1074 3972 99

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7019 2970 0000 7642 5081

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.	MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514
City, State, ZIP+4®	Oklahoma City, OK 73102-5514 <small>Colgate Domic - ORRI 22824-31 & 34</small>

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;">MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Domic - ORRI 22824-31 & 34</small></p> <div style="text-align: center;">  9590 9402 6746 1074 3972 82 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 5081</p>	<p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">M. Creach</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.2em; color: blue;">Michelle Creach 5-16-22</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%; 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> </table> <p style="text-align: center;"> Restricted Delivery</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"/> 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													
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	
MKL Minerals LLC	
1901 Ward	
Midland, TX 79705	
Colgate Dundee - ORRI 22824-31 & 34	
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"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>MKL Minerals LLC 1901 Ward Midland, TX 79705</p> <p style="font-size: 0.8em; margin: 0;">Colgate Dundee - ORRI 22824-31 & 34</p> </div>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>Waseem Sumry</u> <u>5-16-22</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>												
<div style="text-align: center;"> <p>9590 9402 6746 1074 3973 12</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5050</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> </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"/> 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													
<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)	
<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.	Merrick Properties, LLC P.O. Box 144 Midland, TX 79702
City, State, ZIP+4®	Midland, TX 79702 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

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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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i> 5/23/22</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>1. Article Addressed to:</p> <p style="text-align: center;">Merrick Properties, LLC P.O. Box 144 Midland, TX 79702</p> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</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 Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 5043</p>	<p>Restricted Delivery</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 \$ _____

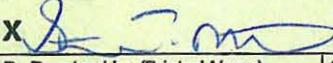
Sent To

Street and Apt. No., or PO Box No. Stephen T. Mitchell
6212 Homestead Blvd
Midland, TX 79707

City, State, ZIP+4® _____

Postmark Here
MAY 13 2022
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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>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>STEPHEN T. MITCHELL 5/31/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p></p> <p>9590 9402 6746 1074 3892 87</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5190</p>	<p>Mail Restricted Delivery</p>
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7019 2970 0000 7595 5176

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. Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Viola A. Vigil</i> 5-16-22</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7595 5176</p>	<p>Insured Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (0)</p>												

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MAY 13 2022

7019 2970 0000 7642 4916

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.	Robin L. Morgan 135 Cottonwood Rd
City, State, ZIP+4®	Artesia, NM 88210

Colgate Dundee - ORRI 22824-31 & 34

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>TAYLOR MORGAN</i> <i>5-16-22</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; padding: 10px;">Robin L. Morgan 135 Cottonwood Rd Artesia, NM 88210</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4916</p>	<p style="text-align: right;">Restricted Delivery</p>												

9590 9402 6746 1074 3891 19

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7019 2970 0000 7642 4831

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL RECEIPT	
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.	Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202
City, State, ZIP+4®	Roswell, NM 88202 Colgate Dundee - ORRI 22824-31 & 34
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 <input checked="" type="checkbox"/> <i>Mark B. Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Mark B. Murphy Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202  9590 9402 6746 1074 3891 95	B. Received by (Printed Name) <i>Diana Ruiz</i>	C. Date of Delivery MAY 16 2022
2. Article Number (Transfer from service label) 7019 2970 0000 7642 4831	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <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"/> 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	
Restricted Delivery		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	
Street and Apt. No., or PO Box No.	Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012
City, State, ZIP+4®	706 Brazos St. Roswell, NM 88201 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

Postmark Here
MAY 13 2022

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

7019 2970 0000 7595 5169

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><i>S. S. Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. S. Murphy</i></p> <p>C. Date of Delivery <i>5/16/22</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;">Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012 706 Brazos St. Roswell, NM 88201</p> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</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 Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7595 5169</p>	<p style="text-align: center;">9590 9402 6746 1074 3893 17</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7019 2970 0000 7642 4985

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.	Nuevo Seis, Limited Partnership PO Box 2588
City, State, ZIP+4®	Roswell, NM 82202 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</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;">Nuevo Seis, Limited Partnership PO Box 2588 Roswell, NM 82202</p> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4985</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> </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"/> 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													
	<p>Mail Restricted Delivery</p>												
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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 \$ _____

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Street and Apt. No., or PO Box No. OGI, Inc.
PO Box 5686

City, State, ZIP+4® Pagosa Springs, CO 81147
Colgate Dundee - ORRI 22824-31 & 34

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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>Anne Zoelner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Anne Zoelner</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p>  <p>9590 9402 6746 1074 3891 88</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 4848</p>	<p>Mail Restricted Delivery</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)	
<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.	PDIII Exploration, LTD. P.O. Box 871
City, State, ZIP+4®	Midland, Texas 79702
	<small>Colgate Dundee - ORRI 22824-31 & 34</small>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Paul L. Davis</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Paul L. Davis</i> <i>5/19/2022</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>												
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702 </div> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; text-align: center;">7019 2970 0000 7642 5029</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> </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"/> 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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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Certified Mail Fee \$ _____	SANITA, TX, NW 87507 Postmark Here MAY 13 2022 SPS
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. Paul Davis, Ltd. P.O. Box 871 City, State, ZIP+4® Midland, TX 79702 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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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 <u><i>Paul Davis</i></u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702 </div> <small>Colgate Dundee - ORRI 22824-31 & 34</small>	B. Received by (Printed Name) <u>Paul L Davis</u> C. Date of Delivery <u>5/19/2022</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 9590 9402 6746 1074 3973 43 7019 2970 0000 7642 5012	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
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 Street and Apt. No., or PO Box No. Qualia Interests, LLC PO Box 991 Midland, TX 79702 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 FSN 7530-02-000-8047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Qualia Interests, LLC PO Box 991 Midland, TX 79702 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery
2. Article Number (Transfer from service label) 7019 2970 0000 7595 5206	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <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"/> all Restricted Delivery	<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
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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. Realtimezone, Inc.
 PO Box 1834

City, State, ZIP+4® Roswell, NM 88202

Colgate Danice - ORRI 22824-31 & 34

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Anna-Marie</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Realtimezone, Inc. PO Box 1834 Roswell, NM 88202</p> <p><small>Colgate Danice - ORRI 22824-31 & 34</small></p> <p>9590 9402 6746 1074 3893 55</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"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2637</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>



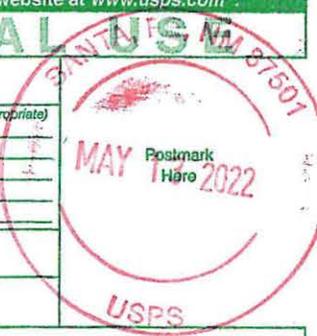
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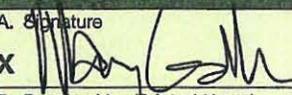
7019 2970 0000 7642 5104

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	S & E Royalty, LLC
Street and Apt. No., or PO Box No.	8470 West 4th Ave Lakewood, CO 80226
City, State, ZIP+4®	Colgate Danlee - ORRI 22824-31 & 34

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

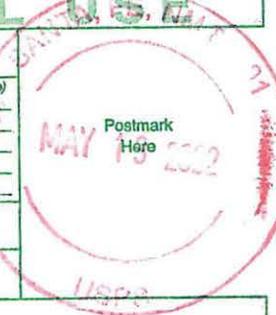
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>S & E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226</p> <p style="font-size: 0.8em;">Colgate Danlee - ORRI 22824-31 & 34</p>  <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 2265 13</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5104</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Mary Gollivan 5/23/22</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> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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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 
Sent To Street and Apt. No., or PO Box No. Scott Exploration, Inc. PO Box 1834 City, State, ZIP+4® Roswell, NM 88202 <small>Colgate Dundee - ORR1 22824-31 & 34</small>	

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;">Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORR1 22824-31 & 34</small></p> <div style="text-align: center;">  9590 9402 6746 1074 3892 94 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7595 5183</p>	<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 Anna-Marie</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> <div style="text-align: center;">  </div> <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> </table> <p><input type="checkbox"/> Restricted Delivery</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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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7019 2970 0000 7642 4817

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. Harold Scott 12025 N 1878 Rd City, State, ZIP+4® Sayre, OK 73662-7601 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Sandra Scott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sandra Scott</i></p> <p>C. Date of Delivery <i>5/16/22</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;">Harold Scott 12025 N 1878 Rd Sayre, OK 73662-7601</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2970 0000 7642 4817</p>	<p> Restricted Delivery</p>												
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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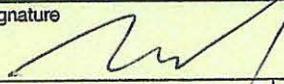
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MAY 13 2022

7019 2970 0000 7642 4886

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. Sam L. Shackelford 1096 Mechem Dr.	
City, State, ZIP+4® Ruidoso, NM 88211	
<small>Colgate Dundee - ORR1 22824-31 & 34</small>	

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;">Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211</p> <p style="text-align: right;"><small>Colgate Dundee - ORR1 22824-31 & 34</small></p> <div style="text-align: center;">  9590 9402 6746 1074 3891 40 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4886</p>	<p>A. Signature</p> <p><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 style="font-size: 1.2em;">SAM L. SHACKELFORD 5/18/22</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%; 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> </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"/> 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													
<small>PS Form 3811, July 2020 PSN 7530-02-000-9053</small>	<small>Domestic Return Receipt</small>												

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7019 2970 0000 7642 5173

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.		Stelaron, Inc. P.O. Box 7787 Amarillo, Texas 79114 <small>Colgate Dmdcc - ORRI 22824-31 & 34</small>
City, State, ZIP+4®		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Karen L. Moore</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen L. Moore</i></p> <p>C. Date of Delivery <i>MAY 26 2022</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;">Stelaron, Inc. P.O. Box 7787 Amarillo, Texas 79114</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dmdcc - ORRI 22824-31 & 34</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5173</p>	<p>9590 9402 6746 1074 2465 04</p>

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7019 2970 0000 7642 4824

Certified Mail Fee \$ _____	Postmark Here MAY 13 2022
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 Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042 <small>Colgate Dundee - ORRI 22924-31 & 34</small>	

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;"> Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042 <small>Colgate Dundee - ORRI 22924-31 & 34</small> </div> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 6746 1074 3892 01</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2970 0000 7642 4824</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Stephanie Stephen</p> <p>C. Date of Delivery 5-17-22</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> </table> <p style="text-align: right; margin-top: 5px;">Restricted Delivery</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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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7019 2970 0000 7642 5005

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.		Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401
City, State, ZIP+4®		Colgate Dundee - ORRI 22824-31 & 34

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>B. Received by (Printed Name) C. Date of Delivery</p> <p>Daniel Sheavira 5/18/22</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>1. Article Addressed to:</p> <p style="text-align: center;">Tar Creek, LLC 2217 Cardinal Road Ardmore 3401</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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 checked="" 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> </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 checked="" 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"/> 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 checked="" 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 5005</p> <p style="text-align: center; font-size: 0.8em;">(over \$500)</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
\$ _____

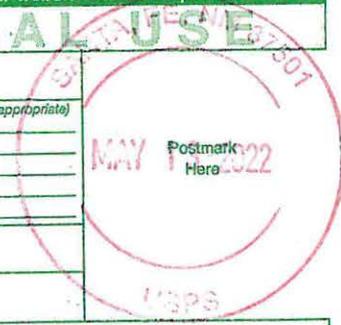
Total Postage and Fees
\$ _____

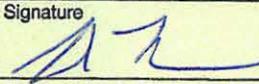
Sent To
John Kyle Thoma, Trustee of the Cornerstone Family Trust
PO Box 558
Peyton, Colorado 80831

Street and Apt. No., or PO Box No.
City, State, ZIP+4®
Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7595 5152



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) John Thoma</p> <p>C. Date of Delivery 5/28/2022</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>1. Article Addressed to:</p> <p>John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831</p> <p><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 3893 24</p> <p>7019 2970 0000 7595 5152</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"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Carlsbad Current Argus.

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Affidavit of Publication

Ad # 0005262091

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HINKLE SHANOR LLP
POBOX 10

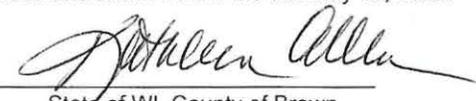
ROSWELL, NM 88202-0010

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:

05/18/2022


Legal Clerk

Subscribed and sworn before me this May 18, 2022:


State of WI, County of Brown
NOTARY PUBLIC

1-7-85
My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005262091
PO #: 5262091
of Affidavits 1

This is not an invoice

Colgate Operating, LLC
Case No. 22831
Exhibit C-4

This is to notify all interested parties, including COG Operating LLC; Estate of Don Hoffmann; Samuel Max Mordka Trust; Michelle A. Rubin Trust; Edward O Bufkin Jr.; C&J Investments; Charles W. Seltzer Trust; Shauna Seltzer Redwine Trust; Michael J. Neitzel; Karen Ralston Slade Revocable Trust; Kirk & Sweeny Ltd. Co; Realltimezone, Inc.; Long, LLC; Sandra Thomà; John Kyle Thoma, Trustee of the Cornerstone Family Trust; Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2021; Monarch Oil and Gas Inc.; Scott Exploration, Inc.; Stephen T. Mitchell; Qualla Interests, LLC; Hutchings Oil Company; Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002; Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement date May 21, 1981; Robert W. Hanagan; Natalie V. Hanagan; Harold Scott; Stephens Enterprises; Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust agreement dated December 11, 2012; OGI, Inc.; ROEC, Inc.; Doris R. Stinson; Energy Properties Limited, L.P.; Sam L. Shackelford; Robin K. Shackelford; William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan; Robin L. Morgan; Elizabeth S. Shelton, Trustee of the Elizabeth S. Shelton Living Trust; Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell; John P. Conn and Eileen C. Knecht; Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust; Trinity Royalty Holdings I LP; Shelley Shutz Dominguez; Nuevo Seis, Limited Partnership; Adventure Exploration L.P.; Tar Creek, LLC; Paul Davis, Ltd.; PDIII Exploration, LTD; JB & PDIII Partners, LLC; Merrick Properties, LLC; MKL Minerals LLC; Lowe Royalty Partners, LP; MAP 98A-OK, an Oklahoma general partnership; MAP 98B-NET, a Texas general partnership; Wambaugh Exploration, LLC; S & E Royalty, LLC; Motowi, LLC; Frannifin Mineral, LLC; Alan R. Hannifin, a single man; Michelle R. (Hannifin) Sandoval; MW Oil Investment Company Inc.; FFF, Inc.; JAB Investments, Inc.; Stelaron, Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22B31). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on June 2, 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.wemrds.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 316-acre, more or less, standard horizontal spacing unit comprised of Lots 1, 2, 3, and 4 (N/2N/2 equivalent) of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): Dundee 4 Fed Com 111H well, Dundee 4 Fed Com 121H well, and Dundee 4 Fed Com 131H well, which will be horizontally drilled from a surface hole location in Lot 1 of Section 5 to a bottom hole location in Lot 1 of Section 3. Also to be considered will be the cost of drilling and completing the

Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 12 miles northeast of Carlsbad, New Mexico.
#5262091, Current Argus, May 18, 2022