

**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. 24006**

**EXHIBIT INDEX**

Compulsory Pooling Checklist

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B-2	Cross Section Locator Map
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B-4	Third Bone Spring Subsea Structure Map
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# COMPULSORY POOLING APPLICATION CHECKLIST

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

<b>Case: 24006</b>	<b>APPLICANT'S RESPONSE</b>
<b>Hearing Date</b>	<b>December 21, 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:	MRC Permian Company
Well Family	Klondike
<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:	Winchester; Bone Spring, West (Pool Code 97569)
Well Location Setback Rules:	Statewide
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks:	Quarter-quarter
Orientation:	East to West
Description: TRS/County	S/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County
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	No.
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 #2	Klondike 9 State Com #124H (API # ---) SHL: 1539' FSL & 458' FEL (Unit I), Section 9, T19S, R28E BHL: 795' FSL & 10' FWL (Unit M), Section 8, T19S, R28E Completion Target: Second Bone Spring (7,351' TVD)

Well #1	Klondike 9 State Com #134H (API # ---) SHL: 1506' FSL & 458' FEL (Unit I), Section 9, T19S, R28E BHL: 985' FSL & 10' FWL (Unit M), Section 8, T19S, R28E Completion Target: Third Bone Spring (8,621' 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-6
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, B-4
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>	12/19/2023



**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. 24006**

**SELF-AFFIRMED STATEMENT  
OF MARK HAJDIK**

1. I am a landman 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. 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. Copies of Permian Resources’ 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 S/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Klondike 9 State Com #124H** and **Klondike 9 State Com #134H** wells (“Wells”), which will be drilled from surface hole locations in the NE/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the SW/4 SW/4 (Unit M) of Section 8. The Wells will be completed in the [97569] WINCHESTER; BONE SPRING, WEST.

6. The completed intervals of the Wells will be orthodox.

**Permian Resources Operating, LLC  
Case No. 24006  
Exhibit A**

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

8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Permian Resources seeks to pool highlighted in yellow. All of the parties are locatable in that Permian 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 and AFEs sent to working interest owners for the Wells. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

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

12. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled and \$1,000 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Permian 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.

A handwritten signature in blue ink, appearing to read "Mark Hajdik", is positioned above a horizontal line.

\_\_\_\_\_  
Mark Hajdik

12/19/23  
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.** 24006

**APPLICATION**

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (“Applicant”) (OGRID No. 372165) applies for 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 S/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Klondike 9 State Com #124H** well and **Klondike 9 State Com #134H** well (“Wells”), which will be drilled from surface hole locations in the Ne/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the SW/4 SW/4 (Unit M) of Section 8.
3. The completed intervals of the Wells will be orthodox.
4. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**Permian Resources Operating, LLC  
Case No. 24006  
Exhibit A-1**

6. 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 Wells and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on December 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 Wells in the Unit;
- C. Designating Permian Resources Operating, LLC as the operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping, and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% charge for the risk assumed by Permian Resources Operating, LLC in drilling and completing the Wells against any working interest owner who does not voluntarily participate in the drilling of the Wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

*Counsel for 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 in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Klondike 9 State Com #124H** and **Klondike 9 State Com #134H** wells ("Wells"), which will be drilled from surface hole locations in the NE/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the SW/4 SW/4 (Unit M) of Section 8. The completed interval of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.





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

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number	<sup>2</sup> Pool Code	<sup>3</sup> Pool Name
	97569	Winchester; Bone Spring, West
<sup>4</sup> Property Code	<sup>5</sup> Property Name	<sup>6</sup> Well Number
	KLONDIKE 9 STATE COM	124H
<sup>7</sup> OGRID No.	<sup>8</sup> Operator Name	<sup>9</sup> Elevation
372165	PERMIAN RESOURCES OPERATING, LLC	3540.1'

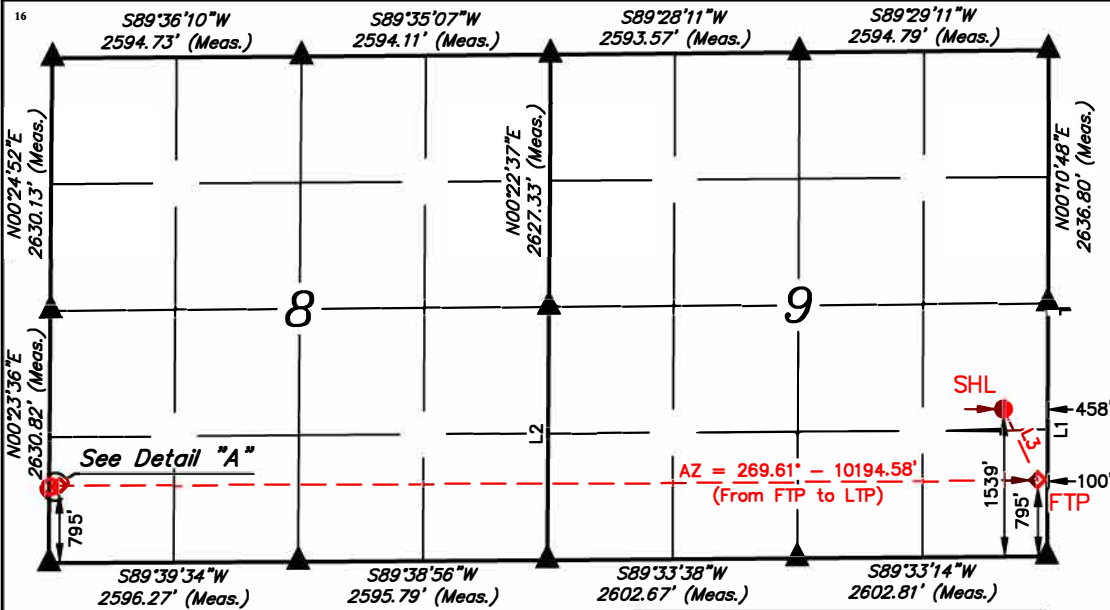
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	9	19S	28E		1539	SOUTH	458	EAST	EDDY

<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
M	8	19S	28E		795	SOUTH	10	WEST	EDDY
<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						
320									

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.



LINE TABLE		
LINE	DIRECTION	LENGTH
L1	N00°10'55"E	2636.52'
L2	N00°21'33"E	2639.02'

WELL BORE LINE TABLE		
LINE	DIRECTION	LENGTH
L3	AZ = 154.36°	821.94'
L4	AZ = 269.66°	90.01'

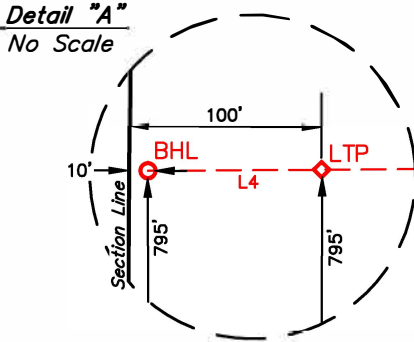
**<sup>17</sup> OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location 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 \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**<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.  
July 10, 2023  
Date of Survey  
Signature and Seal of Professional Surveyor: \_\_\_\_\_



Certificate Number: \_\_\_\_\_



- = SURFACE HOLE LOCATION.  
◆ = TAKE POINT.  
○ = BOTTOM HOLE LOCATION.  
▲ = SECTION CORNER LOCATED.
- NOTE:  
• Distances referenced on plat to section lines are perpendicular.  
• Basis of Bearings is a Transverse Mercator Projection with a Central Meridian of W103°53'00" (NAD 83)



DRAWN BY: N.D.T. 07-20-23  
REV: 2 12-13-23 T.J.S.  
(UPDATE WELLBORE PATH)

<b>NAD 83 (SURFACE HOLE LOCATION)</b> LATITUDE = 32°40'19.68" (32.672134°) LONGITUDE = -104°10'26.61" (-104.174059°)	<b>NAD 83 (FIRST TAKE POINT)</b> LATITUDE = 32°40'12.36" (32.670100°) LONGITUDE = -104°10'22.43" (-104.172897°)
<b>NAD 27 (SURFACE HOLE LOCATION)</b> LATITUDE = 32°40'19.26" (32.672017°) LONGITUDE = -104°10'24.78" (-104.173550°)	<b>NAD 27 (FIRST TAKE POINT)</b> LATITUDE = 32°40'11.94" (32.669984°) LONGITUDE = -104°10'20.60" (-104.172388°)
<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 608290.26' E: 590346.97'	<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 607550.94' E: 590705.70'
<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 608228.09' E: 549167.30'	<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 607488.78' E: 549526.02'
<b>NAD 83 (LAST TAKE POINT)</b> LATITUDE = 32°40'11.38" (32.669827°) LONGITUDE = -104°12'21.67" (-104.206018°)	<b>NAD 83 (BOTTOM HOLE LOCATION)</b> LATITUDE = 32°40'11.37" (32.669825°) LONGITUDE = -104°12'22.72" (-104.206311°)
<b>NAD 27 (LAST TAKE POINT)</b> LATITUDE = 32°40'10.96" (32.669710°) LONGITUDE = -104°12'19.83" (-104.205508°)	<b>NAD 27 (BOTTOM HOLE LOCATION)</b> LATITUDE = 32°40'10.95" (32.669708°) LONGITUDE = -104°12'20.88" (-104.205801°)
<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 607437.56' E: 580514.10'	<b>STATE PLANE NAD 83 (N.M. EAST)</b> N: 607436.65' E: 580424.12'
<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 607375.48' E: 539334.42'	<b>STATE PLANE NAD 27 (N.M. EAST)</b> N: 607374.57' E: 539244.44'

WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	1, 2, 3	144.236	45.07%	Operator
Northern Oil and Gas	2	24.7014	7.72%	JOA
Oxy USA WTP, LP	1, 2	45.9514	14.36%	Yes
Slash Exploration, LP	1	0.3125	0.10%	Yes

**Permian Resources  
Operating, LLC  
Case No. 24006  
Exhibit A-3**

Harvard Petroleum Company, LLC	1	1.25	0.39%	Yes
Read & Stevens, Inc.	1	0.31248	0.10%	Owned by Operator
Anne S. Johnson	1	0.10416	0.03%	Yes
Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust u/t/a dated 1/28/1982	1	0.31248	0.10%	Yes
COG Operating	2	9.63889	3.01%	JOA
ZPZ Delaware I LLC	2	7.5	2.34%	Yes
D2 Resources, LLC	2	2.31944	0.72%	Yes
Solis Energy, LLC	2	2.31944	0.72%	Yes
Marathon Oil Company	4	20	6.25%	Yes
EOG Resources, Inc	4	60	18.75%	Yes
Linda E. Schwartz	1	0.01042	0.00%	No
Elk Oil Company	1	0.3125	0.10%	No
Esther L. Kelly	1	0.03125	0.01%	No
Joseph J Kelly	1	0.07813	0.02%	No
Collie Limited Partnership	1	0.07813	0.02%	No
Mary Ann Kelly Twitty	1	0.07813	0.02%	No

NonDarcy Oil and Gas Inc	1	0.07813	0.02%	No
		320	100%	

<b>NMSLO Lessees of Record Only</b>
MRC DELAWARE RESOURCES, LLC
WPX ENERGY PERMIAN, LLC.

<b>ORRI Owners</b>
Yates Brothers
Marathon Oil Company
Yates Brotheres
MRC Delaware Resources, LLC
WPX Energy Permian, LLC



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

OFFICE 432.695.4222  
FAX 432.695.4063

October 19, 2023

*Via Certified Mail*

Mark Wilson Family Partnership, LP  
PO Box 2415  
Midland, TX 79702

**RE: Well Proposals: Klondike 9 State Com #123H, 124H, 133H, 134H;**  
Section 8: S2  
Section 9: S2  
T19S-R28E, Eddy County, New Mexico  
Bone Spring Formation

To Whom It May Concern:

Permian Resources Operating, LLC, as operator ("Permian"), hereby proposes the drilling and completion of the following four (4) Klondike 9 State Com wells at the following approximate locations within Township 19 South, Range 28 East:

**1. Klondike 9 State Com #123H**

SHL: 458' FEL & 1605' FSL or at a legal location in Lot I of Section 9  
BHL: 10' FWL & 1980' FSL of Section 8  
FTP: 100' FEL & 1980' FSL of Section 9  
LTP: 100' FWL & 1980' FSL of Section 8  
TVD: 7,3351'  
TMD: Approximately 17,636'  
Proration Unit: N/2S/2 of Sections 8 & 9  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**2. Klondike 9 State Com #124H**

SHL: 458' FEL & 1539' FSL or at a legal location in Lot I of Section 9  
BHL: 10' FWL & 660' FSL of Section 8  
FTP: 100' FEL & 660' FSL of Section 9  
LTP: 100' FWL & 660' FSL of Section 8  
TVD: 7,351'  
TMD: Approximately 17,636'  
Proration Unit: S/2S/2 of Sections 8 & 9  
Targeted Interval: 2<sup>nd</sup> Bone Spring  
Total Cost: See attached AFE

**Permian Resources Operating, LLC  
Case No. 24006  
Exhibit A-4**





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

OFFICE 432.695.4222  
FAX 432.695.4063

**3. Klondike 9 State Com #133H**

SHL: 458' FEL & 1572' FSL or at a legal location in Lot I of Section 9

BHL: 10' FWL & 2310' FSL of Section 8

FTP: 100' FEL & 2310' FSL of Section 9

LTP: 100' FWL & 2310' FSL of Section 8

TVD: 8,521'

TMD: Approximately 18,806'

Proration Unit: N/2S/2 of Sections 8 & 9

Targeted Interval: 3<sup>rd</sup> Bone Spring

Total Cost: See attached AFE

**4. Klondike 9 State Com #134H**

SHL: 458' FEL & 1506' FSL or at a legal location in Lot I of Section 9

BHL: 10' FWL & 990' FSL of Section 8

FTP: 100' FEL & 990' FSL of Section 9

LTP: 100' FWL & 990' FSL of Section 8

TVD: 8,621'

TMD: Approximately 18,906'

Proration Unit: S/2S/2 of Sections 8 & 9

Targeted Interval: 3<sup>rd</sup> Bone Spring

Total Cost: See attached AFE

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/\$1,00 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 previously proposed AFE, and your geologic well requirements to the above address or by email to [Kathryn.Hanson@permianres.com](mailto:Kathryn.Hanson@permianres.com).

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.



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

OFFICE 432.695.4222  
FAX 432.695.4063

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me by email at [mark.hajdik@permianres.com](mailto:mark.hajdik@permianres.com).

Respectfully,

A handwritten signature in blue ink, appearing to read "Mark Hajdik".

Mark Hajdik  
Senior Staff  
Landman  
*Enclosures*



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

OFFICE 432.695.4222  
FAX 432.695.4063

<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>Klondike 9 State Com #123H</b>		
<b>Klondike 9 State Com #124H</b>		
<b>Klondike 9 State Com #133H</b>		
<b>Klondike 9 State Com #134H</b>		

*Company / Working Interest Owner Name:*

\_\_\_\_\_

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

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

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





## Authorization for Expenditure

<b>AFE Number</b>	-	
<b>Drilling Total (\$)</b>	\$2,858,239	-
<b>Completion Total (\$)</b>	\$4,164,566	-
<b>Facilities Total (\$)</b>	\$677,472	-
<b>Flowback Total (\$)</b>	\$905,000	-
<b>AFE Total (\$)</b>	\$8,605,277	-

### AFE Description

<b>Property Name</b>	9500' Lateral SBSG	<b>State</b>	NM
<b>AFE Type</b>	Klondike 9 State Com 124H		
<b>Operator</b>	Drill and Complete	<b>Field</b>	Delaware Basin - NM
	Permian Resources Operating, LLC		
<b>Scheduled Spud Date</b>		<b>Estimated TVD (ft)</b>	See Proposal
<b>Target Zone</b>	SBSG	<b>Estimated MD (ft)</b>	See Proposal
<b>Sub-Target Zone</b>			

### Non Operator Approval

<b>Company</b>	
<b>Approved By</b>	
<b>Title</b>	
<b>Date</b>	

### 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	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$349,243.75	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$160,238.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$50,046.00
8015.2300	IDC - FUEL / POWER	\$97,125.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$9,500.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$174,332.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$14,250.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$35,328.00
8015.3700	IDC - DISPOSAL	\$105,138.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$42,750.00	8015.4300	IDC - WELLSITE SUPERVISION	\$33,250.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$9,500.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$5,225.00
8015.5200	IDC - CONTINGENCY	\$88,295.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$571,392.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
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	\$403,232.00	8025.1600	ICC - COILED TUBING	\$247,690.00

8025.1700	ICC - CEMENTING & SERVICES	\$ .00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$ .00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$517,197.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$ .00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,769,259.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$135,902.00
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$ .00
8025.3300	ICC - COMMUNICATIONS	\$ .00	8025.3400	ICC - RENTAL EQUIPMENT	\$178,376.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$ .00	8025.4200	ICC - CONTINGENCY	\$ .00
8025.3050	ICC - SOURCE WATER	\$220,550.00	8025.4400	ICC - COMPANY LABOR	\$ .00
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$ .00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPARATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRANSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$ .00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$ .00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$ .00
8035.1900	FAC - WATER DISPOSAL / SWD	\$ .00	8035.2000	FAC - WASTE DISPOSAL	\$ .00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$ .00
8035.2500	FAC - CONSULTING SERVICES	\$ .00	8035.2600	FAC - INJECTION PUMP	\$ .00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$ .00	8035.3500	FAC - COMPRESSOR	\$ .00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$ .00
8035.4300	FAC - INSURANCE	\$ .00	8035.1310	FAC - PERMANENT EASEMENT	\$ .00
8035.4400	FAC - COMPANY LABOR	\$ .00			
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8036.1000	PLN - PERMITS LICENSES ETC	\$ .00	8036.1100	PLN - STAKING & SURVEYING	\$ .00
8036.1200	PLN - LEGAL TITLE SERVICES	\$ .00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PERMANENT EASEMENT	\$ .00	8036.1400	PLN - ROAD LOCATIONS PITS	\$ .00
8036.1500	PLN - MATERIALS & SUPPLIES	\$ .00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$ .00
8036.1700	PLN - RENTAL EQUIPMENT	\$ .00	8036.1900	PLN - WATER DISPOSAL / SWD	\$ .00
8036.2000	PLN - WASTE DISPOSAL	\$ .00	8036.2100	PLN - INSPECTION & TESTING	\$ .00
8036.2200	PLN - CONTRACT LABOR	\$ .00	8036.2300	PLN - FRAC TANK RENTAL	\$ .00
8036.2400	PLN - SUPERVISION	\$ .00	8036.2500	PLN - CONSULTING SERVICES	\$ .00
8036.2700	PLN - PIPELINE	\$ .00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$ .00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$ .00
8036.3100	PLN - TREATING EQUIPMENT	\$ .00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$ .00
8036.3300	PLN - PUMP	\$ .00	8036.3400	PLN - METER	\$ .00
8036.3500	PLN - COMPRESSOR	\$ .00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$ .00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$ .00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$ .00
8036.3700	PLN - AUTOMATION	\$ .00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$ .00
8036.4300	PLN - INSURANCE	\$ .00	8036.4400	PLN - COMPANY LABOR	\$ .00
8036.4500	PLN - CONTINGENCY	\$ .00			
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8040.1100	IFC - ROADS LOCATIONS / PITS	\$ .00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$ .00	8040.1500	IFC - FUEL / POWER	\$ .00
8040.1600	IFC - COILED TUBING	\$ .00	8040.1700	IFC - CEMENTING & SERVICES	\$ .00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$ .00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$ .00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$ .00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRACTURE REPAIR	\$ .00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$ .00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$ .00	8040.4400	IFC - COMPANY LABOR	\$ .00
8040.4500	IFC - SWABBING	\$ .00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$ .00
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$ .00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$ .00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$ .00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS / SURFACE LIFT EQUIPMENT	\$ .00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$ .00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$ .00	8045.4400	TFC - COMPANY LABOR	\$ .00



## Authorization for Expenditure

<b>AFE Number</b>	-
<b>Drilling Total (\$)</b>	\$3,377,486
<b>Completion Total (\$)</b>	\$4,078,820
<b>Facilities Total (\$)</b>	\$677,472
<b>Flowback Total (\$)</b>	\$905,000
<b>AFE Total (\$)</b>	\$9,038,778

### AFE Description

<b>Property Name</b>	9500' Lateral SBSG	<b>State</b>	NM
<b>AFE Type</b>	Klondike 9 State Com 134H		
<b>Operator</b>	Drill and Complete	<b>Field</b>	Delaware Basin - NM
	Permian Resources Operating, LLC		
<b>Scheduled Spud Date</b>		<b>Estimated TVD (ft)</b>	See Proposal
<b>Target Zone</b>	TBSG	<b>Estimated MD (ft)</b>	See Proposal
<b>Sub-Target Zone</b>			

### Non Operator Approval

<b>Company</b>	
<b>Approved By</b>	
<b>Title</b>	
<b>Date</b>	

### 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	\$85,000.00
8015.1500	IDC - RIG MOB / TRUCKING	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$551,437.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$253,007.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$52,546.00
8015.2300	IDC - FUEL / POWER	\$153,398.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$15,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$183,629.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$22,500.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$55,781.00
8015.3700	IDC - DISPOSAL	\$112,638.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$52,500.00	8015.4300	IDC - WELLSITE SUPERVISION	\$90,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$15,000.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$8,250.00
8015.5200	IDC - CONTINGENCY	\$110,355.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$612,152.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
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	\$370,770.00	8025.1600	ICC - COILED TUBING	\$224,298.00

8025.1700	ICC - CEMENTING & SERVICES	\$ .00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$ .00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$432,705.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$ .00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,904,264.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$116,364.00
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$ .00
8025.3300	ICC - COMMUNICATIONS	\$ .00	8025.3400	ICC - RENTAL EQUIPMENT	\$164,511.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$ .00	8025.4200	ICC - CONTINGENCY	\$ .00
8025.3050	ICC - SOURCE WATER	\$173,548.00	8025.4400	ICC - COMPANY LABOR	\$ .00
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$ .00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$ .00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$ .00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$ .00
8035.1900	FAC - WATER DISPOSAL / SWD	\$ .00	8035.2000	FAC - WASTE DISPOSAL	\$ .00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$ .00
8035.2500	FAC - CONSULTING SERVICES	\$ .00	8035.2600	FAC - INJECTION PUMP	\$ .00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$ .00	8035.3500	FAC - COMPRESSOR	\$ .00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$ .00
8035.4300	FAC - INSURANCE	\$ .00	8035.1310	FAC - PERMANENT EASEMENT	\$ .00
8035.4400	FAC - COMPANY LABOR	\$ .00			
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8036.1000	PLN - PERMITS LICENSES ETC	\$ .00	8036.1100	PLN - STAKING & SURVEYING	\$ .00
8036.1200	PLN - LEGAL TITLE SERVICES	\$ .00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PERMANENT EASEMENT	\$ .00	8036.1400	PLN - ROAD LOCATIONS PITS	\$ .00
8036.1500	PLN - MATERIALS & SUPPLIES	\$ .00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$ .00
8036.1700	PLN - RENTAL EQUIPMENT	\$ .00	8036.1900	PLN - WATER DISPOSAL / SWD	\$ .00
8036.2000	PLN - WASTE DISPOSAL	\$ .00	8036.2100	PLN - INSPECTION & TESTING	\$ .00
8036.2200	PLN - CONTRACT LABOR	\$ .00	8036.2300	PLN - FRAC TANK RENTAL	\$ .00
8036.2400	PLN - SUPERVISION	\$ .00	8036.2500	PLN - CONSULTING SERVICES	\$ .00
8036.2700	PLN - PIPELINE	\$ .00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$ .00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$ .00
8036.3100	PLN - TREATING EQUIPMENT	\$ .00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$ .00
8036.3300	PLN - PUMP	\$ .00	8036.3400	PLN - METER	\$ .00
8036.3500	PLN - COMPRESSOR	\$ .00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$ .00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$ .00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$ .00
8036.3700	PLN - AUTOMATION	\$ .00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$ .00
8036.4300	PLN - INSURANCE	\$ .00	8036.4400	PLN - COMPANY LABOR	\$ .00
8036.4500	PLN - CONTINGENCY	\$ .00			
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8040.1100	IFC - ROADS LOCATIONS / PITS	\$ .00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$ .00	8040.1500	IFC - FUEL / POWER	\$ .00
8040.1600	IFC - COILED TUBING	\$ .00	8040.1700	IFC - CEMENTING & SERVICES	\$ .00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$ .00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$ .00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$ .00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRACTURE TREE REPAIR	\$ .00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$ .00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$ .00	8040.4400	IFC - COMPANY LABOR	\$ .00
8040.4500	IFC - SWABBING	\$ .00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$ .00
<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>	<b>Account</b>	<b>Description</b>	<b>Total (\$)</b>
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$ .00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$ .00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$ .00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS / SURFACE LIFT EQUIPMENT	\$ .00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$ .00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$ .00	8045.4400	TFC - COMPANY LABOR	\$ .00

## Communication Timeline

**October 2023** – Well proposals sent for Klondike 9 State Com wells

**October - Present 2023** – Ongoing discussions of trade proposals and other deal structures to acquire certain party's interest in the wells

**December 2023** – agreed with Apache/ZPZ to execute a pre pooling letter to allow their interest to be force pooled / agreed to execute a JOA with COG/Conoco to govern their interest in the unit

**December 2023** – Several parties plan to execute a JOA vs being subject to the pooling order

**December 2023** – As of this date a number of the parties have not reached final resolution with participation nor have the deals to acquire finalized

**Permian Resources Operating, LLC  
Case No. 24006  
Exhibit A-5**

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

APPLICATION OF COLGATE PRODUCTION, LLC  
FOR COMPULSORY POOLING AND APPROVAL  
OF A STANDARD SPACING UNIT,  
EDDY COUNTY, NEW MEXICO.

CASE NOS. 24005 & 24006

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. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in geology were accepted and made a matter of record.

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 Madera project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of this application.

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 paths for the proposed **Klondike 9 State Com #123H, Klondike 9 State Com #133H, Klondike 9 State Com #124H, Klondike 9 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 pooling units area is defined by blue boxes and are labeled with their respective case numbers.

Permian Resources Operating, LLC  
Case No. 24006  
Exhibit B



5. **Exhibit B-3** is a Subsea Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the proposed Wells with a orange 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 stars. 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 Subsea Structure map on the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies 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 stars. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on Exhibit B-4. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zones for the Wells are labeled on the exhibit. The approximate well-paths for the proposed Wells are indicated by dashed lines with arrows indicating the drill direction across the unit. This cross-section demonstrates the target intervals are continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the proposed Wells in the Bone Spring formation.

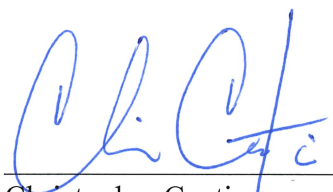
9. In my opinion, a laydown orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

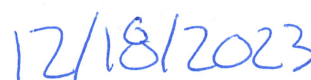
10. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Wells.

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

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

13. 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.

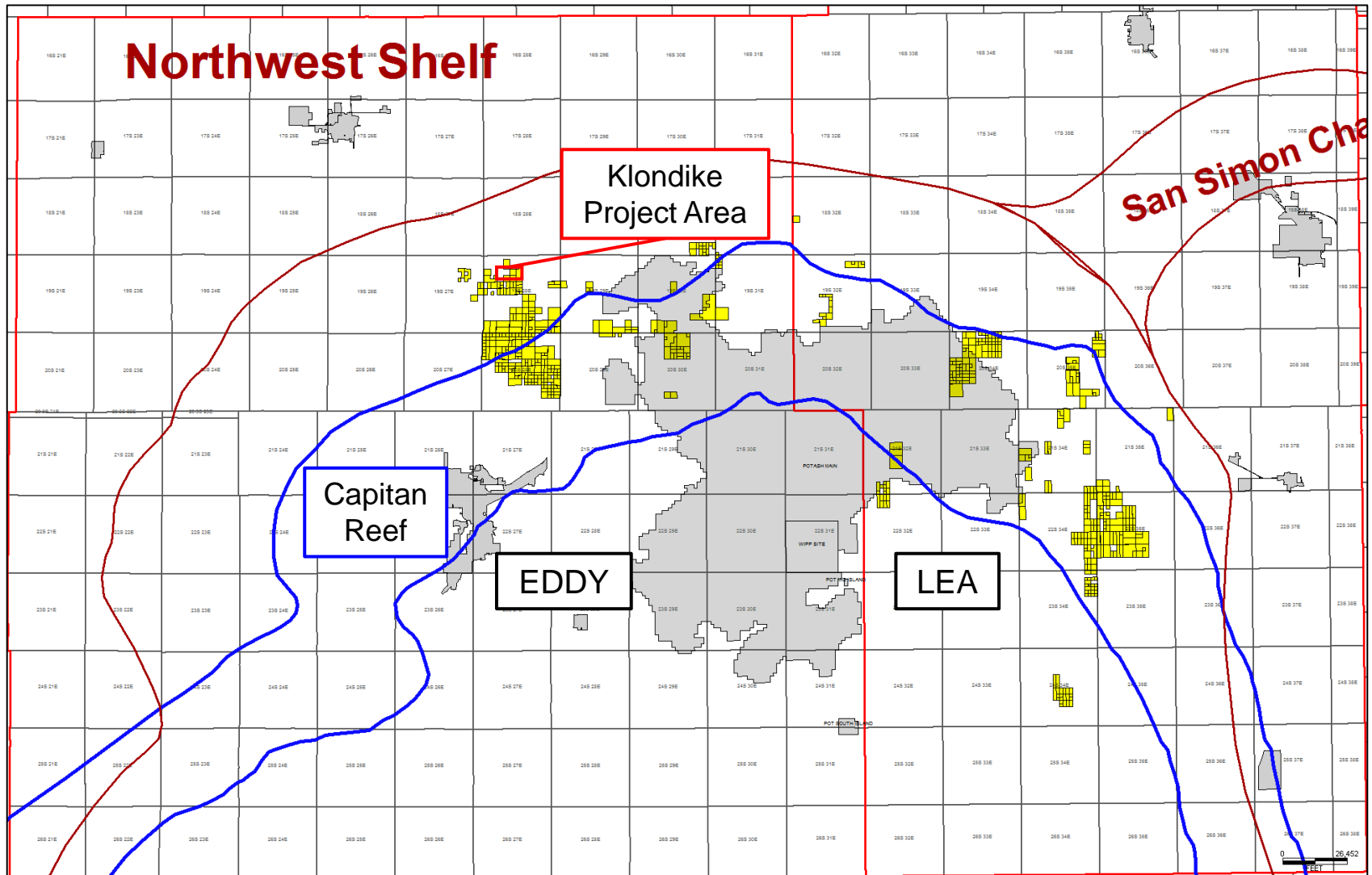
  
\_\_\_\_\_  
Christopher Cantin

  
\_\_\_\_\_  
Date



# Regional Locator Map Klondike 9 State Com

Exhibit B-1

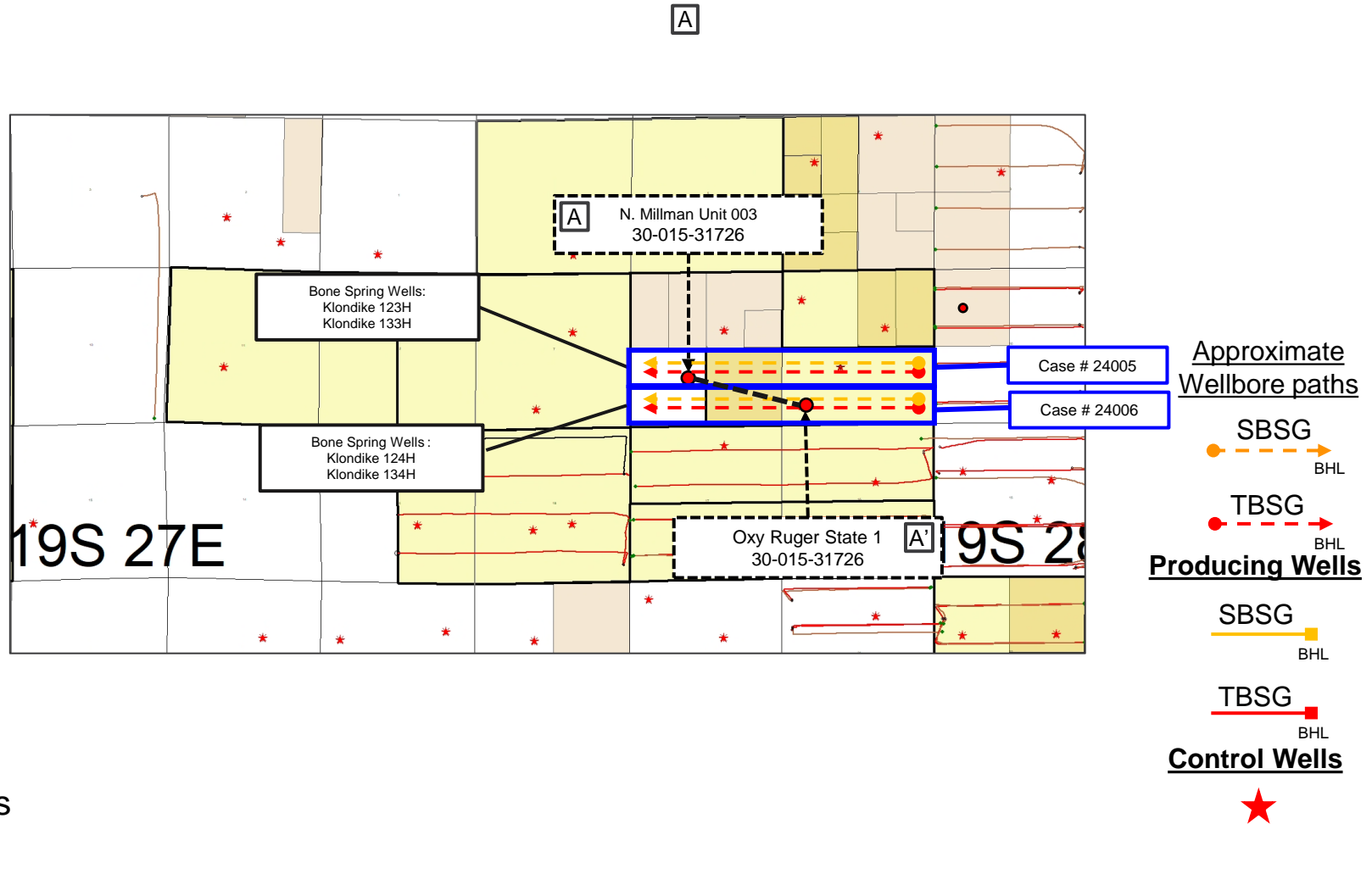


# Cross-Section Locator Map

Klondike 9 State Com

Case No. 24006

Exhibit B-2

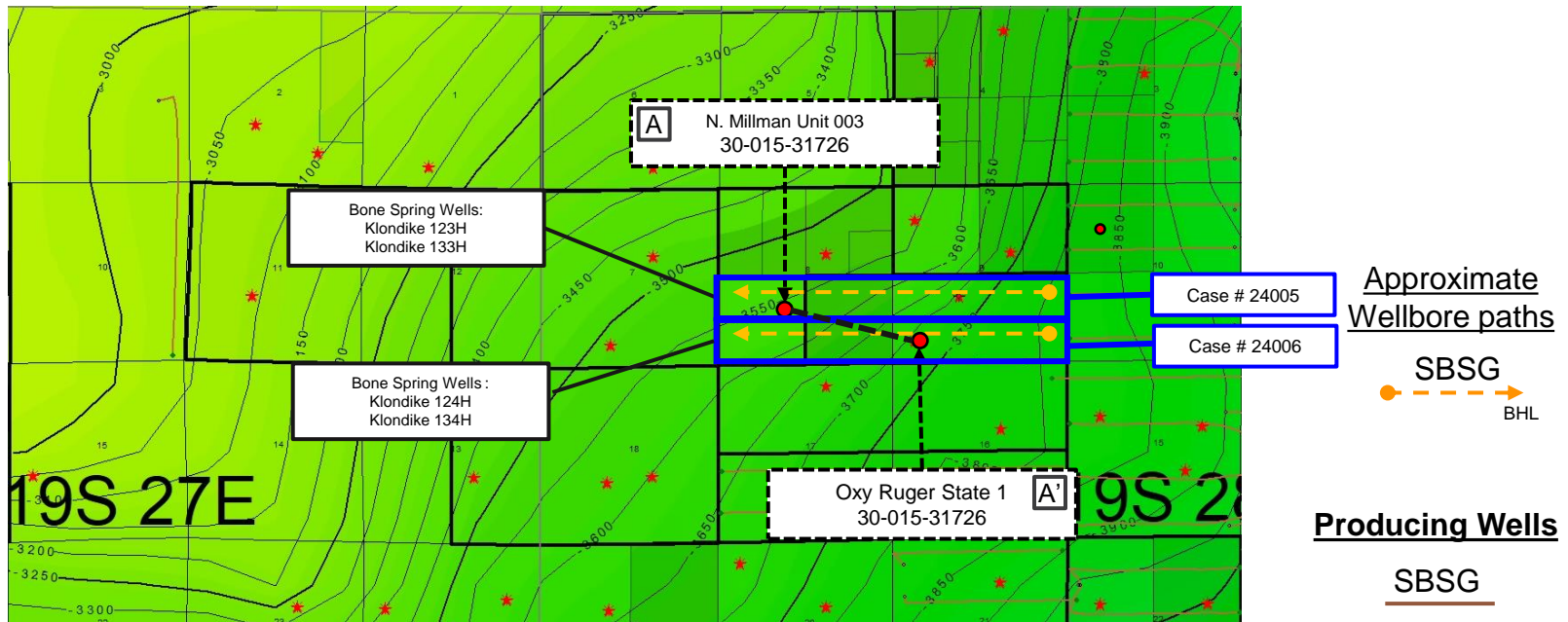
**Exhibit B-2**

# Base Second Bone Spring– Structure Map (50' CI)

Klondike 9 State Com

Case No. 24006

Exhibit B-3

**Exhibit B-3**

Permian  
Resources



BHL  
**Control Wells**

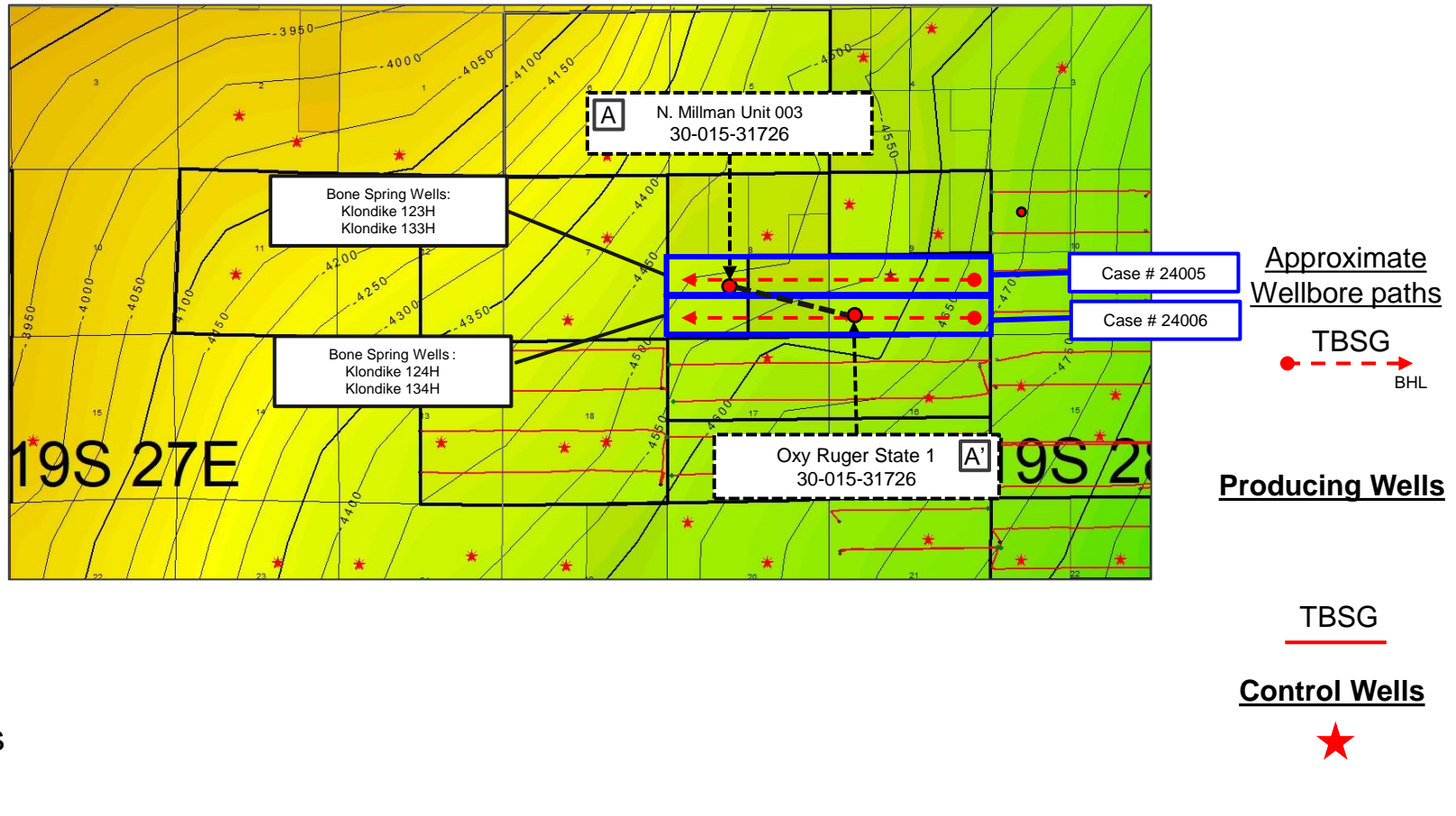


# Top Third Bone Spring— Structure Map (50' C.I.)

Klondike 9 State Com

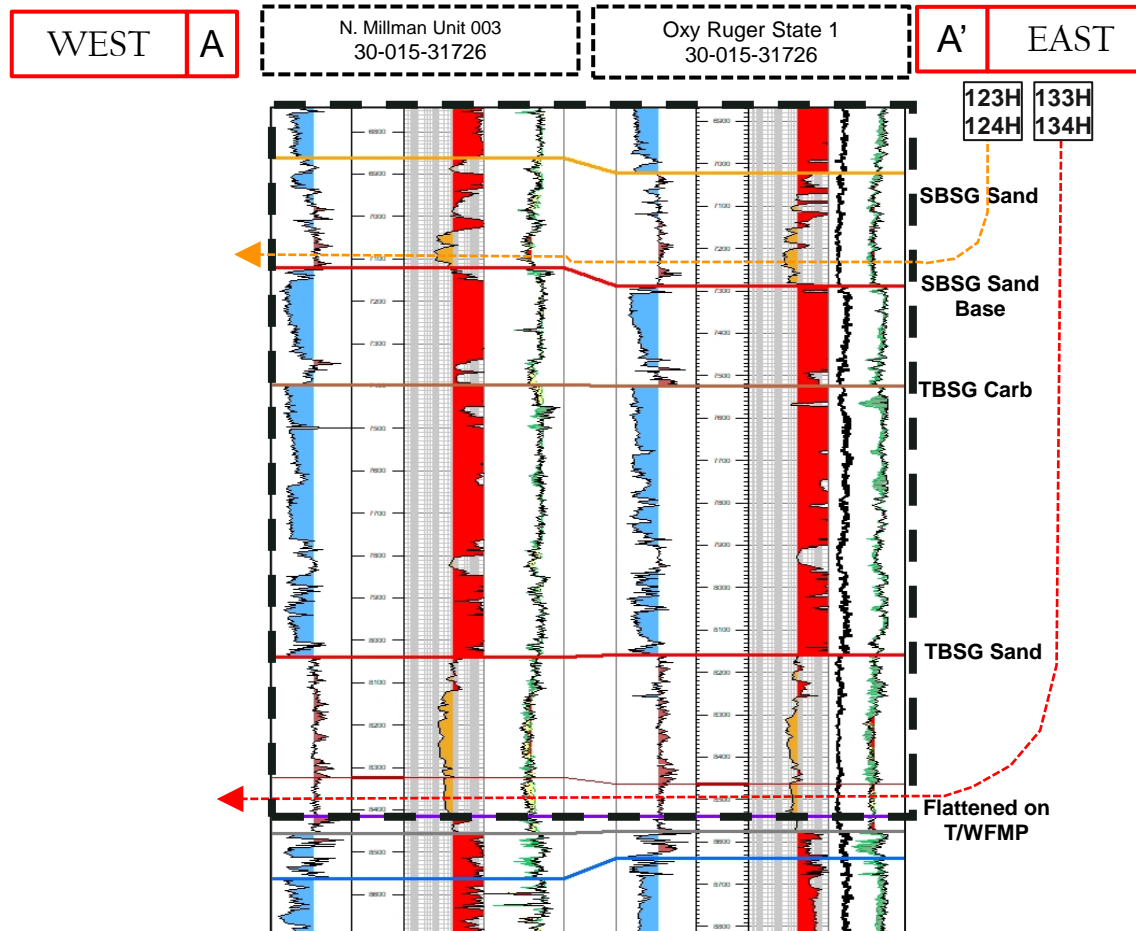
Case No. 24006

Exhibit B-4

**Exhibit B-4**

# Stratigraphic Cross-Section A-A'

Klondike 9 State Com

**Exhibit B-5**

Approximate  
Wellbore paths

SBSG →

TBSG →

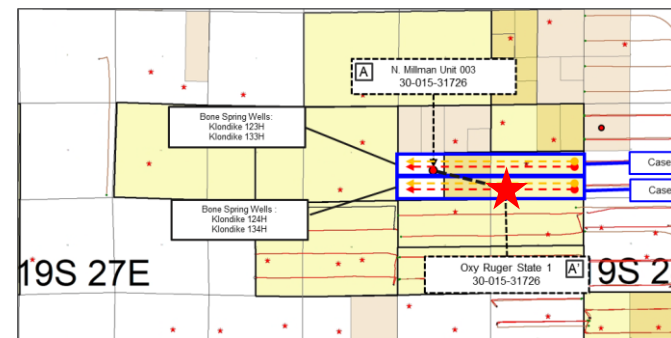
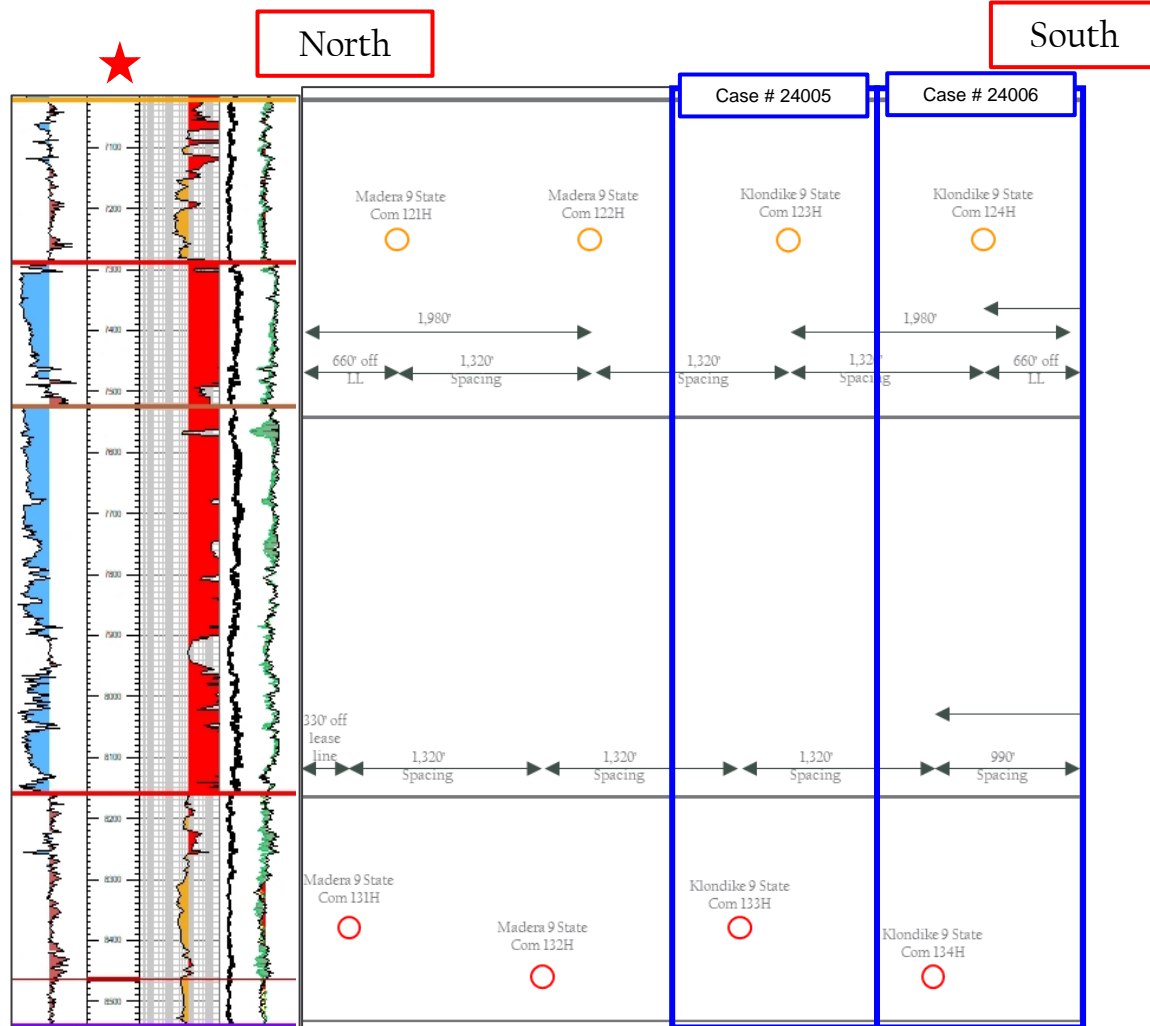
Pooled Interval

# Gun Barrel Development Plan

## Klondike 9 State Com

Permian Resources Operating, LLC  
Case No. 24006  
Exhibit B-6

**Exhibit B-6**



**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. 24006**

**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 November 21, 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

December 19, 2023  
Date

**Permian Resources Operating, LLC  
Case No. 24006  
Exhibit C**





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

November 17, 2023

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

**TO ALL PARTIES ENTITLED TO NOTICE**

**Re: Case Nos. 24005 & 24006 – 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 **December 7, 2023**, beginning at 8:15 a.m.

Hearings are currently conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/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

**Permian Resources Operating, LLC**  
**Case No. 24006**  
**Exhibit C-1**



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

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

**CASE NOS. 24005 & 24006**

**NOTICE LETTER CHART**

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185	11/17/23	11/27/23
BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079	11/17/23	11/28/23
Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust 1919 North Turner Street Hobbs, New Mexico 88240	11/17/23	11/27/23
COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Colgate Production, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Colgate Royalties, LP 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Contango Resources, Inc. 111 E 5th Street, Suite 300 Fort Worth, TX 76102	11/17/23	11/27/23
D2 Resources, LLC P.O. Box 10187 Midland, Texas 79702	11/17/23	11/27/23
Irma Leota Davis 2702 58th Street Lubbock, TX 79413	11/17/23	12/04/23
Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210	11/17/23	11/27/23

**Permian Resources Operating, LLC  
Case No. 24006  
Exhibit C-2**

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

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

**CASE NOS. 24005 & 24006**

**NOTICE LETTER CHART**

Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110	11/17/23	11/27/23
EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702	11/17/23	11/29/23
Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard P.O. Box 1600 San Antonio, TX 78296	11/17/23	Per USPS Tracking (Last Checked 12/14/23):  11/23/23 – Item in transit to next facility.
Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202	11/17/23	11/27/23
Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016	11/17/23	Per USPS Tracking (Last Checked 12/14/23):  11/25/23 – Delivery attempted.
Francis H. Hudson, Trustee of Lindy's Living Trust 4200 S. Hulen Street, Suite 302 Fort Worth, TX 76109	11/17/23	12/04/23  Return to sender.
William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296	11/17/23	11/27/23
Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103	11/17/23	11/27/23
Javelina Partners 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23
Anne S. Johnson 6529 Highway 42 South Fort Valley, Georgia 31030	11/17/23	Per USPS Tracking (Last Checked 12/14/23):  11/29/23 – Item being returned to sender.

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

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

**CASE NOS. 24005 & 24006**

**NOTICE LETTER CHART**

Delmar Hudson Lewis, MSU 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116	11/17/23	12/11/23  Return to sender.
MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	11/17/23	11/27/23
Marathon Oil Permian LLC 5555 San Felipe St. Houston, TX 77056	11/17/23	12/05/23  Return to sender.
Marigold LLLP PO Box 1290 Artesia, NM 88211-1290	11/17/23	12/18/23  Return to sender.
Mark Wilson Family Partnership, LP 4501 Green Tree Boulevard Midland, TX 79707-1607	11/17/23	12/11/23  Return to sender.
Oxy USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046	11/17/23	11/27/23
OXY Y-1 Company 5 Greenway Plaza Houston, TX 77046	11/17/23	11/27/23
Penroc Oil Corporation P.O. Box 2769 Hobbs, New Mexico 88241	11/17/23	11/27/23
Terence Patrick Perkins 3707 Rusty Spur Krum, TX 76249	11/17/23	11/27/23
Santo Legado, LLC P.O. Box 1020 Artesia, NM 88211-1020	11/17/23	11/29/23
Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211	11/17/23	11/27/23
Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202	11/17/23	11/27/23
Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710	11/17/23	12/01/23

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

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

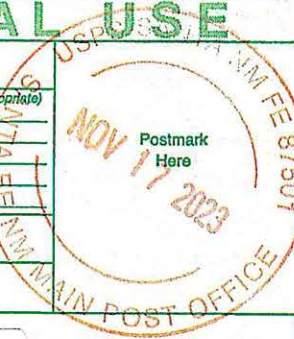
**CASE NOS. 24005 & 24006**

**NOTICE LETTER CHART**

Tinian Oil & Gas LLC 319 West Main Street Artesia, NM 88210	11/17/23	12/01/23
Tulipan LLC 428 Sandoval, Suite 200 Santa Fe, NM 87501	11/17/23	12/18/23
Vladin, LLC P.O. Box 100 Artesia, NM 88211-0100	11/17/23	11/27/23
WPX Energy Permian, LLC 3500 One Williams Center, MD 38 Tulsa, Oklahoma 74172	11/17/23	12/05/23  Return to sender.
Westway Petro, a Texas Joint Venture 6440 N. Central Expy, Suite 615 Dallas, TX 75206	11/17/23	Per USPS Tracking (Last Checked 12/14/23):  11/26/23 – Item in transit to next facility.
Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210	11/17/23	12/01/23
John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased P.O. Box 100 Artesia, NM 88211-0111	11/17/23	12/11/23  Return to sender.
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705	11/17/23	11/27/23
Zorro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23

844T 2489 0000 0251 5102

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<b>OFFICIAL USE</b>	
Certified Mail Fee	\$
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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	
St	Ard Oil, Ltd.
St	Mary T. Ard, President
St	P.O. Box 101027
St	Fort Worth, TX 76185
St	24005-06 - PRO Klondike
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) <u>J. G. F.</u></p> <p>C. Date of Delivery <u>11/26/2020</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6669 70</p>	<p><b>RECEIVED</b> NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0000 6842 1448</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Permian Resources Operating, LLC  
Case No. 24006  
Exhibit C-3



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

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Certified Mail Fee \$

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

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☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

BP America Production Company  
501 Westlake Park Blvd.  
Houston, Texas 77079

City 24005-06 - PRO Klondike

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

Postmark Here  
NOV 17 2023  
SANTA NM FE 87501  
MAIN POST OFFICE

**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:

BP America Production Company  
501 Westlake Park Blvd.  
Houston, Texas 77079


24005-06 - PRO Klondike

9590 9402 7635 2122 6622 48

2. Article Number (Transfer from service label)  
7021 0950 0002 0370 8459

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  ☐ Agent ☒ Addressee

B. Received by (Printed Name) Jesse Morales

C. Date of Delivery 11-22-23

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

**RECEIVED**  
NOV 28 2023

3. Service Type ☒ Certified Mail® ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered 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)

Hinkle Shanor LLP  
Santa Fe, NM 87504

Domestic Return Receipt



**U.S. Postal Service™**  
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 Domestic Mail Only

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 \$

Sent To

Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust  
 1919 North Turner Street  
 Hobbs, New Mexico 88240

24005-06 - PRO Klondike

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0104 1942 06

USPS SANTA FE NM FEB 87501  
 NOV 17 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>Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust            1919 North Turner Street            Hobbs, New Mexico 88240</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6587 77</p> <p>2. Article Number (Transfer from service label)            9589 0710 5270 0104 1942 06</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            J. L. S. F. H.</p> <p>C. Date of Delivery            10-20-23</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>RECEIVED            NOV 27 2023</p> <p>3. Service Type <u>Linkle Shanor LLP</u>  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

**USPS CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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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** \$

Ser \_\_\_\_\_  
Str \_\_\_\_\_  
Cit \_\_\_\_\_

COG Operating LLC  
600 West Illinois Avenue  
Midland, Texas 79701  
24005-06 - PRO Klondike

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

**Postmark Here**  
NOV 17 2023  
SANTA ANA NM FE 87501  
MAIN POST OFFICE

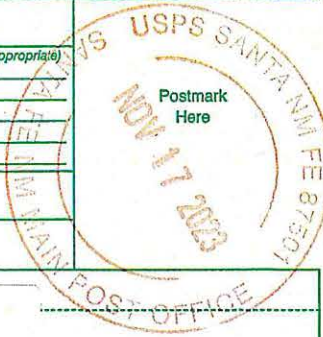
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <i>Isaac Mahana</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Isaac Mahana</i> C. Date of Delivery <i>11-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>RECEIVED</b> NOV 29 2023</p>																
<p>1. Article Addressed to:</p> <p>COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701 24005-06 - PRO Klondike</p> <p>9590 9402 8299 3094 9836 75</p>	<p>3. Service Type</p> <table border="1"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0104 1940 91</p>																	

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



7022 1670 0002 1190 4686

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	
Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	
24005-06 - PRO Klondike	
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"/> <u>L. Kalisch</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <u>11/20/23</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>1. Article Addressed to:</p> <p>Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701</p> <p>24005-06 - PRO Klondike</p>	<p><b>RECEIVED</b> NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4686</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <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"/> 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"/> 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  
 \$

Postmark Here

Colgate Production, LLC  
 300 N Marienfeld, Suite 1000  
 Midland, TX 79701  
 24005-06 - PRO Klondike

PS Form 3800, January 2023 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:

Colgate Production, LLC  
 300 N Marienfeld, Suite 1000  
 Midland, TX 79701  
 24005-06 - PRO Klondike

9590 9402 7635 2122 6587 60

2. Article Number (Transfer from service label)  
 9589 0710 5270 0496 9563 69

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *L. Klondike* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 11/20/23

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

**RECEIVED**  
 NOV 27 2023

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ 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)

Hinkle Sharon, LLC  
 Santa Fe NM 87506

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

To Colgate Royalties, LP  
300 N Marienfeld, Suite 1000  
Midland, TX 79701

24005-06 - PRO Klondike

PS Form 3800, January 2023 PSN 7530-02-000-0047 See Reverse for Instructions

USPS SANTA FE NM 87501  
Postmark Here  
NOV 17 2023

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>Colgate Royalties, LP 300 N Marienfeld, Suite 1000 Midland, TX 79701</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 8299 3094 9837 05</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0104 1941 76</p>	<p>A. Signature <u>L. Kalisch</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>11/20/23</u></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><b>RECEIVED</b> NOV 27 2023</p> <p>3. Service Type <u>Priority Mail Express®</u> <u>Santa Fe NM 87501</u></p> <table border="1"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <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	<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)	
<input type="checkbox"/> Adult Signature	<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)																	

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

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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 \$  
Sender's Name  
To  
City  
State  
Zip+4  
PS Form 3800, January 2023 PSN 7530-02-000-3047 See Reverse for Instructions

9589 0710 5270 0104 1941 90

USPS SANTA FE NM FE 87501  
NOV 17 2023  
Postmark Here

**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:

Concho Oil & Gas LLC  
600 West Illinois Avenue  
Midland, Texas 79701

24005-06 - PRO Klondike

9590 9402 8299 3094 9836 82

2. Article Number (Transfer from service label)  
9589 0710 5270 0104 1941 90

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 11-21

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

**RECEIVED**  
NOV 29 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

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



7020 0090 0000 0863 5019

**U.S. Postal Service™**  
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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

Contango Resources, Inc.  
 111 E 5th Street, Suite 300  
 Fort Worth, TX 76102  
 24005-06 - PRO Klondike

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

See Reverse for Instructions

Postmark  
Here**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:

Contango Resources, Inc.  
 111 E 5th Street, Suite 300  
 Fort Worth, TX 76102

24005-06 - PRO Klondike



9590 9402 7635 2122 6743 19

## 2. Article Number (Transfer from service label)

7020 0090 0000 0863 5019

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x *Caroline May*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Caroline May*

## C. Date of Delivery

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

NOV 27 2023

## 3. Service Type

- ☐ Adult Signature Restricted Delivery ☐ Priority Mail Express®
- ☐ Certified Mail® ☐ Registered Mail™
- ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation 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 1188 6418

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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 at

City, Sta

D2 Resources, LLC  
P.O. Box 10187  
Midland, Texas 79702  
24005-06 - PRO Klondike

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:

D2 Resources, LLC  
P.O. Box 10187  
Midland, Texas 79702

24005-06 - PRO Klondike



9590 9402 7635 2122 6624 39

2. Article Number (Transfer from service label)

7022 1670 0002 1188 6418

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

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**  
NOV 27 2023

3. Service Type
- Hinkle Shanor LLP**
- ☐ 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

Domestic Return Receipt

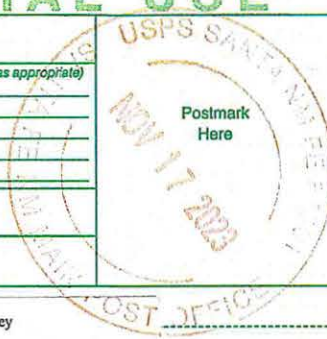


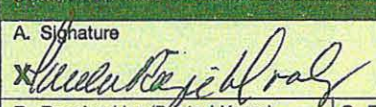

7022 1670 0002 1188 6401

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	
Street and Ap	Irma Leota Davis 2702 58th Street Lubbock, TX 79413
City, State, Zi	24005-06 - PRO Klondike
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 <i>Irma Leota Davis</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>1. Article Addressed to:</p> <p>Irma Leota Davis 2702 58th Street Lubbock, TX 79413</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6624 46</p>	<p>RECEIVED NOV 29 2023 DEC 4 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6401</p>	<p>3. Service Type <b>Hinkle Shanor LLP</b> <b>Santa Fe NM 87501</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"/> 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 1188 6395


U.S. Postal Service™ <b>CERTIFIED MAIL® RECEIPT</b> 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	
Street and Apt.	Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210
City, State, ZIP	24005-06 - PRO Klondike
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>		<p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6624 53</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>NOV 27 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6395</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"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	



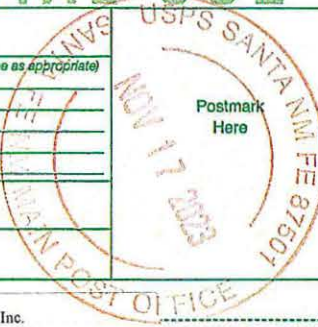
7022 1670 0002 1188 6487

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	
Street and Apt. No., or	Margaret V. Dowling, SSP, 1829 Georgia Street NE Albuquerque, NM 87110
City, State, ZIP+4®	24005-06 - PRO Klondike
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>Margaret V. Dowling</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  MARGARET V. DOWLING</p> <p>C. Date of Delivery  11/20/23</p> <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Margaret V. Dowling, SSP  1829 Georgia Street NE  Albuquerque, NM 87110</p> <p>24005-06 - PRO Klondike</p>  <p>9590 9402 7635 2122 6624 60</p>	<p>RECEIVED  NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)  7022 1670 0002 1188 6487</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" 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 1188 6470

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	
Street and Apt.	EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702
City, State, Zi	24005-06 - PRO Klondike
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

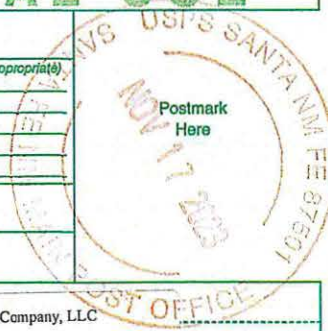


<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702</p> <p>24005-06 - PRO Klondike</p>		<p><b>RECEIVED</b></p> <p>NOV 29 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6470</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</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 1188 6463

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	
Street and Apt. No., c	Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202
City, State, ZIP+4®	24005-06 - PRO Klondike
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

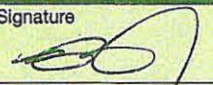


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</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>1. Article Addressed to:</p> <p>Harvard Petroleum Company, LLC          P.O. Box 936          Roswell, New Mexico 88202          24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6624 84</p>	<p><b>RECEIVED</b>          NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)          7022 1670 0002 1188 6463</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 87501</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 1188 6517

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	William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296 24005-06 - PRO Klondike
Street and Ap	
City, State, Zi	
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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Hinkle Shanor 11-22-23</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> NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6621 94</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6517</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



7022 1670 0002 1188 6500

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	
Street and Ap.	Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103
City, State, Zi.	24005-06 - PRO Klondike
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), <input type="checkbox"/> Date of Delivery</p> <p>C. <i>Maja Slavnic</i> <i>11/20/23</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>1. Article Addressed to:</p> <p>Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103</p> <p>24005-06 - PRO Klondike</p>	<p><b>RECEIVED</b> NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6500</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 3843

**U.S. Postal Service™**  
**CERTIFIED MAIL® 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)

<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  
 Sir Javelina Partners  
 616 Texas Street  
 Fort Worth, TX 76102-4612  
 24005-06 - PRO Klondike

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>Javelina Partners          616 Texas Street          Fort Worth, TX 76102-4612          24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6461 87</p> <p>2. Article Number (Transfer from service label)          7022 1670 0002 1189 3843</p>	<p>A. Signature          X <i>Corri Cumming</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below</p> <p><b>RECEIVED</b>          NOV 20 2023          BY: NOV 27 2023</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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



7022 1670 0002 1189 2839

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

MRC Delaware Resources, LLC  
5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

City, State

24005-06 - PRO Klondike

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:

MRC Delaware Resources, LLC  
5400 LBJ Freeway, Suite 1500  
Dallas, TX 75240

24005-06 - PRO Klondike



9590 9402 7635 2122 6745 00

2. Article Number (Transfer from service label)

7022 1670 0002 1189 2839

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Brown

C. Date of Delivery

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

RECEIVED

NOV 27 2023

3. Service Type **Hinkle Shanor LLC** **Santa Fe NM 87504**
- ☐ 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

Domestic Return Receipt



# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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 &amp;

City, St

Oxy USA WTP, LP  
5 Greenway Plaza, Suite 110  
Houston, Texas 77046

24005-06 - PRO Klondike

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

See Reverse for Instructions

Postmark  
Here**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:

Oxy USA WTP, LP  
5 Greenway Plaza, Suite 110  
Houston, Texas 77046

24005-06 - PRO Klondike



9590 9402 7635 2122 6744 63

2. Article Number (Transfer from service label)

7022 1670 0002 1189 2808

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No**RECEIVED**

NOV 27 2023

3. Service Type

☐ 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



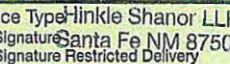
Hinkle Shanor LLC

24005-06 - PRO Klondike

Domestic Return Receipt

7022 1670 0002 1189 2815

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	
Street and Ap	OXY Y-1 Company
City, State, Zi	5 Greenway Plaza
	Houston, TX 77046
	24005-06 - PRO Klondike
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)  C. Date of Delivery 11/21/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 Company 5 Greenway Plaza Houston, TX 77046</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6744 56</p>	<p>3. Service Type  <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87504 <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2815</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



7022 1670 0002 1189 2822

**U.S. Postal Service™**  
**CERTIFIED MAIL® 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 Penroc Oil Corporation  
 P.O. Box 2769  
 City, St Hobbs, New Mexico 88241  
 24005-06 - PRO Klondike

Postmark Here

NOV 17 2023

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:


Penroc Oil Corporation  
 P.O. Box 2769  
 Hobbs, New Mexico 88241  
 24005-06 - PRO Klondike

9590 9402 7635 2122 6744 49

2. Article Number (Transfer from service label)  
 7022 1670 0002 1189 2822

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  ☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Age He

C. Date of Delivery  
 NOV 27 2023

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

**RECEIVED**

3. Service Type Hinkle Shanor LP  
 Santa Fe NM 87501

☐ 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

Domestic Return Receipt

7022 1670 0002 1189 2785

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only
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

Terence Patrick Perkins

3707 Rusty Spur

City, State

Krum, TX 76249

24005-06 - PRO Klondike

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

See Reverse for Instructions

Postmark  
Here**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:

Terence Patrick Perkins  
 3707 Rusty Spur  
 Krum, TX 76249

24005-06 - PRO Klondike



9590 9402 7635 2122 6744 32

2. Article Number (Transfer from service label)

7022 1670 0002 1189 2785

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

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**

NOV 27 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

321144 NW 8758

Domestic Return Receipt



7022 1670 0002 1189 2792

USPS 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	
Street or	Santo Legado, LLC
City, State	P.O. Box 1020
	Artesia, NM 88211-1020
	24005-06 - PRO Klondike
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>X <i>Shane</i></p> <p>B. Received by (Printed Name) <i>Shane</i> C. Date of Delivery <i>11/29/23</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><b>RECEIVED</b></p> <p>NOV 29 2023</p>
<p>1. Article Addressed to:</p> <p>Santo Legado, LLC P.O. Box 1020 Artesia, NM 88211-1020</p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6744 25</p>	<p>3. Service Type <i>Linkie Shanor LLP</i></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"/> 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 2792</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 4630

**U.S. Postal Service™**  
**CERTIFIED MAIL® 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  
 \$

Sent To  
 Street Sharbro Energy, LLC  
 P.O. Box 840  
 Artesia, NM 88211

City, State, ZIP+4® 24005-06 - PRO Klondike

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:

Sharbro Energy, LLC  
 P.O. Box 840  
 Artesia, NM 88211

24005-06 - PRO Klondike

9590 9402 7635 2122 6744 18

2. Article Number (Transfer from service label)  
 7020 0090 0000 0863 4630

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
 Kristen

C. Date of Delivery  
 NOV 27 2023

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

**RECEIVED**

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ 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



**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Slash Exploration, LP

P.O. Box 1973

City, St.

Roswell, New Mexico 88202

24005-06 - PRO Klondike

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

See Reverse for Instructions

Postmark  
Here**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:

Slash Exploration, LP  
P.O. Box 1973  
Roswell, New Mexico 88202

24005-06 - PRO Klondike



9590 9402 7635 2122 6744 01

2. Article Number (Transfer from service label)

7020 0090 0000 0863 4647

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Ethiah*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Ethiah*

C. Date of Delivery

11/20/23

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

NOV 27 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)

Hinkle Shanor LLP

Santa Fe NM 87507

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt



7020 0090 0000 0863 4654

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	
Street	Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710
City	24005-06 - PRO Klondike
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>Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710 24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6743 95</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 4654</p>	<p>A. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Samuel V. [Signature]</i> 11/28/23</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> DEC 01 2023</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation 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

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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 \$

Sent To  
 Street Tinian Oil & Gas LLC  
 319 West Main Street  
 City, Artesia, NM 88210  
 24005-06 - PRO Klondike

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><b>Tinian Oil &amp; Gas LLC</b>  <b>319 West Main Street</b>  <b>Artesia, NM 88210</b></p> <p>24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6743 88</p> <p>2. Article Number (Transfer from service label)</p> <p><b>7020 0090 0000 0863 4609</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name)  <b>CSO</b></p> <p>C. Date of Delivery  <b>12-8-23</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> <p><b>RECEIVED</b>  <b>DEC 01 2023</b></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><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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)

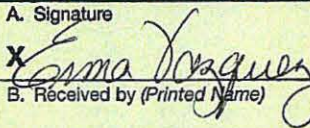
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage  
 \$

Total Postage and Fees  
 \$

Sent To  
 Street and # Tulipan LLC  
 428 Sandoval, Suite 200  
 Santa Fe, NM 87501  
 City, State, Zip+4 24005-06 - PRO Klondike

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) C. Date of Delivery   12/14/23</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>Tulipan LLC          428 Sandoval, Suite 200          Santa Fe, NM 87501          24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6743 71</p>	<p><b>RECEIVED</b>          DEC 18 2023</p>		
<p>2. Article Number (Transfer from service label)          7020 0090 0000 0863 4616</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		
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt		

7020 0090 0000 0863 4623

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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 an

Vladin, LLC

P.O. Box 100

City, State

Artesia, NM 88211-0100

24005-06 - PRO Klondike

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:

Vladin, LLC  
P.O. Box 100  
Artesia, NM 88211-0100

24005-06 - PRO Klondike



9590 9402 7635 2122 6743 64

2. Article Number (Transfer from service label)

7020 0090 0000 0863 4623

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

D Chavarria

☒ Agent☐ Addressee

B. Received by (Printed Name)

D Chavarria

C. Date of Delivery

11-21-23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

RECEIVED

NOV 27 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

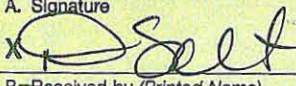

Restricted Delivery

Domestic Return Receipt



7022 1670 0002 1189 3980

USPS 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	\$
Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210 24005-06 - PRO Klondike	
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 type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) D Solet C. Date of Delivery DEC 01 2023
Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210 24005-06 - PRO Klondike  9590 9402 7635 2122 6701 68	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>
2. Article Number (Transfer from service label) 7022 1670 0002 1189 3980	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)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Hinkle Shanor Santa Fe NM 87505 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

**Total Postage and Fees** \$

Se  
 St ZPZ Delaware I LLC  
 303 Veterans Airpark Lane, Suite 1000  
 Midland, Texas 79705  
 Ci 24005-06 - PRO Klondike

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:

ZPZ Delaware I LLC  
 303 Veterans Airpark Lane, Suite 1000  
 Midland, Texas 79705

24005-06 - PRO Klondike

9590 9402 7635 2122 6701 75

2. Article Number (Transfer from service label)  
 7022 1670 0002 1189 4000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 [Signature] 11/20

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

**RECEIVED**  
 NOV 27 2023

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☐ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ 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 3904

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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**  
 \$ \_\_\_\_\_

Postmark Here

Office

Send to:  
 Zorro Partners, Ltd.  
 616 Texas Street  
 Fort Worth, TX 76102-4612  
 24005-06 - PRO Klondike

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

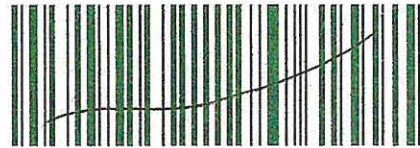
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Zorro Partners, Ltd.          616 Texas Street          Fort Worth, TX 76102-4612          24005-06 - PRO Klondike</p> <p>9590 9402 7635 2122 6645 49</p> <p>2. Article Number (Transfer from service label)          7022 1670 0002 1189 3904</p>	<p>A. Signature          X Corri Cummer</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery          NOV 20 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>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>Hinkle Shanor LLP          500 N. Main Street, Suite 1875          Fort Worth, TX 76102</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

7022 1670 0002 1188 6449

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	Francis H. Hudson, Trustee of
Street and Apt	Lindy's Living Trust
City, State, Zip	4200 S. Hulen Street, Suite 302
	Fort Worth, TX 76109
	24005-06 - PRO Klondike
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 1188 6449

**RECEIVED**

DEC 4 2023

Hinkle Shanor LLP  
Santa Fe NM 87504Francis H. Hudson, Trustee of  
Lindy's Living Trust  
4200 S. Hulen Street, Suite 302  
Fort Worth, TX 76109

24005-06 - PRO Klondike

NIXIE 750 DE 1 0011/23/23

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

RC: 87504206868 \*0268-01218-17-42

7610900000470000



7022 1670 0002 1189 3867

**CERTIFIED MAIL® RECEIPT**

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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

Delmar Hudson Lewis, MSU  
6300 Ridglea Place, Suite 1005A  
Fort Worth, TX 76116

City, State

24005-06 - PRO Klondike

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

See Reverse for Instructions

Postmark  
Here**HINKLE SHANOR LLP**  
ATTORNEYS AT LAWPOST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504**CERTIFIED MAIL®**

7022 1670 0002 1189 3867

FIRST-CLASS

US POSTAGE PAID PITNEY BOWESZIP 87501  
02 7H  
0006052409\$ 008.770  
NOV 17 2023**RECEIVED**

DEC 11 2023

Hinkle Shanor LLP  
Santa Fe NM 87504Delmar Hudson Lewis, MSU  
6300 Ridglea Place, Suite 1005A  
Fort Worth, TX 76116

NIXIE 750 FE 1 0011/30/23

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

EC: 87394200000 \*0200-01100-11-01

7014005700x0000





7022 1670 0002 1189 2853

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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  
 City, S

Marigold LLLP  
 PO Box 1290  
 Artesia, NM 88211-1290

24005-06 - PRO Klondike

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

Postmark Here  
 NOV 17 2023  
 SANTA FE NM 87501  
 MAIN POST OFFICE

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



7022 1670 0002 1189 2853

**RECEIVED**

DEC 18 2023

Hinkle Shanor LLP  
Santa Fe NM 87504Marigold LLLP  
PO Box 1290  
Artesia, NM 88211

V/N  
 12/15

UTF  
 87504-2068  
 88211-1290

FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.77<sup>0</sup>  
 02 7H  
 0006052409 NOV 17 2023

NIXIE 750 FE 1 8812/89/23

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

BC: 87504206868 \*1882-03637-09-17





7022 1670 0002 1189 2860

**CERTIFIED MAIL® 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 Mark Wilson Family Partnership, LP  
 Street 4501 Green Tree Boulevard  
Midland, TX 79707-1607  
 City, 24005-06 - PRO Klondike

Postmark Here

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

**CERTIFIED MAIL®**



7022 1670 0002 1189 2860

FIRST CLASS



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ZIP 87501 \$ **008.770**  
02 7H  
0006052409 NOV 17 2023

**RECEIVED**

DEC 11 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

Mark Wilson Family Partnership, LP  
4501 Green Tree Bo  
Midland, TX 79707

NIXIE 799 4E 1 ZZ12/01/23

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

MANUAL PROC REQ \*6268-09416-17-42



7015 1520 0000 6842 1509

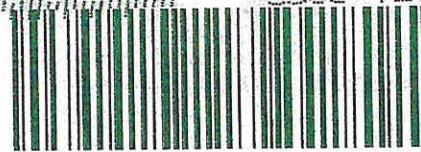
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input 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	
Street	WPX Energy Permian, LLC 3500 One Williams Center, MD 38
City	Tulsa, Oklahoma 74172
24005-06 - PRO Klondike	
PS Form 3800, April 2015 PSN 7530-02-000-9047	
See Reverse for Instructions	

Postmark Here  
NOV 17 2023  
SANTA FE NM FE 87501  
MAIN POST OFFICE

7015 1520 0000 6842 1509

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

**CERTIFIED MAIL®**



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FIRST-CLASS



**US POSTAGE** IMPITNEY E  
ZIP 87501 \$ 008.  
02 7H  
0006052409 NOV 17

**RECEIVED**

DEC 5 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

WPX Energy Permian, LLC  
3500 One Williams Center, MD 38  
Tulsa, Ok 74172

NIXIE 731 FE 1 0011/30/23  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 87504206868 \*0557-06282-30-19

UTF  
875042068

7022 1670 0002 1189 3997

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	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
John A. Yates, Trustee of Trust Q u/w/o	
Peggy A. Yates, deceased	
P.O. Box 100	
Artesia, NM 88211-0111	
24005-06 - PRO Klondike	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

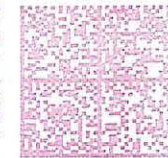
**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504

**CERTIFIED MAIL®**



7022 1670 0002 1189 3997

FIRST-CLASS



US POSTAGE PAID PITNEY BOWES  
ZIP 87501 \$ 008.77  
02 7H  
0006052409 NOV 17 2023

**RECEIVED**

DEC 11 2023

Hinkle Shanor LLP  
Santa Fe NM 87504

John A. Yates, Trustee of Trust Q  
u/w/o Peggy A. Yates, deceased  
P.O. Box 100  
Artesia, NM 88211-0111

24005-06

NIXIE 750 PM 1 0011/28/23

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

EC: 8750408000 0000-0000-1111

0011 0000 0000



9589 0710 5270 0104 1941 83

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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

\$

Ser

Str

Cll

Frost Bank, Trustee of the Josephine T. Hudson  
Testamentary Trust f/b/o J. Terrell Ard  
P.O. Box 1600  
San Antonio, TX 78296  
24005-06 - PRO Klondike

Postmark  
Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



# USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700104194183

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

November 23, 2023

Arrived at USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

November 19, 2023, 12:43 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 8:45 pm

Feedback

● 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 1188 6456

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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 Ap.

Vergil Wesley Hopp  
19 Twin Lakes Ct  
Arlington, TX 76016

City, State, Zi.

24005-06 - PRO Klondike

Postmark  
Here

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

See Reverse for Instructions



# USPS Tracking®

FAQs >

Tracking Number:

Remove X

**70221670000211886456**

Copy

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

## Latest Update

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

### Delivery Attempt

Reminder to Schedule Redelivery of your item

November 25, 2023

### Notice Left (No Authorized Recipient Available)

ARLINGTON, TX 76016

November 20, 2023, 1:36 pm

### Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

November 19, 2023, 8:49 am

### In Transit to Next Facility

November 18, 2023

### Departed USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 8:45 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 3850

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	
Street and	Anne S. Johnson 6529 Highway 42 South Fort Valley, Georgia 31030
City, State	24005-06 - PRO Klondike
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

USPS SANTA FE 10950  
17 2023  
POST OFFICE



# USPS Tracking®

FAQs >

Tracking Number:

Remove X

**70221670000211893850**

Copy

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

## Latest Update

Your item could not be delivered on November 29, 2023 at 10:36 am in FORT VALLEY, GA 31030. It was held for the required number of days and is being returned to the sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

### Alert

#### Unclaimed/Being Returned to Sender

FORT VALLEY, GA 31030  
November 29, 2023, 10:36 am

#### Available for Pickup

FORT VALLEY  
111 ANDERSON AVE  
FORT VALLEY GA 31030-9998  
M-F 0830-1700; SAT 0900-1200  
November 29, 2023, 9:09 am

#### Reminder to Schedule Redelivery of your item

November 27, 2023

#### Notice Left (No Authorized Recipient Available)

FORT VALLEY, GA 31030  
November 22, 2023, 3:06 pm

#### In Transit to Next Facility

November 21, 2023

- **Departed USPS Regional Facility**  
MACON GA DISTRIBUTION CENTER ANNEX  
November 20, 2023, 2:39 pm
- **Arrived at USPS Regional Facility**  
MACON GA DISTRIBUTION CENTER ANNEX  
November 20, 2023, 2:12 pm
- **Departed USPS Facility**  
ALBUQUERQUE, NM 87101  
November 17, 2023, 9:39 pm
- **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
November 17, 2023, 8:45 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 3973

**U.S. Postal Service™**  
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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)

<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

\$

\$

Se

Westway Petro, a Texas Joint Venture  
6440 N. Central Expy, Suite 615  
Dallas, TX 75206

C:

24005-06 - PRO Klondike

Postmark  
Here

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

See Reverse for Instructions



# USPS Tracking®

FAQs >

Tracking Number:

Remove X

**70221670000211893973**

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®**

Feedback

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

November 26, 2023

**Departed USPS Regional Facility**

DALLAS TX DISTRIBUTION CENTER  
November 22, 2023, 5:00 am

**Arrived at USPS Regional Facility**

DALLAS TX DISTRIBUTION CENTER  
November 20, 2023, 7:51 am

**Departed USPS Facility**

ALBUQUERQUE, NM 87101  
November 17, 2023, 9:39 pm

● Arrived at USPS Facility  
ALBUQUERQUE, NM 87101  
November 17, 2023, 8:45 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

# Carlsbad Current Argus.

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## Affidavit of Publication

Ad # 0005860115

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INKLE SHANOR, LLP  
POBOX 2068

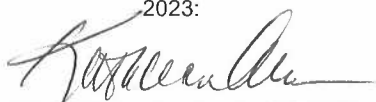
SANTA FE, NM 87504

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:

11/21/2023

  
Legal Clerk

Subscribed and sworn before me this November 21,  
2023:

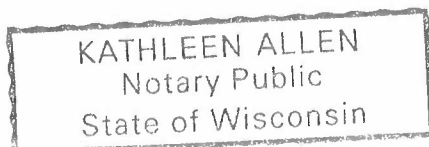


State of WI, County of Brown  
NOTARY PUBLIC

1-7-95

My commission expires

This is to notify all interested parties, including Ard Oil, Ltd., Mary T. Ard, President; BP America Production Company; Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard; Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust; COG Operating LLC; Colgate Operating, LLC; Colgate Production, LLC; Colgate Royalties, LP; Concho Oil & Gas LLC; Contango Resources, Inc.; D2 Resources, LLC; Irma Leota Davis; Paula Raye Dooley; Margaret V. Dowling, SSP; EOG Resources, Inc.; Harvard Petroleum Company, LLC; Vergil Wesley Hopp; Francis H. Hudson, Trustee of Lindy's Living Trust; William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased; Jalapeno Corporation; Javelina Partners; Anne S. Johnson; Delmar Hudson Lewis, MSU; MRC Delaware Resources, LLC; Marathon Oil Permian LLC; Mari-gold LLLP; Mark Wilson Family Partnership, LP; Oxy USA WTP, LP; OXY Y-1 Company; Penroc Oil Corporation; Terence Patrick Perkins; Santo Legado, LLC; Sharbro Energy, LLC; Slash Exploration, LP; Solis Energy, LLC; Tinian Oil & Gas LLC; Tulipan LLC; Vladin, LLC; WPX Energy Permian, LLC; Westway Petro, a Texas Joint Venture; Yates Brothers, a partnership; John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased; ZPZ Delaware I LLC; 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. 24006). The hearing will be conducted remotely on December 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 in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 S/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Klondike 9 State Com #124H** and **Klondike 9 State Com #134H** wells ("Wells"), which will be drilled from surface hole locations in the NE/4 SE/4 (Unit I) of Section 9 to bottom hole locations in the SW/4 SW/4 (Unit M) of Section 8. The completed interval of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico. #5860115, Current Argus, November 21, 2023



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PO #: Klondike 24006  
# of Affidavits 1

This is not an invoice

**Permian Resources Operating, LLC**  
**Case No. 24006**  
**Exhibit C-4**