

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

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

**CASE NO. 23759**

**EXHIBIT INDEX**

Compulsory Pooling Checklist

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A-4	Sample Well Proposal Letter and AFE
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Christopher Cantin
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B-2	Cross Section Locator Map
B-3	Third Bone Spring - Structure Map
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# COMPULSORY POOLING APPLICATION CHECKLIST

## ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

<b>Case: 23759</b>	<b>APPLICANT'S RESPONSE</b>
<b>Hearing Date</b>	<b>October 5, 2023</b>
Applicant	Permian Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	<b>OGRID No. 372165</b>
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	None.
Well Family	Silver Bar
<b>Formation/Pool</b>	
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:	Parkway, Bone Spring pool (Code 49622)
Well Location Setback Rules:	Statewide
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks:	Quarter-quarter
Orientation:	West to East
Description: TRS/County	N/2 S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is</u> approval of non-standard unit requested in this application?	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	Yes. There is a depth severance in the Bone Spring formation within in the Unit and Applicant seeks to pool interests in the Third Bone Spring Formation from the stratiagrphic equivalent of approximately 8,205' TVD to the base of the Bone Spring Formation as shown on the Osage Federal 10 well log (API #30-015-26178).
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
<b>Well(s)</b>	
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	Silver Bar 35-36 Fed State Com 133H (API # ---) SHL: 1,029' FSL & 359' FEL (Unit P), Section 34, T19S, R29E BHL: 2,310' FSL & 100' FEL (Unit I), Section 36, T19S, R29E Completion Target: Third Bone Spring (9,196' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
<b>Joinder</b>	
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
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-5
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	

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-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-5
<b>Additional Information</b>	
Special Provisions/Stipulations	N/A
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	/s/ Dana S. Hardy
<b>Date:</b>	10/3/2023



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

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

**CASE NO. 23759**

**SELF-AFFIRMED STATEMENT  
OF MARK HAJDIK**

1. I am a Senior Staff Landman at Permian Resources Operating, LLC ("Permian Resources") 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 the 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. Permian Resources seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico ("Unit").

5. The Unit will be dedicated to the Silver Bar 35 Fed State Com 133H ("Well"), which will be completed in the Parkway, Bone Spring pool (Code 49622). The Well will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34, to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36.

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

Permian Resources Operating, LLC  
Case No. 23759  
Exhibit A

7. **Exhibit A-2** contains the C-102 for the Well.

8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Permian Resources seeks to pool highlighted in yellow. All of the parties are locatable in that Permian Resources believes it located valid addresses for them.

9. Permian Resources has conducted a diligent search of all county public records, including phone directories and computer databases, as well as internet searches, to locate the interest owners it seeks to pool.

10. **Exhibit A-4** contains a sample well proposal letter that was sent to interest owners for the Well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

11. In my opinion, Permian Resources made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.

12. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Well is being drilled, and \$1000 per month while the Well is producing. These rates are fair and are comparable to the rates charged by Permian Resources 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 Permian Resources 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

10/3/23  
\_\_\_\_\_  
Date

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

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

**CASE NO. 23759**

**APPLICATION**

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (OGRID No. 372165) (“Applicant”) applies for an order pooling all uncommitted interests in from the top of the Third Bone Spring formation to the base of the Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 35 and 36, Township 19 South, Range 29 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 **Silver Bar 35 Fed State Com 133H** well (“Well”), which will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34, to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36.
3. The completed intervals of the Well will be orthodox.
4. There is a depth severance in the Bone Spring Formation within the Unit. Accordingly, Applicant seeks to pool interests in the Third Bone Spring Formation from the stratigraphic equivalent of approximately 8,205’ TVD to the base of the Bone Spring Formation as shown on the Osage Federal 10 well log (API #30-015-26178).

**Permian Resources Operating, LLC  
Case No. 23759  
Exhibit A-1**

5. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all interest owners.

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

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

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on September 7, 2023, and, after notice and hearing as required by law, the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

*Counsel for Permian Resources Operating,  
LLC*

**Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.** Applicant applies for an order pooling all uncommitted interests from the top of the Third Bone Spring Formation to the base of the Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Silver Bar 35 Fed State Com 133H** well ("Well"), which will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34, to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36. Due to a depth severance in the Bone Spring Formation within the Unit, Applicant seeks to pool interests in the Third Bone Spring Formation from the stratigraphic equivalent of approximately 8,205' TVD to the base of the Bone Spring Formation as shown on the Osage Federal 10 well log (API #30-015-26178). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 13 miles northwest of Carlsbad, New Mexico.



District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Artec, NM 87410  
District IV  
1220 S. St Francis Dr., 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. **Permian Resources Operating, LLC**  
Santa Fe, NM 87505 **Case No. 23759**  
**Exhibit A-2**

Form C-102

Revised August 1, 2011

Submit one copy to appropriate District Office  
☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number	<sup>2</sup> Pool Code 49622	<sup>3</sup> Pool Name Parkway, Bone Spring
<sup>4</sup> Property Code	<sup>5</sup> Property Name <b>SILVER BAR 35-36 FED STATE COM</b>	<sup>6</sup> Well Number <b>#133H</b>
<sup>7</sup> OGRID No.	<sup>8</sup> Operator Name <b>PERMIAN RESOURCES OPERATING, LLC</b>	<sup>9</sup> Elevation <b>3,331'</b>

<sup>10</sup> Surface Location

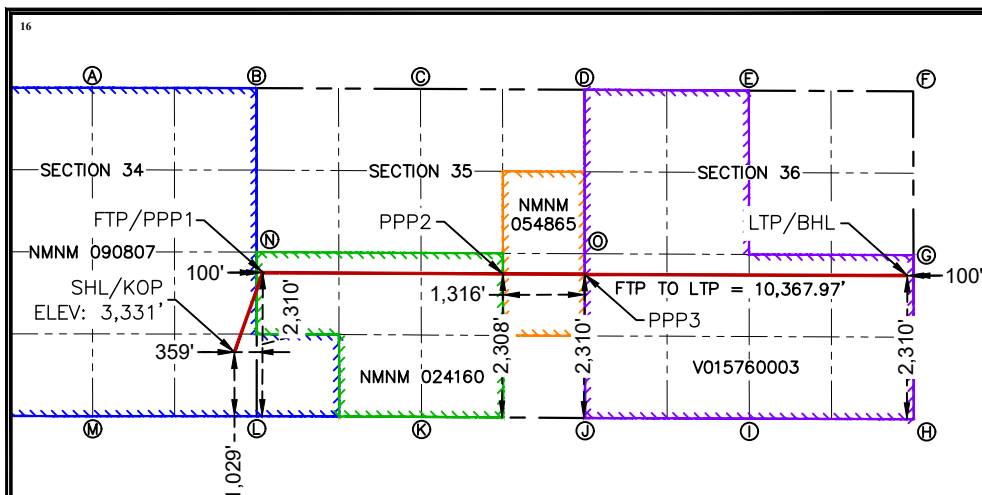
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>P</b>	<b>34</b>	<b>19 S</b>	<b>29 E</b>		<b>1,029'</b>	<b>SOUTH</b>	<b>359'</b>	<b>EAST</b>	<b>EDDY</b>

<sup>11</sup> 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
<b>I</b>	<b>36</b>	<b>19 S</b>	<b>29 E</b>		<b>2,310'</b>	<b>SOUTH</b>	<b>100'</b>	<b>EAST</b>	<b>EDDY</b>

<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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 & KICK-OFF POINT**  
1,029' FSL & 359' FEL  
NM EAST-NAD 83  
NORTH: 586,757.44'  
EAST: 626,939.00'  
LAT: 32.61273977  
LONG: -104.05532456  
NM EAST-NAD 27  
NORTH: 586,695.46'  
EAST: 585,758.90'  
LAT: 32.61262133  
LONG: -104.05481979

**FIRST TAKE POINT & PENETRATION POINT 1**  
2,310' FSL & 100' FWL  
NM EAST-NAD 83  
NORTH: 588,037.82'  
EAST: 627,397.17'  
LAT: 32.61625585  
LONG: -104.05382564  
NM EAST-NAD 27  
NORTH: 587,975.81'  
EAST: 586,217.09'  
LAT: 32.61613743  
LONG: -104.05332080

**PENETRATION POINT 2**  
2,308' FSL & 1,316' FEL  
NM EAST-NAD 83  
NORTH: 588,014.60'  
EAST: 631,259.97'  
LAT: 32.61616350  
LONG: -104.04128025  
NM EAST-NAD 27  
NORTH: 587,952.57'  
EAST: 590,079.89'  
LAT: 32.61604495  
LONG: -104.04077572

**PENETRATION POINT 3**  
2,310' FSL & 0' FWL  
NM EAST-NAD 83  
NORTH: 588,006.69'  
EAST: 632,576.28'  
LAT: 32.61613174  
LONG: -104.03700521  
NM EAST-NAD 27  
NORTH: 587,944.65'  
EAST: 591,396.19'  
LAT: 32.61601314  
LONG: -104.03650079

**LAST TAKE POINT & BOTTOM HOLE LOCATION**  
2,310' FSL & 100' FEL  
NM EAST-NAD 83  
NORTH: 587,987.92'  
EAST: 637,765.01'  
LAT: 32.61603926  
LONG: -104.02015349  
NM EAST-NAD 27  
NORTH: 587,925.84'  
EAST: 596,584.91'  
LAT: 32.61592048  
LONG: -104.01964949

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
A-CALCULATED CORNER	N: 585,677.60' E: 637,869.26'
B-FOUND IRON ROD	N: 585,685.41' E: 635,223.20'
C-FOUND NAIL	N: 585,696.70' E: 632,580.53'
D-FOUND IRON ROD	N: 585,715.65' E: 629,950.81'
E-FOUND IRON ROD	N: 585,728.26' E: 627,298.35'
F-FOUND IRON PIPE	N: 585,726.61' E: 624,659.03'
G-FOUND IRON PIPE	N: 588,366.64' E: 627,297.00'
H-FOUND IRON PIPE	N: 588,339.27' E: 632,575.67'

<sup>17</sup> 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 \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_

<sup>18</sup> 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: 9/1/2023



MARK J. MURRAY P.L.S. NO. 12177



Silver Bar 35 N2S2				
WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Permian Resources Operating, LLC	1, 2, 3	213.58	66.74406%	Operator
Penroc Oil Corporation	1, 2, 3	9.88	3.08719%	Yes
Byron Bachschmid	1,2	0.96	0.30000%	Yes
Borica Oil, Inc.	1,2	0.96	0.30000%	Yes
Robert Levers Dale and Patricia Joan Dale Trust	1,2	0.96	0.30000%	Yes
Hanson Operating Company	1,2	12.00	3.75000%	Yes
Jonathan M. Cieszinski	1,2	0.24	0.07500%	Yes
Cieszinski Trust UA dated May 15, 2007	1,2	0.24	0.07500%	Yes
T. Z. Jennings	1,2	0.48	0.15000%	Yes
Francis G. Tracey, III	1,2	0.96	0.30000%	Yes
Charles J. Kinsolving	1,2	0.64	0.20000%	Yes
3SD Holdings, LLC	1,2	0.64	0.20000%	Yes
Ashley Dean Crow	1,2	0.64	0.20000%	Yes
Patrick J. Morello and Alice M. Morello Trust	1,2	0.96	0.30000%	Yes
Northern Oil and Gas	3	31.49	9.84063%	Yes
Alpha Energy Partners, LLC	3	31.49	9.84063%	Yes
Jose E. Rodriguez	1,2	0.72	0.22500%	Yes
DeVargas Street, LLC	1,2	0.24	0.07500%	Yes
L. Neil Burcham and wife	1,2	0.12	0.03750%	Yes
Chisos, Ltd.	3	11.52	3.60000%	Yes
Rockport Oil and Gas, LLC	3	1.28	0.40000%	Yes
		320	100%	

Silver Bar 35 Lease Layout				
		Section 35		Section 36
Silver Bar 35 Fed Com 133H - Case No 23759	Tract 1 NMNM 024160 RT: Colgate Production	Tract 2 NMNM 024160 RT: FOUNDATION ENERGY FUND V-B HOLDING LLC	Tract 3 V0 1576 RT: Devon Energy Production Co LP	
Silver Bar 35 Fed Com 134H - Case No 23760	Tract 1 NMNM 090807 RT: Colgate Production	Tract 2 NMNM 024160 RT: Colgate Production	Tract 3 NMNM 067102 RT: Devon Energy Co	Tract 4 V0 1576 RT: Devon Energy Production Co LP

## ORRI Only

Ard Oil Ltd.  
 Rockport Oil and Gas, LLC  
 Centennial LLC  
 SAC Investments I, LP  
 Wallace Family Partnership, LP  
 Collins Permian, LP  
 Alpha Royalty Partners, LLC  
 Douglas Ladson McBride, III  
 Julie Scott McBride  
 Sue Hanson McBride  
 Joyco Investments, LLC  
 Babe Development, LLC

Kenebrew Minerals, LP  
Cherokee Legacy Minerals, Ltd.  
KB Limited Partnership  
Delmar Hudson Lewis Living Trust  
Monty D. McLane  
Alan Jochimsen  
States Royalty Limited Partnership  
Zoro Partners, Ltd.  
Josephine T. Hudson Testamentary Trust  
Pregler Oil Company, LLC  
Michelle R. Hannifin  
Alan Hannifin  
Hannifin Family Trust  
Robert and Maxine Hannifin Trust  
Lindley's Living Trust  
JS Pregler Land LLC  
MA Pregler Investments

Lessee of Record

Devon Energy Production Co  
FOUNDATION ENERGY FUND V-B HOLDING LLC  
DEVON ENERGY CO LP



300 N. MARIENFELD STREET, SUITE 1000  
MIDLAND, TX 79701

OFFICE 432.695.4222  
FAX 432.695.4063

June 5, 2023

*Via Certified Mail*

Penroc Oil Corporation  
PO Box 2769  
Hobbs, NM 88241

**RE: Silver Bar 35 Fed State Com – Well Proposals**

Section 35: S/2, Section 36: S/2, T19S-R29E, Bone Spring and Wolfcamp Formations  
Eddy County, New Mexico

To Whom It May Concern:

Permian Resources Operating, LLC ("Permian"), hereby proposes the drilling and completion of the following three (3) wells, the Silver Bar 35 Fed State Com 133H, 134H, & 203H at the following approximate locations within Township 20 South, Range 28 East:

**1. Silver Bar 35 Fed State Com 133H**

SHL: At a legal location in the SE4 of Section 34  
BHL: At a legal location in the SE4 of Section 36  
FTP: At a legal location in the SW4 of Section 35  
LTP: At a legal location in the SE4 of Section 36  
TVD: 9,196'  
TMD: Approximately 19,481'  
Proration Unit: S2 of Sections 35 and 36  
Targeted Interval: 3<sup>rd</sup> Bone Spring  
Total Cost: See attached AFE

**2. Silver Bar 35 Fed State Com 134H**

SHL: At a legal location in the SE4 of Section 34  
BHL: At a legal location in the SE4 of Section 36  
FTP: At a legal location in the SW4 of Section 35  
LTP: At a legal location in the SE4 of Section 36  
TVD: 9,206'  
TMD: Approximately 19,491'  
Proration Unit: S2 of Sections 35 and 36  
Targeted Interval: 3<sup>rd</sup> Bone Spring  
Total Cost: See attached AFE

**3. Silver Bar 35 Fed State Com 203H**

SHL: At a legal location in the SE4 of Section 34  
BHL: At a legal location in the SE4 of Section 36  
FTP: At a legal location in the SW4 of Section 35  
LTP: At a legal location in the SE4 of Section 36  
TVD: 9,935'  
TMD: Approximately 19,680'  
Proration Unit: S2 of Sections 35 and 36  
Targeted Interval: Wolfcamp  
Total Cost: See attached AFE

**Permian Resources Operating, LLC  
Case No. 23759  
Exhibit A-4**

Silver Bar 35 Fed State Com Well Proposals

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Permian 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
- \$10,000/\$1,000 drilling and producing rates
- Permian Resources 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, Permian 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, Permian 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 mark.hajdik@permianres.com.

Respectfully,



Mark Hajdik

Senior Staff Landman

Enclosures

Silver Bar 35 Fed State Com Well Proposals

<b>Well Elections:</b> <i>(Please indicate your responses in the spaces below)</i>		
<b>Well(s)</b>	<b>Elect to Participate</b>	<b>Elect to <u>NOT</u> Participate</b>
<b>Silver Bar 35 Fed State Com 133H</b>		
<b>Silver Bar 35 Fed State Com 134H</b>		
<b>Silver Bar 35 Fed State Com 203H</b>		

Company Name (If Applicable):

\_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Participate / Rejection Declaration**

Please return this page to Permian 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 Permian, then, to the extent that Permian has an obligation to secure any such insurance on your behalf under any applicable agreements or otherwise, Permian will be relieved of such obligation, and Permian 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 Permian Resources Operating, LLC and understand that I will be charged for such participation.
- ☐ I hereby elect to reject the insurance coverage arranged by Permian Resources Operating, LLC.

Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 2023 by:

Company Name (If Applicable):

\_\_\_\_\_

Signature

Printed Name

Title



## Authorization for Expenditure

### AFE Number

Drilling Total (\$)	\$3,590,000
Completion Total (\$)	\$4,701,336
Facilities Total (\$)	\$717,342
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,913,678

### AFE Description

Property Name	9500' Lateral	State	NM
AFE Type	Silver Bar Fed State Com 133H		
Operator	Drill and Complete	Field	Delaware Basin - NM
	Permian Resources Operating, LLC		
Scheduled Spud Date		Estimated TVD (ft)	See Proposal
Target Zone	See Proposal	Estimated MD (ft)	See Proposal
Sub-Target Zone			

### Non Operator Approval

Company	
Approved By	
Title	
Date	

### Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$108,333.33
8015.1500	IDC - RIG MOB / TRUCKING	\$100,000.00	8015.1600	IDC - RIG MOB / STANDBY RATE	\$30,000.00
8015.1700	IDC - DAYWORK CONTRACT	\$608,000.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$264,000.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$45,000.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$87,500.00	8015.2200	IDC - TOOLS, STABILIZERS	\$70,000.00
8015.2300	IDC - FUEL / POWER	\$120,250.00	8015.2350	IDC - Fuel/Mud	\$84,000.00
8015.2400	IDC - RIG WATER	\$10,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$150,000.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$45,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$160,000.00	8015.3100	IDC - CASING CREW & TOOLS	\$50,000.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$28,000.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$57,200.00
8015.3700	IDC - DISPOSAL	\$117,500.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$30,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$38,000.00	8015.4300	IDC - WELLSITE SUPERVISION	\$96,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$13,400.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$12,521.67
8015.5200	IDC - CONTINGENCY	\$138,663.63			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$33,834.25
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$177,697.81	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$700,724.06	8020.1500	TDC - WELLHEAD EQUIPMENT	\$65,875.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$0.00	8020.1800	TDC - CONTINGENCY	\$0.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$0.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$0.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$577,500.00	8025.1600	ICC - COILED TUBING	\$202,346.67
8025.1700	ICC - CEMENTING & SERVICES	\$0.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$16,747.50
8025.1900	ICC - INSPECTION & TESTING	\$0.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$492,476.25	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$0.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$2,608,020.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$128,571.43
8025.3100	ICC - WELLHEAD/FRACTREE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$0.00

8025.3300	ICC - COMMUNICATIONS	\$ .00
8025.3500	ICC - WELLSITE SUPERVISION	\$51,300.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$ .00
8025.3050	ICC - SOURCE WATER	\$230,571.43

Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS	

Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$41,666.67
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$91,666.67
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$ .00
8035.3000	FAC - HEATER TREATER/SEPARATOR	\$135,608.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00
8035.3600	FAC - ELECTRICAL	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67
8035.1900	FAC - WATER DISPOSAL / SWD	\$ .00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00
8035.2500	FAC - CONSULTING SERVICES	\$ .00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$ .00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33
8035.4300	FAC - INSURANCE	\$ .00
8035.4400	FAC - COMPANY LABOR	\$ .00

Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$ .00
8036.1200	PLN - LEGAL TITLE SERVICES	\$ .00
8036.1310	PLN - PERMANENT EASEMENT	\$ .00
8036.1500	PLN - MATERIALS & SUPPLIES	\$ .00
8036.1700	PLN - RENTAL EQUIPMENT	\$ .00
8036.2000	PLN - WASTE DISPOSAL	\$ .00
8036.2200	PLN - CONTRACT LABOR	\$ .00
8036.2400	PLN - SUPERVISION	\$ .00
8036.2700	PLN - PIPELINE	\$ .00
8036.2900	PLN - TANK BATTERY	\$ .00
8036.3100	PLN - TREATING EQUIPMENT	\$ .00
8036.3300	PLN - PUMP	\$ .00
8036.3500	PLN - COMPRESSOR	\$ .00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$ .00
8036.3700	PLN - AUTOMATION	\$ .00
8036.4300	PLN - INSURANCE	\$ .00
8036.4500	PLN - CONTINGENCY	\$ .00

Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$ .00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$ .00
8040.1600	IFC - COILED TUBING	\$ .00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$ .00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00
8040.4200	IFC - CONTINGENCY	\$ .00
8040.4500	IFC - SWABBING	\$ .00

Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$ .00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$ .00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$ .00
8045.3500	TFC - CONTINGENCY	\$ .00

8025.3400	ICC - RENTAL EQUIPMENT	\$186,678.00
8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4200	ICC - CONTINGENCY	\$ .00
8025.4400	ICC - COMPANY LABOR	\$ .00

Account	Description	Total (\$)
8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00

Account	Description	Total (\$)
8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2900	FAC - TANK BATTERY	\$70,000.00
8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3400	FAC - METER & LACT	\$70,000.00
8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.4500	FAC - CONTINGENCY	\$ .00
8035.1500	FAC - MATERIALS & SUPPLIES	\$ .00
8035.1800	FAC - FUEL / POWER	\$ .00
8035.2000	FAC - WASTE DISPOSAL	\$ .00
8035.2300	FAC - FRAC TANK RENTAL	\$ .00
8035.2600	FAC - INJECTION PUMP	\$ .00
8035.3500	FAC - COMPRESSOR	\$ .00
8035.4100	FAC - OVERHEAD	\$ .00
8035.1310	FAC - PERMANENT EASEMENT	\$ .00

Account	Description	Total (\$)
8036.1100	PLN - STAKING & SURVEYING	\$ .00
8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1400	PLN - ROAD LOCATIONS PITS	\$ .00
8036.1600	PLN - TRANSPORTATION TRUCKING	\$ .00
8036.1900	PLN - WATER DISPOSAL / SWD	\$ .00
8036.2100	PLN - INSPECTION & TESTING	\$ .00
8036.2300	PLN - FRAC TANK RENTAL	\$ .00
8036.2500	PLN - CONSULTING SERVICES	\$ .00
8036.2800	PLN - FLOWLINE	\$40,000.00
8036.3000	PLN - SEPARATOR / SCRUBBER	\$ .00
8036.3200	PLN - VALVES FITTINGS & PIPE	\$ .00
8036.3400	PLN - METER	\$ .00
8036.3600	PLN - ELECTRICAL SUPPLIES	\$ .00
8036.3620	PLN - POWER DISTRIBUTION LABOR	\$ .00
8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$ .00
8036.4400	PLN - COMPANY LABOR	\$ .00

Account	Description	Total (\$)
8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1500	IFC - FUEL / POWER	\$ .00
8040.1700	IFC - CEMENTING & SERVICES	\$ .00
8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$ .00
8040.2400	IFC - CASING CREW AND TOOLS	\$ .00
8040.2800	IFC - MATERIAL & SUPPLIES	\$ .00
8040.3100	IFC - WELLHEAD/FAC TREE REPAIR	\$ .00
8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4400	IFC - COMPANY LABOR	\$ .00
8040.2500	IFC - WELL STIMULATION/FRACTURE	\$ .00

Account	Description	Total (\$)
8045.1200	TFC - SUCKER RODS & ACCESSORY	\$ .00
8045.1500	TFC - SUBSURFACE PUMPS	\$ .00
8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.4400	TFC - COMPANY LABOR	\$ .00



## Silver Bar 35 Bone Spring Communication Timeline

**June 2023** – Proposals sent for the Silver Bar 35 Fed State Com 133H and 134H

**June 2023 - Present** – To date Ashley Crow, Borica, Charles Kinsolving, Hanson Operating, Jose Rodriguez, T Jennings have all indicated they plan to participate. Northern Oil and Gas and Alpha will participate, currently finalizing details with them.

**October 2023** – As of this date a number of the parties have not signed a JOA but are willing to participate.

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

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

**CASE NO. 23759 & 23760**

**SELF-AFFIRMED STATEMENT  
OF CHRISTOPHER CANTIN**

1. I am a geologist with Permian Resources Operating, LLC ("Permian Resources"). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement.

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

3. **Exhibit B-1** is a regional locator map that identifies the Silver Bar 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 units ("Units") within the Bone Spring formation. The approximate wellbore path for the proposed **Silver Bar 35 Fed State Com 133H, and Silver Bar 35 Fed State Com 134H** 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 wells name and a black line in proximity to the proposed Wells. The individual spacing units are outlined in blue boxes and are identified with their respective case numbers.

5. **Exhibit B-3** is a Subsea Structure map on the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identified the approximate wellbore paths for the proposed Wells with a red dashed line. It also identifies the location of the cross-section running

from A-A' in proximity to the proposed Wells. 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 stratigraphic cross-section from A to A' using the representative wells identified on Exhibit B-2. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is flattened 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 Wells is indicated by dashed lines to be drilled from west to east across the units. This cross-section demonstrates the target intervals are continuous across the Unit.

7. **Exhibit B-5** is a gun barrel diagram that shows the wells in the Bone Spring formation. The individual spacing units are outlined in blue boxes and are identified with their respective case numbers.

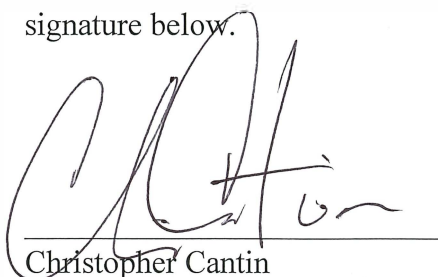
8. In my opinion, a lay down orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

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

10. In my opinion, the granting of Permian Resources' application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

12. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm 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 identified next to my signature below.



Christopher Cantin

08/30/2023  
Date



## Silver Bar Project Area

## Capitan Reef

## EDDY

LFA

## Permian Resources

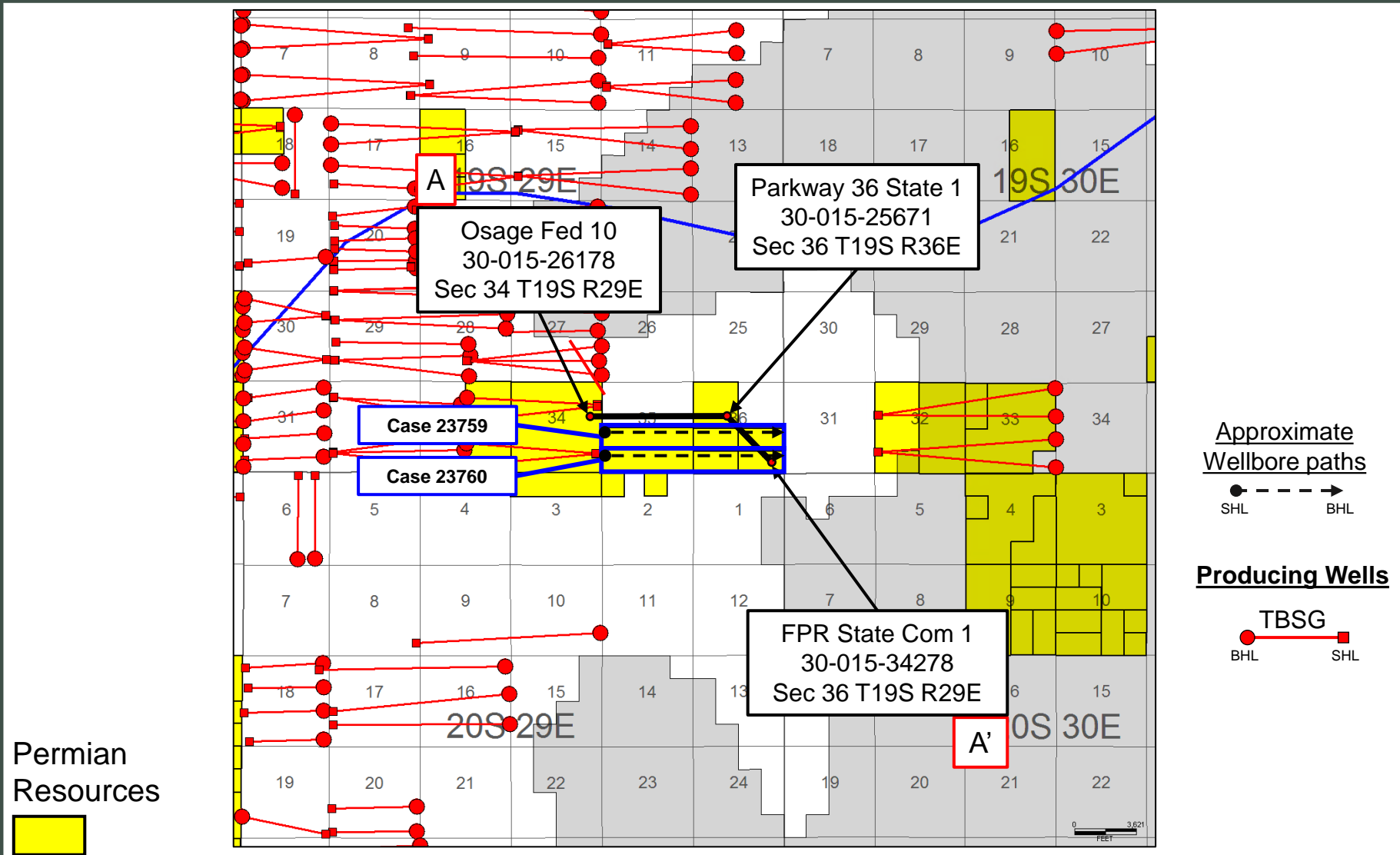
## Exhibit B-1 (Case No. 23759)

**Permian Resources Operating, LLC**

# Cross-Section Locator Map

## Silver Bar 35 Fed State Com Bone Spring

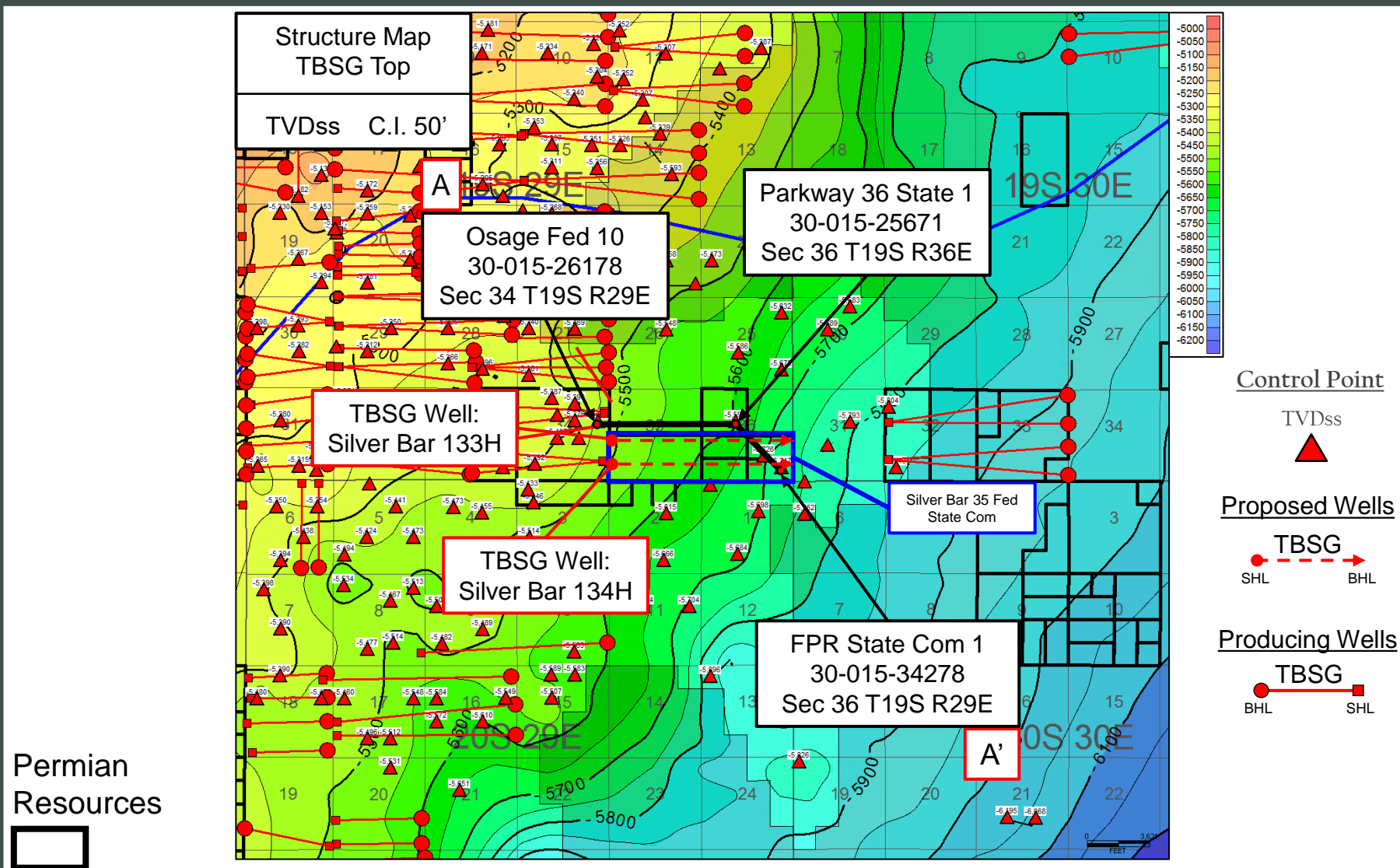
Exhibit B-2



# Third Bone Spring – Structure Map

## Silver Bar 35 Fed State Com 133H & 134H

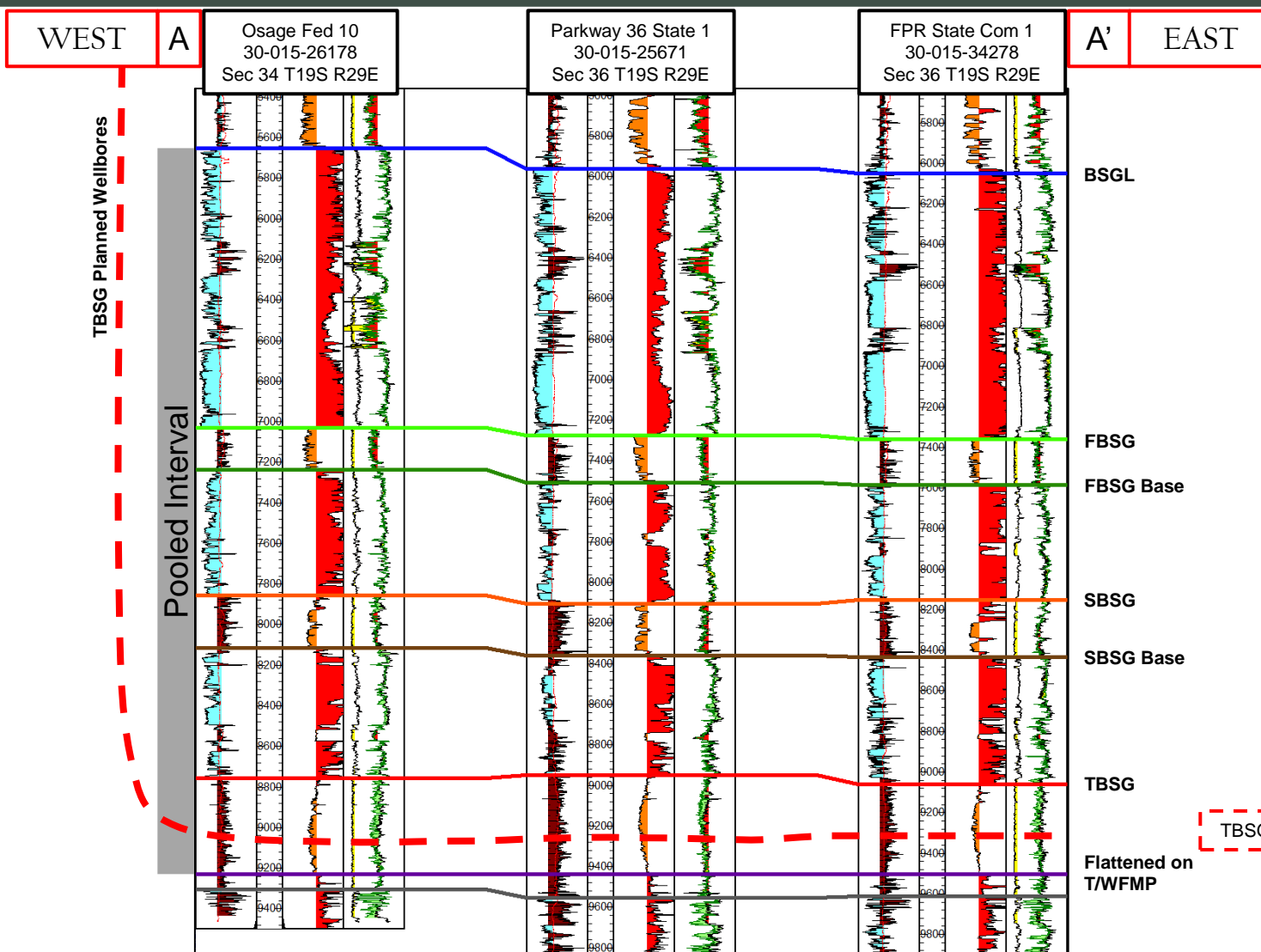
Exhibit B-3



# Stratigraphic Cross-Section A-A'

Silver Bar 35 Fed State Com Bone Spring

Exhibit B-4





# Gun Barrel Development Plan

## Silver Bar 35 Fed State Com Bone Spring

Exhibit B-5

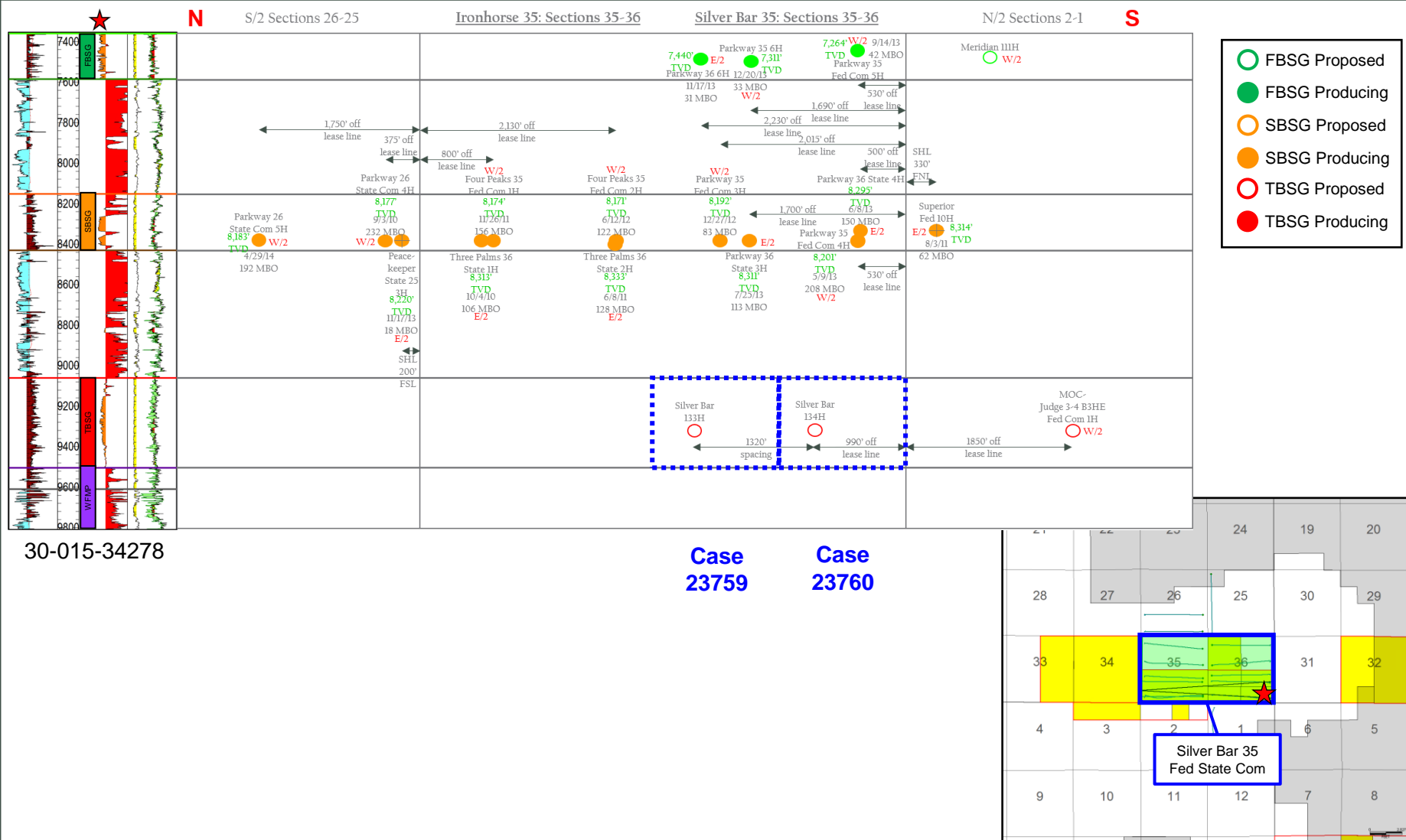


Exhibit B-5 (Case No. 23759)

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

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

**CASE NO. 23759**

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

1. I am attorney in fact and authorized representative of Permian Resources Operating, LLC, the Applicant herein.
2. I am familiar with the Notice Letters attached as **Exhibit C-1** and caused the Notice Letters, along with the Application in this case, to be sent to the parties set out in the chart attached as **Exhibit C-2**.
3. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.
4. 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.
5. On August 22, 2023, 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**.
6. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony above is true and correct and it made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

/s/ Dana S. Hardy  
Dana S. Hardy

October 2, 2023  
Date



hinklelawfirm.com

## HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

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

August 18, 2023

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL PARTIES ENTITLED TO NOTICE**

**Re: Case Nos. 23759, 23760, Applications of Permian Resources Operating, LLC  
for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **September 7, 2023**, beginning at 8:15a.m.

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

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.nm.gov/oed/oedpermitting/>) or via e-mail to [oed.hearings@emnrd.nm.gov](mailto:oed.hearings@emnrd.nm.gov) 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 contact Mark Hajdik, Senior Staff Landman, Permian Resources, at (432) 257-3886, if you have questions regarding these matters.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
(505) 982-4554  
FAX (505) 982-8623



hinklelawfirm.com

## HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

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

September 6, 2023

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL PARTIES ENTITLED TO NOTICE**

**Re: Case Nos. 23759, 23760, Applications of Permian Resources Operating, LLC  
for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **October 5, 2023**, beginning at 8:15a.m.

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

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. Mountain Time, on the Thursday preceding the scheduled hearing date. The statement must be submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.nm.gov/oed/oedpermitting/>) or via e-mail to [oed.hearings@emnrd.nm.gov](mailto:oed.hearings@emnrd.nm.gov) 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 contact Mark Hajdik, Senior Staff Landman, Permian Resources, at (432) 257-3886, if you have questions regarding these matters.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
(505) 982-4554  
FAX (505) 982-8623

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

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

**CASE NO. 23759-23760**

**NOTICE LETTER CHART**

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
3SD Holdings, LLC 221 Doran Road Lovington, NM 88260	08/18/23	08/24/23
Alpha Energy Partners, LLC PO Box 10701 Midland, TX 79702	08/18/23	08/24/23
Alpha Royalty Partners, LLC 508 West Wall, Suite 1200 Midland, TX 79701	08/18/23	08/23/23
Ard Oil Ltd. Po Box 101027 Fort Worth, TX 76185	08/18/23	08/28/23
Babe Development, LLC P.O. Box 1515 Roswell, NM 88202	08/18/23	08/24/23
Byron Bachschmid 1800 Hereford Blvd Midland, TX 79707-9784	08/18/23	Per USPS Tracking (Last Checked 09/29/23):  08/25/23 – Item in transit to next facility.
Borica Oil, Inc. PO Drawer H Ft Sumner, NM 88119	08/18/23	08/23/23
L. Neil Burcham and wife (Estate of, now Dec'd) 6765 Brahman Road Las Cruces, NM 88012	08/18/23	08/23/23
Centennial, LLC 215 West Third Street Roswell, NM 88201	08/18/23	Per USPS Tracking (Last Checked 09/29/23):  09/07/23 – Delivered to original sender.
Centennial, LLC PO Box 1837 Roswell, NM 88202	08/18/23	08/28/23
Cherokee Legacy Minerals, Ltd. 717 N Gregg St. Albany, TX 76430	08/18/23	08/28/23

**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
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**APPLICATION OF PERMIAN RESOURCES  
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**CASE NO. 23759-23760**

**NOTICE LETTER CHART**

Chisos, Ltd. 1331 Lamar Street Suite 1077 Houston, TX 77010	08/18/23	08/28/23
Cieszinski Trust UA dated May 15, 2007 2737 81st St. Lubbock, TX 79423	08/18/23	08/23/23
Jonathan M. Cieszinski 2737 81st St. Lubbock, TX 79423	08/18/23	08/23/23
Collins Permian, LP 508 West Wall, Suite 1200 Midland, TX 79701	08/18/23	08/23/23
Ashley Dean Crow PO Box 97 Quannah, TX 79252	08/18/23	08/24/23
Robert Levers Dale and Patricia Joan Dale Trust 15419 Peach Hill Rd Saratoga, CA 95070	08/18/23	Per USPS Tracking (Last Checked 09/29/23):  08/22/23 – Delivered to individual at the address.
Delmar Hudson Lewis Living Trust PO Box 830308 Dallas, TX 75283	08/18/23	08/24/23
DeVargas Street, LLC 4613 Los Poblanos Cir NW Albuquerque, NM 87107	08/18/23	08/25/23
Devon Energy 333 West Sheridan Avenue Oklahoma City, OK 73102-5010	09/06/23	09/14/23
Devon Energy 5057 Keller Springs Rd #650 Addison, TX 75001	09/06/23	09/14/23
Hannifin Family Trust 702 W Ellis St. Llano, TX 78643	08/18/23	08/28/23
Alan Hannifin 5591 Cannes Cir, Apt 505 Sarasota, FL 34231	08/18/23	09/05/23  Return to sender.

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

**APPLICATION OF PERMIAN RESOURCES  
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POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. 23759-23760**

**NOTICE LETTER CHART**

Michelle R. Hannifin 6965 Corte Langosta Carlsbad, CA 92009	08/18/23	08/24/23
Hanson Operating Company PO Box 1515 Roswell, NM 88202-1515	08/18/23	08/24/23
JS Pregler Land, LLC PO Box 31492 Edmond, OK 73003	08/18/23	08/28/23
T. Z. Jennings 3968 Cottonwood Ln Roswell, NM 88203	08/18/23	09/05/23
Alan Jochimsen 4209 Cardinal Ln Midland, TX 79707	08/18/23	08/29/23
Joyco Investments, LLC 400 N Pennsylvania, Ste 1200 Roswell, NM 88201	08/18/23	08/24/23
Josephine T. Hudson Testamentary Trust PO Box 1600 San Antonio, TX 78296	08/18/23	Per USPS Tracking (Last Checked 09/29/23):  08/24/23 – Item in transit to next facility.
KB Limited Partnership 2550 Smallhouse Road Bowling Green, KY 42104	08/18/23	08/28/23
Kenebrew Minerals, LP PO Box 917 Idalou, TX 79329	08/18/23	08/28/23
Charles J. Kinsolving HC 65 Box 209 Crossroads, NM 88114	08/18/23	08/23/23
Lindley's Living Trust 4200 S Hulen St. #302 Fort Worth, TX 76109	08/18/23	09/01/23  Return to sender.
MA Pregler Investments PO Box 1237 Bixby, OK 74008	08/18/23	08/28/23

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

**APPLICATION OF PERMIAN RESOURCES  
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POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. 23759-23760**

**NOTICE LETTER CHART**

Douglas Ladson McBride, III 1820 Bay Shore Rockport, TX 78382	08/18/23	08/28/23
Julie Scott McBride 6412 Buchanan St Fort Collins, CO 80525	08/18/23	08/25/23
Sue Hanson McBride 2704 Mercedes Dr Roswell, NM 88201	08/18/23	09/26/23  Return to sender.
Monty D. McLane 719 Lauren Ln Bennettsville, SC 29512	08/18/23	08/28/23
Patrick J. Morello and Alice M. Morello Trust 2200 Riverfront Dr Apt 6208 Little Rock, AR 72202	08/18/23	09/26/23  Return to sender.
Northern Oil and Gas 4350 Baker Rd Suite 400 Minnetonka, MN 55343	09/06/23	09/15/23
Penroc Oil Corporation PO Box 2769 Hobbs, NM 88241	08/18/23	08/28/23
Pregler Oil Company, LLC PO Box 1722 Tulsa, OK 74101	08/18/23	08/25/23
Robert and Maxine Hannifin Trust 702 W Ellis St. Llano, TX 78643	08/18/23	08/28/23
Rockport Oil and Gas, LLC PO Box 19567 Houston, TX 77224-9567	08/18/23	09/05/23
Jose E. Rodriguez 611 S Almond Pecos, TX 79772	08/18/23	08/24/23
SAC Investments I, LP 1603 Oakridge Trl Bridgeport, TX 76426	08/18/23	08/28/23



**STATE OF NEW MEXICO  
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POOLING, EDDY COUNTY, NEW MEXICO.**

**CASE NO. 23759-23760**

**NOTICE LETTER CHART**

States Royalty Limited Partnership 300 N. Breckenridge Ave Breckenridge, TX 76424	08/18/23	08/24/23
Francis G. Tracey, III PO Box 868 Carlsbad, NM 88221-0868	08/18/23	08/25/23
Wallace Family Partnership, LP 508 W. Wall, Suite 1200 Midland, TX 79701	08/18/23	08/23/23
Zorro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102	08/18/23	08/28/23

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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. 3SD Holdings, LLC  
221 Doran Road  
Lovington, NM 88260  
City, State, ZIP+4 23759-60 - PRO Silver Bar

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

**SENDER: COMPLETE THIS SECTION**

☐ Complete items 1, 2, and 3.  
☐ Print your name and address on the reverse so that we can return the card to you.  
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

3SD Holdings, LLC  
221 Doran Road  
Lovington, NM 88260  
23759-60 - PRO Silver Bar

9590 9402 7635 2122 6560 56

2. Article Number (Transfer from service label)  
7022 1670 0002 1189 3256

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
 X

B. Received by (Printed Name) C. Date of Delivery  
 E.A. 8/22/23

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

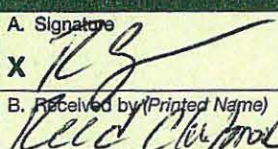

**RECEIVED**  
AUG 24 2023

3. Service Type ☒ Registered Mail™  
☐ Adult Signature ☐ Registered Mail Restricted Delivery  
☐ Adult Signature Restricted Delivery ☐ Certified Mail®  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

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

7022 1670 0002 1189 3263

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No.	Alpha Energy Partners, LLC PO Box 10701 Midland, TX 79702
City, State, ZIP+4®	23759-60 - PRO Silver Bar
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X </p> <p>B. Received by (Printed Name) Reed Clapton</p> <p>C. Date of Delivery 8-21-23</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>Alpha Energy Partners, LLC PO Box 10701 Midland, TX 79702</p> <p>23759-60 - PRO Silver Bar</p>  <p>9590 9402 7635 2122 6560 63</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3263</p>	<p><b>RECEIVED</b></p> <p>AUG 24 2023</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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

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

Postage  
 \$

**Total Postage and Fees**  
 \$

Sent To  
 Street and Apt. Alpha Royalty Partners, LLC  
 508 West Wall, Suite 1200  
 Midland, TX 79701  
 City, State, ZIP 23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Alpha Royalty Partners, LLC            508 West Wall, Suite 1200            Midland, TX 79701</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6560 70</p> <p>7022 1670 0002 1189 3270</p>	<p>A. Signature            X Tracy Brown <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tracy Brown C. Date of Delivery 08/21/23</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><b>RECEIVED</b>            AUG 23 2023</p> <p>3. Service Type Hinkle Shanor LLC Priority Mail Express®            Santa Fe NM 87504 Registered Mail™</p> <table border="1"> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery															
<input type="checkbox"/> Collect on Delivery Restricted Delivery															
<input type="checkbox"/> Insured Mail															
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)															

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

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

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

Postage  
 \$

Total Postage and Fees  
 \$

Sent To  
 Street and Apt. No.,  
 City, State, ZIP+4®

Ard Oil Ltd.  
 Po Box 101027  
 Fort Worth, TX 76185

23759-60 - PRO Silver Bar

Postmark Here

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Hinkle Shanor</p> <p>C. Date of Delivery            8/22/2023</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>Ard Oil Ltd.            Po Box 101027            Fort Worth, TX 76185</p> <p>23759-60 - PRO Silver Bar</p>	<p><b>RECEIVED</b>            AUG 28 2023</p>																								
<p>2. Article Number (Transfer from service label)            7022 1670 0002 1189 3287</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td>Hinkle Shanor</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td></td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td>Santa Fe NM 87508</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td></td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	Hinkle Shanor	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery		<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	Santa Fe NM 87508	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery		<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery			<input type="checkbox"/> Insured Mail			<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		
<input type="checkbox"/> Adult Signature	Hinkle Shanor	<input type="checkbox"/> Priority Mail Express®																							
<input type="checkbox"/> Adult Signature Restricted Delivery		<input type="checkbox"/> Registered Mail™																							
<input type="checkbox"/> Certified Mail®	Santa Fe NM 87508	<input type="checkbox"/> Registered Mail Restricted Delivery																							
<input type="checkbox"/> Certified Mail Restricted Delivery		<input type="checkbox"/> Signature Confirmation™																							
<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Signature Confirmation Restricted Delivery																							
<input type="checkbox"/> Collect on Delivery Restricted Delivery																									
<input type="checkbox"/> Insured Mail																									
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																									
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																								



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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	Babe Development, LLC
Street and Apt. #	P.O. Box 1515
City, State, ZIP+4	Roswell, NM 88202
	23759-60 - PRO Silver Bar

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

Postmark Here  
AUG 18 2023  
SANTA FE NM 87501  
POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<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>Cyndi Mitchell</i></p> <p>C. Date of Delivery  <i>8-22-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Babe Development, LLC P.O. Box 1515 Roswell, NM 88202</p> <p style="text-align: center;">23759-60 - PRO Silver Bar</p> <p style="text-align: center;">9590 9402 7635 2122 6561 00</p>	<p>3. Service Type <i>Linkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1189 3294</p>	<p style="text-align: center; font-size: 2em; color: red;">RECEIVED</p> <p style="text-align: center;">AUG 24 2023</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee \$

Extra Services & Fees (checkbox, 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., c

City, State, ZIP+4®

Borica Oil, Inc.  
PO Drawer H  
Ft Sumner, NM 88119  
23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Borica Oil, Inc. PO Drawer H Ft Sumner, NM 88119 23759-60 - PRO Silver Bar</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1189 3317</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Bill West <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="text-align: center;">Bill West</p> <p>C. Date of Delivery</p> <p style="text-align: center;">AUG 23 2023</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 style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">AUG 23 2023</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>Hinkle Shanor LLP Santa Fe NM 87504</p>

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



7022 1670 0002 1189 3324

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
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	L. Neil Burcham and wife (Estate of, now Dec'd)
Street and Apt. No., or	6765 Brahman Road
City, State, ZIP+4®	Las Cruces, NM 88012
	23759-60 – PRO Silver Bar
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Blair <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  8-21</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>L. Neil Burcham and wife  (Estate of, now Dec'd)  6765 Brahman Road  Las Cruces, NM 88012  23759-60 – PRO Silver Bar</p>	<p><b>RECEIVED</b>  AUG 23 2023</p>
<p>2. Article Number (Transfer from service label)  7022 1670 0002 1189 3324</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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**OFFICIAL USE**

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. N Centennial, LLC  
PO Box 1837  
Roswell, NM 88202

City, State, ZIP+4 23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Centennial, LLC PO Box 1837 Roswell, NM 88202</p> <p style="text-align: right;">23759-60 - PRO Silver Bar</p> <p style="text-align: center;">9590 9402 7635 2122 6561 48</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3348</p>		<p>A. Signature X D Fedric</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) D Fedric</p> <p>C. Date of Delivery AUG 28 2023</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;"><b>RECEIVED</b> AUG 28 2023</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

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OFFICIAL USE

Certified Mail Fee  
\$

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

<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 Ap. Cherokee Legacy Minerals, Ltd.  
717 N Gregg St.  
Albany, TX 76430  
City, State, Zip 23759-60 - PRO Silver Bar

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

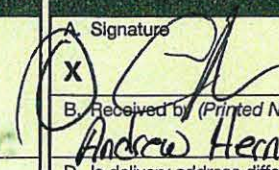

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Cherokee Legacy Minerals, Ltd. 717 N Gregg St. Albany, TX 76430</p> <p style="text-align: center; font-size: 0.8em;">23759-60 - PRO Silver Bar</p> <div style="text-align: center; margin-top: 10px;">             9590 9402 7635 2122 6561 55         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7022 1670 0002 1189 3355</p>	<p>A. Signature <b>X</b> </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <b>KEN LAWRENCE 8-23-23</b></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; margin-top: 20px;"> <h1 style="margin: 0;">RECEIVED</h1> <p style="font-size: 1.2em; margin: 0;">AUG 28 2023</p> </div> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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



7022 1670 0002 1189 3362

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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<b>OFFICIAL USE</b>	
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 \$	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt. No. City, State, ZIP+4®	Chisos, Ltd. 1331 Lamar Street Suite 1077 Houston, TX 77010 23759-60 - PRO Silver Bar
PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) Andrew Hernandez
Chisos, Ltd. 1331 Lamar Street Suite 1077 Houston, TX 77010 23759-60 - PRO Silver Bar	C. Date of Delivery 8/22/23
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	<b>RECEIVED</b> <b>AUG 28 2023</b>
 9590 9402 7635 2122 6750 19	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"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7022 1670 0002 1189 3362	<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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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. Cieszinski Trust UA dated May 15, 2007

City, State, ZIP Lubbock, TX 79423

23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Cieszinski Trust UA dated May 15, 2007 2737 81st St. Lubbock, TX 79423</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6750 26</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3379</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) CAROLYN B. HERNANDEZ</p> <p>C. Date of Delivery 8-21-23</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 style="text-align: center;"><b>RECEIVED</b> <b>AUG 23 2023</b></p> <p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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



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**OFFICIAL USE**

Certified Mail Fee  
\$

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

<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.  
City, State, ZIP

Jonathan M. Cieszinski  
2737 81st St.  
Lubbock, TX 79423  
23759-60 - PRO Silver Bar

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

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<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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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. Collins Permian, LP  
508 West Wall, Suite 1200  
Midland, TX 79701

City, State, ZIP 23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Collins Permian, LP 508 West Wall, Suite 1200 Midland, TX 79701</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6750 40</p> <p>2. Article Number (Transfer from)</p> <p>7022 1670 0002 1189 3393</p>		<p>A. Signature</p> <p><i>Tracy Brown</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Tracy Brown</i> <i>8/24/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>AUG 23 2023</b></p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>Hinkle Shanor LLP Santa Fe, NM 87508</p>	

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$


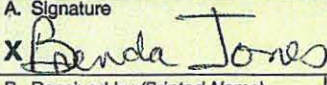
Total Postage and Fees \$

Sent To

Street and Apt. No. Ashley Dean Crow  
PO Box 97  
Quannah, TX 79252

City, State, ZIP+4<sup>1</sup> 23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Ashley Dean Crow PO Box 97 Quannah, TX 79252</p> <p style="text-align: right; font-size: 0.8em;">23759-60 - PRO Silver Bar</p> <p style="text-align: center;">             9590 9402 7635 2122 6750 57         </p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3409</p>	<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 style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">AUG 24 2023</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <b>Hinkle Shanor LLP</b> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <b>Santa Fe NM 87504</b> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 3423

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
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	Delmar Hudson Lewis Living Trust
Street and Apt. No.	PO Box 830308
City, State, ZIP+4	Dallas, TX 75283
23759-60 - PRO Silver Bar	
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>AUG 21 2023</b></p> <p>C. Date of Delivery  <b>AUG 24 2023</b></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;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>AUG 24 2023</b></p>
<p>1. Article Addressed to:</p> <p>Delmar Hudson Lewis Living Trust          PO Box 830308          Dallas, TX 75283</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6750 71</p>	<p>3. Service Type <b>Hinkle Shanor LLP</b> Priority Mail Express®  <b>Santa Fe NM 87504</b> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)  <b>7022 1670 0002 1189 3423</b></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

**Total Postage and Fees** \$

Sent To

Street and Apt. N DeVargas Street, LLC  
4613 Los Poblanos Cir NW  
Albuquerque, NM 87107

City, State, ZIP+4® 23759-60 - PRO Silver Bar

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Carol A. Follis</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>DeVargas Street, LLC 4613 Los Poblanos Cir NW Albuquerque, NM 87107</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6750 88</p>		<p>B. Received by (Printed Name)  <i>Aug 23, 2023</i></p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)  <b>7022 1670 0002 1189 3430</b></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;"><b>RECEIVED</b>  <b>AUG 25 2023</b></p>	
<p>3. Service Type <b>Hinkle Shanor LLP</b>  <b>Santa Fe NM 87504</b></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"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7022 1670 0002 1189 1139

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (checkbox, 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	
Devon Energy 333 West Sheridan Avenue Oklahoma City, OK 73102-5010 23759-60 - PRO Silver Bar	
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X </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>Devon Energy 333 West Sheridan Avenue Oklahoma City, OK 73102-5010 23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6514 02</p>	<p><b>RECEIVED</b> SEP 14 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 1139</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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**OFFICIAL USE**

Certified Mail Fee  
 \$

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

<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  
 Devon Energy  
 5057 Keller Springs Rd #650  
 Addison, TX 75001

23759-60 - PRO Silver Bar

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

**SANTA FE, NM 87501**  
**SEP 06 2023**  
**USPS**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Shelia H. Houn</i></p> <p>C. Date of Delivery  <i>9/14/23</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>Devon Energy          5057 Keller Springs Rd #650          Addison, TX 75001</p> <p>23759-60 - PRO Silver Bar</p> <p></p> <p>9590 9402 7635 2122 6516 86</p>	<p><b>RECEIVED</b>  <b>SEP 14 2023</b></p>																
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1189 1146</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> <p><b>Hinkle Shanor LLP</b>  <b>Santa Fe NM 87504</b></p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee  
\$

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

<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.,  
City, State, ZIP+4®

Hannifin Family Trust  
702 W Ellis St.  
Llano, TX 78643

23759-60 - PRO Silver Bar

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

Postmark Here

AUG 1 2023

POST OFFICE

87501

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Hannifin Family Trust 702 W Ellis St. Llano, TX 78643</p> <p style="text-align: right;">23759-60 - PRO Silver Bar</p> <p style="text-align: center;">9590 9402 7635 2122 6750 95</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3447</p>	<p>A. Signature X <i>Linda Hannifin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) LINDA HANNIFIN</p> <p>C. Date of Delivery 8/24/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">AUG 28 2023</p> <p>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"/> Insured Mail Restricted Delivery (over \$500) </p> <p style="text-align: right;">Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation 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

Michelle R. Hannifin  
6965 Corte Langosta  
Carlsbad, CA 92009  
23759-60 - PRO Silver Bar

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

Postmark Here  
AUG 18 2023  
PS SANTA FE NM 87501  
POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Michelle R. Hannifin 6965 Corte Langosta Carlsbad, CA 92009</p> <p style="text-align: center; font-size: small;">23759-60 - PRO Silver Bar</p> <div style="text-align: center;">             9590 9402 7635 2122 6482 04         </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: large;">7022 1670 0002 1189 1962</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Michelle Hannifin</p> <p>C. Date of Delivery AUG-21-23</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; margin-top: 20px;"> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">AUG 24 2023</p> </div> <p>3. Service Type <b>Hinkle Shanor LLC</b> <input type="checkbox"/> Priority Mail Express® <b>Santa Fe NM 87501</b> <input type="checkbox"/> Registered Mail™</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery		<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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OFFICIAL USE

Certified Mail Fee  
\$

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

<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  
\$

Hanson Operating Company  
PO Box 1515  
Roswell, NM 88202-1515  
23759-60 - PRO Silver Bar

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

PS SANTA FE NM 87504  
 AUG 18 2023  
 MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Hanson Operating Company PO Box 1515 Roswell, NM 88202-1515</p> <p style="text-align: center; font-size: 0.8em;">23759-60 - PRO Silver Bar</p> <div style="text-align: center;">             9590 9402 7635 2122 6481 98         </div> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 2129</p>	<p>A. Signature X <i>Clyde Mitchell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Clyde Mitchell</i> C. Date of Delivery <i>8-22-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid red; padding: 5px; color: red; font-weight: bold;">             RECEIVED              AUG 24 2023           </div> <p>3. Service Type <i>Hinkle Shanon LLP</i> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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



7022 1670 0002 1189 2112

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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
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 JS Pregler Land, LLC PO Box 31492 Edmond, OK 73003 23759-60 - PRO Silver Bar	
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>James E. Pregler</i>
1. Article Addressed to:  JS Pregler Land, LLC PO Box 31492 Edmond, OK 73003 23759-60 - PRO Silver Bar	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>James E. Pregler</i> C. Date of Delivery <i>8/23/23</i>
2. Article Number (Transfer from service label) 7022 1670 0002 1189 2112	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">AUG 28 2023</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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input checked="" 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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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  
 \$

T. Z. Jennings  
 3968 Cottonwood Ln  
 Roswell, NM 88203  
 23759-60 - PRO Silver Bar

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

7022 1670 0002 1189 2105

Postmark Here  
 AUG 18 2023  
 SANTA FE NM 87501

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

T. Z. Jennings  
 3968 Cottonwood Ln  
 Roswell, NM 88203  
 23759-60 - PRO Silver Bar

9590 9402 7635 2122 6640 99

2. Article Number (Transfer from service label)  
 7022 1670 0002 1189 2105

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Timothy Z. Jennings Agent Addressee

B. Received by (Printed Name)  
 Timothy Z. Jennings

C. Date of Delivery  
 8/31/23

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

**RECEIVED**  
 SEP 5 2023

3. Service Type  
 Hinkle Shanor LLP  
 Santa Fe NM 87504

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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



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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

☐ Return Receipt (hardcopy) \$ \_\_\_\_\_

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_


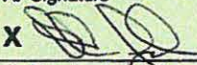
Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Alan Jochimsen  
4209 Cardinal Ln  
Midland, TX 79707  
23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Alan Jochimsen 4209 Cardinal Ln Midland, TX 79707</p> <p style="text-align: right; font-size: small;">23759-60 - PRO Silver Bar</p> <div style="text-align: center;">             9590 9402 7635 2122 6640 37         </div> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 2068</p>	<p>A. Signature X </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 8-22-23</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; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.2em;">AUG 29 2023</p> <p>3. Service Type <b>Hinkle Shanor LE</b></p> <p><input type="checkbox"/> Adult Signature <b>Santa Fe NM 87504</b></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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 2075

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<b>OFFICIAL USE</b>	
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	
\$	
Joyco Investments, LLC 400 N Pennsylvania, Ste 1200 Roswell, NM 88201 23759-60 - PRO Silver Bar	
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Joyco Investments, LLC 400 N Pennsylvania, Ste 1200 Roswell, NM 88201 23759-60 - PRO Silver Bar	B. Received By (Printed Name) C. Date of Delivery 8/21/23
2. Article Number (Transfer from service label) 7022 1670 0002 1189 2075	D. Is delivery address different from item 1? If YES, enter delivery address below:
9590 9402 7635 2122 6640 68	<b>RECEIVED</b> <b>AUG 24 2023</b>
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"/> Insured Mail Restricted Delivery (over \$500)	<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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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

**Total Postage and Fees** \$

Postmark Here

Post Office

KB Limited Partnership  
 2550 Smallhouse Road  
 Bowling Green, KY 42104  
 23759-60 - PRO Silver Bar

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<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><b>RECEIVED</b>          AUG 28 2023</p>
<p>1. Article Addressed to:</p> <p>KB Limited Partnership          2550 Smallhouse Road          Bowling Green, KY 42104          23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6556 39</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2099</p>	<p>Hinkle Shanor LLC          Santa Fe NM 87504</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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**OFFICIAL USE**

Certified Mail Fee  
\$

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

<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**  
\$

Send To  
\$  
Kenebrew Minerals, LP  
PO Box 917  
Idalou, TX 79329  
23759-60 - PRO Silver Bar

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

USPS SANTA FE NM 87501  
AUG 18 2023  
POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Kenebrew Minerals, LP PO Box 917 Idalou, TX 79329 23759-60 - PRO Silver Bar</p> <p style="text-align: center;">9590 9402 7635 2122 6556 46</p> <p>2. Article Number (Transfer from service label) <b>7022 1670 0002 1189 2082</b></p>	<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <b>8/24/23</b></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 style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">AUG 28 2023</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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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 \$

Postmark Here

Post Office

Post To

Charles J. Kinsolving  
HC 65 Box 209  
Crossroads, NM 88114  
23759-60 - PRO Silver Bar

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Charles J. Kinsolving HC 65 Box 209 Crossroads, NM 88114 23759-60 - PRO Silver Bar</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 2044</p>	<p>A. Signature X <i>Charles J. Kinsolving</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>RECEIVED</b> AUG 23 2023</p> <p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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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

MA Pregler Investments  
 PO Box 1237  
 Bixby, OK 74008

23759-60 - PRO Silver Bar

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

7022 1670 0002 1190 0114

USPS SANTA FE NM 87501  
 AUG 18 2023  
 Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>MA Pregler Investments            PO Box 1237            Bixby, OK 74008</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6640 75</p> <p>2. Article Number (Transfer from service label)            7022 1670 0002 1190 0114</p>	<p>A. Signature            X</p> <p><input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 8/18/23</p> <p>C. Date of Delivery 8/18/23</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>RECEIVED            AUG 28 2023</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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



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**OFFICIAL USE**

Certified Mail Fee  
 \$

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

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

Postage  
 \$

**Total Postage and Fees**  
 \$

Postmark Here


Douglas Ladson McBride, III  
 1820 Bay Shore  
 Rockport, TX 78382  
 23759-60 – PRO Silver Bar

PS Form 3800, April 2015 PSN 7590-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Douglas Ladson McBride, III            1820 Bay Shore            Rockport, TX 78382            23759-60 – PRO Silver Bar</p> <p>2. Article Number (Transfer from service label)            7022 1670 0002 1189 1535</p>	<p>A. Signature            X <i>Connie McBride</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b>  <i>Connie McBride</i>            AUG 28 2023</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)               </td> <td> <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               </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<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
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<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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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
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 \$ _____	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	AUG 18 2023
Postage \$ _____	NM FE 37501
Total Postage and Fees \$ _____	MAIN POST OFFICE
Sent To Julie Scott McBride 6412 Buchanan St Fort Collins, CO 80525	_____ _____ _____
23759-50 - PRO Silver Bar	
PS Form 3800, April 2015 PSN 7630-02-000-8047	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;">Julie Scott McBride 6412 Buchanan St Fort Collins, CO 80525</p> <p style="text-align: right; margin-top: 10px;">23759-60 – PRO Silver Bar</p> <div style="text-align: center; margin-top: 20px;">  <p>9590 9402 7635 2122 6481 43</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7022 1670 0002 1190 0039</p>	<p>A. Signature</p> <p style="font-size: 1.2em; margin-top: 10px;">X Julie McBride</p> <p style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee         </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">B. Received by (Printed Name)</td> <td style="width: 50%; padding: 5px;">C. Date of Delivery</td> </tr> <tr> <td style="padding: 5px;">Julie McBride</td> <td style="padding: 5px;">Aug 22, 2023</td> </tr> </table> <p style="margin-top: 10px;">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 5px 0;">AUG 25 2023</p> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;"> <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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> </td> <td style="width: 50%; padding: 5px;"> <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> </td> </tr> </table>	B. Received by (Printed Name)	C. Date of Delivery	Julie McBride	Aug 22, 2023	<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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
B. Received by (Printed Name)	C. Date of Delivery						
Julie McBride	Aug 22, 2023						
<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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>						



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☐ Adult Signature Restricted Delivery \$

Postage \$

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Postmark Here

Monty D. McLane  
719 Lauren Ln  
Bennettsville, SC 29512  
23759-60 - PRO Silver Bar


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

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Monty D. McLane 719 Lauren Ln Bennettsville, SC 29512 23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6550 42</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 9838</p>	<p>A. Signature X Monty McLane <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Monty McLane</p> <p>C. Date of Delivery 8-22-23</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;"><b>RECEIVED</b> AUG 28 2023</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

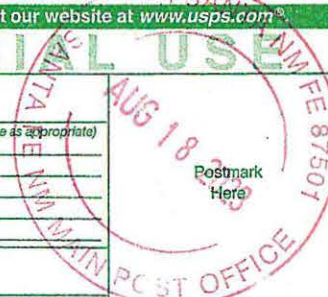
7022 1670 0002 1189 1153

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<b>OFFICIAL USE</b>	
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 <b>SEP 06 2023</b>	
USPS	
Northern Oil and Gas 4350 Baker Rd Suite 400 Minnetonka, MN 55343 23759-60 - PRO Silver Bar	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature x <i>Northern Oil</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Northern Oil</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to:  <b>Northern Oil and Gas</b> <b>4350 Baker Rd Suite 400</b> <b>Minnetonka, MN 55343</b> 23759-60 - PRO Silver Bar  9590 9402 7635 2122 6516 79		<b>RECEIVED</b> <b>SEP 15 2023</b> 3. Service Type <b>Hinkle Shanor LLP</b> <b>Santa Fe NM 87504</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) <b>7022 1670 0002 1189 1153</b>			
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7022 1670 0002 1189 9609

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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 \$	
Penroc Oil Corporation PO Box 2769 Hobbs, NM 88241 23759-60 - PRO Silver Bar	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;">           Penroc Oil Corporation            PO Box 2769            Hobbs, NM 88241            23759-60 - PRO Silver Bar         </div>	B. Received by (Printed Name) Agn Ne C. Date of Delivery
2. Article Number (Transfer from service label) 7022 1670 0002 1189 9609	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em;">AUG 28 2023</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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<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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☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
 Postage \$  
 Total Postage and Fees \$  
 Sent to  
 Pregler Oil Company, LLC  
 PO Box 1722  
 Tulsa, OK 74101  
 23759-60 - PRO Silver Bar

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hinkle Shanor LLP</u> C. Date of Delivery <u>AUG 25 2023</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>RECEIVED</b> USPS-74103 AUG 25 2023</p>
<p>1. Article Addressed to:</p> <p>Pregler Oil Company, LLC PO Box 1722 Tulsa, OK 74101</p> <p style="text-align: right;">23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6550 59</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express® <u>Santa Fe NM 87504</u> <input type="checkbox"/> Registered Mail™</p> <p> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)         </p> <p> <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 9845</p>	
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☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Robert and Maxine Hannifin Trust

Street and 702 W Ellis St.

City, State, Llano, TX 78643

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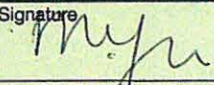
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$

Total Postage and Fees  
 \$

Sent To  
 Street and Ap. Rockport Oil and Gas, LLC  
 PO Box 19567  
 Houston, TX 77224-9567  
 City, State, Zip 23759-60 - PRO Silver Bar

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<p>1. Article Addressed to:</p> <p>Rockport Oil and Gas, LLC  PO Box 19567  Houston, TX 77224-9567</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6751 18</p> <p>7022 1670 0002 1189 3461</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><b>RECEIVED</b></p> <p>SEP 5 2023</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
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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**  
\$


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Street and Ap  
City, State, Zi.

Jose E. Rodriguez  
611 S Almond  
Pecos, TX 79772

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Postmark Here  
AUG 18 2023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Jose E. Rodriguez 611 S Almond Pecos, TX 79772</p> <p style="text-align: right;">23759-60 - PRO Silver Bar</p> <p style="text-align: center;">             9590 9402 7635 2122 6751 25         </p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 3478</p>	<p>A. Signature x </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Jose Rodriguez 8/22/23</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; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">Aug 24 2023</p> <p>3. Service Type <b>Hinkle Shanor LLP</b> <b>Santa Fe NM 87504</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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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	SAC Investments I, LP 1603 Oakridge Trl Bridgeport, TX 76426
City, State, .	23759-60 - PRO Silver Bar
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Maria C. [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery            8-22-23</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>SAC Investments I, LP 1603 Oakridge Trl Bridgeport, TX 76426</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6751 32</p> <p>2. Article Number (from label)            7022 1670 0002 1189 3485</p>	<p style="text-align: center;"><b>RECEIVED</b> AUG 28 2023</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor L  <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

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

Postmark Here  
 AUG 18 2023  
 SANTA FE NM 87501  
 MAIN POST OFFICE

States Royalty Limited Partnership  
 300 N. Breckenridge Ave  
 Breckenridge, TX 76424  
 23759-60 – PRO Silver Bar

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

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 States Royalty Limited Partnership  
 300 N. Breckenridge Ave  
 Breckenridge, TX 76424  
 23759-60 – PRO Silver Bar

2. Article Number (Transfer from service label)  
 7022 1670 0002 1189 9920

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Marlene Sitts* ☐ Agent ☒ Addressee

B. Received by (Printed Name)  
 Marlene Sitts

C. Date of Delivery  
 8-21-23

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

**RECEIVED**  
 AUG 24 2023

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Hinkle Shanor LLP  
 Santa Fe NM 87501

Domestic Return Receipt



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**OFFICIAL USE**

Certified Mail Fee  
\$

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

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

Postage  
\$


Total Postage and Fees  
\$

Sent To  
\$

Francis G. Tracey, III  
PO Box 868  
Carlsbad, NM 88221-0868  
23759-60 - PRO Silver Bar

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

AUG 18 2023  
POST OFFICE  
NM FE 87501

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Francis G. Tracey, III PO Box 868 Carlsbad, NM 88221-0868 23759-60 - PRO Silver Bar</p> <div style="text-align: center;">             9590 9402 7635 2122 6481 29         </div> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 9593</p>	<p>A. Signature <i>Francis G. Tracey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carol + Tracy</i> C. Date of Delivery <i>8-23-23</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> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.2em;">AUG 25 2023</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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**OFFICIAL USE**

Certified Mail Fee  
 \$

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

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

Postage  
 \$

Total Postage and Fees  
 \$

Sent To  
 Wallace Family Partnership, LP  
 508 W. Wall, Suite 1200  
 Midland, TX 79701

23759-60 - PRO Silver Bar

Postmark Here  
 AUG 18 2023  
 SANTA FE NM 87501  
 MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Wallace Family Partnership, LP            508 W. Wall, Suite 1200            Midland, TX 79701</p> <p>23759-60 - PRO Silver Bar</p> <p>9590 9402 7635 2122 6481 67</p> <p>2. Article Number (Transfer from service label)            7022 1670 0002 1189 9739</p>	<p>A. Signature  <input checked="" type="checkbox"/> Tracy Brown <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Tracy Brown</p> <p>C. Date of Delivery            8/21/23</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><b>RECEIVED</b>            AUG 23 2023</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)               </td> <td> <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               </td> </tr> </table> <p>Hinkle Shanon LLP            Santa Fe NM 87504</p>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<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
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<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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**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
 Postage \$  
 Total Postage and Fees \$  
 Sent To  
 Zorro Partners, Ltd.  
 616 Texas Street  
 Fort Worth, TX 76102  
 23759-60 - PRO Silver Bar

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Zorro Partners, Ltd.  
 616 Texas Street  
 Fort Worth, TX 76102  
 23759-60 - PRO Silver Bar

2. Article Number (Transfer from service label)  
 7022 1670 0002 1189 9883

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Corri Cummings

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

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

**RECEIVED**  
 AUG 21 2023  
 AUG 28 2023

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Hinkle Shanor LLP  
 Santa Fe NM 87501

Domestic Return Receipt



7022 1670 0002 1189 1979

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To Alan Hannifin 5591 Cannes Cir, Apt 505 Sarasota, FL 34231 23759-60 - PRO Silver Bar	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



CERTIFIED MAIL®



7022 1670 0002 1189 1979

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

RECEIVED

SEP 5 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

Alan Hannifin  
5591 Cannes Cir, Apt 505  
Sarasota, FL 34231

-23759-6

9327010684829552

34231-400936  
87504>2068

NIXIE

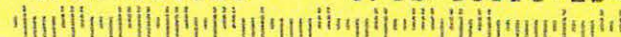
SEP DE 1

0008/27/23

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 87504206868

\*0768-00936-18-41



FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501  
02 7H  
0006052409

\$ 008.770

AUG 18 2023

45 / 8/22  
49

7022 1670 0002 1190 0053

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Sti	Lindley's Living Trust 4200 S Hulen St. #302 Fort Worth, TX 76109
Cti	23759-60 - PRO Silver Bar
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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



7022 1670 0002 1190 0053

ALBUQUERQUE NM 870

AUG 18 2023 PM 4:11

FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501  
02 7H  
0006052409\$ 008.77<sup>0</sup>

AUG 18 2023

RECEIVED

SEP 1 2023

Hinkle Shanor LLP  
Santa Fe NM 87504Lindley's Living Tr  
4200 S Hulen St. #3  
Fort Worth, TX 761

NIXIE

750 DE 1

0006/24/23

RETURN TO SENDER  
REFUSED  
UNABLE TO FORWARD

BC: 87504206868

\*0768-01578-18-41

76109-50007  
87504\*2068



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**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Sue Hanson McBride  
 2704 Mercedes Dr  
 Roswell, NM 88201

23759-60 - PRO Silver Bar

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

See Reverse for Instructions



**CERTIFIED MAIL®**



7022 1670 0002 1190 0046

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

8-21-23  
 N-2  
 C-17

ALBUQUERQUE NM 870

18 AUG 2023 PM 4:21

FIRST-CLASS



US POSTAGE™ PITNEY BOWES



ZIP 87501  
 02 7H

**\$ 008.770**

0006052409 AUG 18 2023

**RECEIVED**

SEP 26 2023

Sue Hanson McBride  
 2704 Mercedes Dr  
 Roswell, NM 88201

Hinkle Shanor LLP  
 Santa Fe NM 87504

237

1-9826016742348685

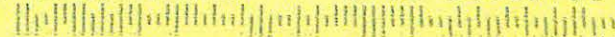
UNC

88201-16412068

NIXIE 750 DE 1 0009/13/23

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 87504206868 \*0758-01225-18-41





7022 1670 0002 1189 9821

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**OFFICIAL USE**

Certified Mail Fee  
 \$

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

Postage  
 \$

Total Postage and Fees  
 \$

Sent To  
 Patrick J. Morello and Alice M. Morello Trust  
 2200 Riverfront Dr Apt 6208  
 Little Rock, AR 72202

23759-60 - PRO Silver Bar

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

USPS SANTA FE NM FE 87501  
 AUG 18 2023  
 POST OFFICE

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

**CERTIFIED MAIL®**



7022 1670 0002 1189 9821

ALBUQUERQUE NM 870

18 AUG 2023 PM 4:21

FIRST CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.77<sup>0</sup>  
 02 7H  
 0006052409 AUG 18 2023

**RECEIVED**

SEP 26 2023

Hinkle Shanor LLP  
 Santa Fe NM 87504

Patrick J. Morello and Alice M.  
 Morello Trust  
 2200 Riverfront Dr Apt 6208  
 Little Rock, AR 72202

202/9/28  
 JTB

9400921255256450

72202-22008  
 87504-2068

BC: 87504206868

\*076

7022 1670 0002 1189 3300

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services &amp; 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

Byron Bachschmid

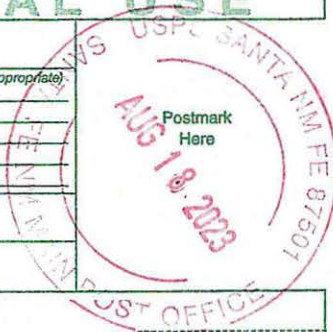
1800 Hereford Blvd

Midland, TX 79707-9784

City, State, Zip

23759-60 - PRO Silver Bar

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



# USPS Tracking<sup>®</sup>

FAQs >

Tracking Number:

Remove X

70221670000211893300

Copy      Add to Informed Delivery (<https://informedelivery.usps.com/>)

## Latest Update

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

### Get More Out of USPS Tracking:

USPS Tracking Plus<sup>®</sup>

- Delivered
- Out for Delivery
- Preparing for Delivery

### Moving Through Network

#### In Transit to Next Facility

August 25, 2023

**Departed USPS Regional Facility**  
MIDLAND TX DISTRIBUTION CENTER  
August 21, 2023, 1:43 am

**Arrived at USPS Regional Facility**  
MIDLAND TX DISTRIBUTION CENTER  
August 20, 2023, 5:29 pm

**Departed USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 9:41 pm

Feedback



- **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 8:34 pm
- **Hide Tracking History**

[What Do USPS Tracking Statuses Mean?](https://faq.usps.com/s/article/Where-is-my-package) (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates	▼
USPS Tracking Plus®	▼
Product Information	▼
See Less ^	

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1189 3331

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Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**OFFICIAL USE**

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt

City, State, Zip

Centennial, LLC  
215 West Third Street  
Roswell, NM 88201

23759-60 - PRO Silver Bar

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

See Reverse for Instructions

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211893331

Copy      Add to Informed Delivery (<https://informedelivery.usps.com/>)

## Latest Update

Your item has been delivered to the original sender at 10:58 am on September 7, 2023 in SANTA FE, NM 87501.

Get More Out of USPS Tracking:

USPS Tracking Plus®

### Delivered

Delivered, To Original Sender

SANTA FE, NM 87501  
September 7, 2023, 10:58 am

### Available for Pickup

SANTA FE MAIN  
120 S FEDERAL PL STE 101  
SANTA FE NM 87501-9998  
M-F 0800-1730; SAT 0800-1600  
August 31, 2023, 9:11 am

### Out for Delivery

SANTA FE, NM 87501  
August 31, 2023, 7:54 am

### Arrived at Post Office

SANTA FE, NM 87501  
August 31, 2023, 7:43 am

### Departed USPS Facility

ALBUQUERQUE, NM 87101

Feedback



- August 30, 2023, 1:44 pm
- **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
August 30, 2023, 3:50 am
- **In Transit to Next Facility**  
August 29, 2023
- **Arrived at USPS Regional Facility**  
COPPELL TX DISTRIBUTION CENTER  
August 25, 2023, 10:18 am
- **Addressee Unknown**  
ROSWELL, NM 88201  
August 21, 2023, 3:15 pm
- **Departed USPS Regional Facility**  
LUBBOCK TX DISTRIBUTION CENTER  
August 20, 2023, 1:17 pm
- **Arrived at USPS Regional Facility**  
LUBBOCK TX DISTRIBUTION CENTER  
August 20, 2023, 6:15 am
- **Departed USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 9:41 pm
- **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 8:33 pm
- **Hide Tracking History**

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



7022 1670 0002 1189 3416

**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail OnlyFor delivery information, visit our website at [www.usps.com](http://www.usps.com)®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services &amp; 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. Robert Levers Dale and Patricia Joan Dale Trust

15419 Peach Hill Rd  
Saratoga, CA 95070

City, State, Zip

23759-60 - PRO Silver Bar

Postmark  
Here

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

See Reverse for Instructions

Tracking Number:

Remove X

70221670000211893416

Copy      Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to an individual at the address at 4:03 pm on August 22, 2023 in SARATOGA, CA 95070.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

SARATOGA, CA 95070  
August 22, 2023, 4:03 pm

Out for Delivery

SARATOGA, CA 95070  
August 22, 2023, 7:42 am

Arrived at Post Office

SARATOGA, CA 95070  
August 22, 2023, 7:31 am

In Transit to Next Facility

August 21, 2023

Departed USPS Regional Facility

SAN JOSE CA DISTRIBUTION CENTER  
August 20, 2023, 9:16 pm

Arrived at USPS Regional Facility



SAN JOSE CA DISTRIBUTION CENTER  
August 20, 2023, 12:13 pm

**Departed USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 9:41 pm

**Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 8:33 pm

**Hide Tracking History**

**What Do USPS Tracking Statuses Mean?** (<https://faq.usps.com/s/article/Where-is-my-package>)

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

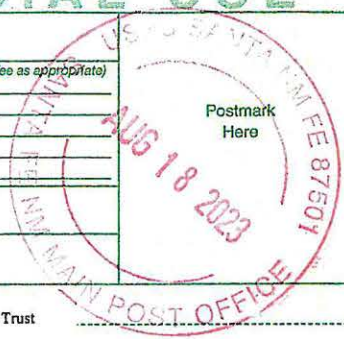
## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

7022 1670 0002 1189 2051

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
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For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Josephine T. Hudson Testamentary Trust PO Box 1600 San Antonio, TX 78296 23759-60 - PRO Silver Bar	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



# USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211892051

Copy      Add to Informed Delivery (<https://informedelivery.usps.com/>)

## Latest Update

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

### Get More Out of USPS Tracking:

USPS Tracking Plus®

- Delivered
- Out for Delivery
- Preparing for Delivery

### Moving Through Network

In Transit to Next Facility

August 24, 2023

### Departed USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER  
August 20, 2023, 9:32 pm

### Arrived at USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER  
August 20, 2023, 9:11 am

### Departed USPS Facility

ALBUQUERQUE, NM 87101  
August 18, 2023, 9:41 pm

Feedback



- **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
August 18, 2023, 8:32 pm
- **Hide Tracking History**

[What Do USPS Tracking Statuses Mean?](https://faq.usps.com/s/article/Where-is-my-package) (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates	▼
USPS Tracking Plus®	▼
Product Information	▼
See Less ^	

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

# Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005803958

This is not an invoice

INKLE SHANOR, LLP  
POBOX 2068

SANTA FE, NM 87504


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:

08/22/2023

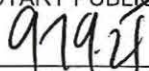


Legal Clerk

Subscribed and sworn before me this August 22,  
2023:



State of WI, County of Brown  
NOTARY PUBLIC



My commission expires

This is to notify all interested parties, including 3SD Holdings, LLC; Alpha Energy Partners, LLC; Alpha Royalty Partners, LLC; Ard Oil Ltd.; Babe Development, LLC; Byron Bachschmid; Borica Oil, Inc.; L. Neil Burcham and wife (Estate of, now Dec'd); Centennial, LLC; Cherokee Legacy Minerals, Ltd.; Chisos, Ltd.; Cieszinski Trust UA dated May 15, 2007; Jonathan M. Cieszinski; Collins Permian, LP; Ashley Dean Crow; Robert Levers Dale and Patricia Joan Dale Trust; Delmar Hudson Lewis Living Trust; DeVargas Street, LLC; Hannifin Family Trust; Alan Hannifin; Michelle R. Hannifin; Hanson Operating Company; JS Pregler Land, LLC; T. Z. Jennings; Alan Jochimsen; Joyco Investments, LLC; Josephine T. Hudson Testamentary Trust; KB Limited Partnership; Kenebrew Minerals, LP; Charles J. Kinsolving; Lindley's Living Trust; MA Pregler Investments; Douglas Ladson McBride, III; Julie Scott McBride; Sue Hanson McBride; Monty D. McLane; Patrick J. Morello and Alice M. Morello Trust; Penroc Oil Corporation; Pregler Oil Company, LLC; Robert and Maxine Hannifin Trust; Rockport Oil and Gas, LLC; Jose E. Rodriguez; SAC Investments I, LP; States Royalty Limited Partnership; Francis G. Tracey, III; Wallace Family Partnership, LP; Zorro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Permian Resources Operating, LLC (Case No. 23759). The hearing will be conducted remotely on September 7, 2023, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests from the top of the Third Bone Spring formation to the base of the Bone Spring Formation, underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Silver Bar 35 Fed State Com 133H well ("Well"), to be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34, to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36. The completed interval of the Well will be orthodox. There is a depth severance in the Bone Spring Formation within the Unit. Accordingly, Applicant seeks to pool interests in the Third Bone Spring Formation from the stratigraphic equivalent of approximately 8,205' TVD to the base of the Bone Spring Formation as shown on the Osage Federal 10 well log (API #30-015-26178). Also to be considered will be the cost of drilling and completing the Well and the allocation of the cost, the designation of Applicant as operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 13 miles northwest of Carlsbad, New Mexico.

#5803958, Current Argus, August 22, 2023

VICKY FELTY  
Notary Public  
State of Wisconsin

Ad # 0005803958  
PO #: Case No. 23759  
# of Affidavits 1

This is not an invoice