

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

**APPLICATION OF LIME ROCK
RESOURCES II-A, L.P. FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

Case No. 20214

**SELF-AFFIRMED STATEMENT OF
DOUG LACEY**

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.

2. I am a Landman at Lime Rock Resources II-A, L.P. ("Lime Rock"). I have had direct involvement with Lime Rock's development of the standard 160-acre horizontal spacing unit ("HSU") that is the subject of Lime Rock's application in this case.

3. Attached hereto as Exhibit A is the C-102 for Lime Rock's Leavitt 13 #3H well. The HSU to be dedicated to the well is comprised of the S/2 S/2 of Section 13, Township 18 South, Range 26 East in Eddy County. Lime Rock seeks to pool the uncommitted mineral interests in the Yeso formation underlying the HSU.

4. The Leavitt 13 #3H well will be horizontally drilled from a surface location in Lot 4 in Section 18 to a last take point in Unit M in Section 13, Township 18 South, Range 26 East.

5. There are no depth exceptions in the Yeso formation underlying the HSU.

6. On December 20, 2018 I sent an identical well proposal letter and AFE for the Leavitt 13 #3H well to each of the then-uncommitted mineral interests in the HSU. Attached hereto as Exhibit B is a sample of the well proposal letter. All of the uncommitted interest owners received the letter.

OCD Case No. 20214

LIME ROCK

Exhibit #1

7. 87.125928% of the mineral interests in the HSU are committed to the proposed well.

8. In my opinion, Lime Rock has made a good faith effort to obtain the voluntary joinder of the uncommitted mineral interests in the HSU.

9. Lime Rock's counsel provided certified mail notice of the application and the hearing to all of the remaining uncommitted mineral interests and all royalty interests in the HSU. A listing of the mineral and royalty interests to whom hearing notice letters were sent, a sample notice letter, and the green cards that have been returned are attached hereto as Exhibit C.

10. Notice of the hearing was published in the Carlsbad Current-Argus on January 8, 2019. A copy of the newspaper's Affidavit of Publication is attached hereto as Exhibit D.

11. Attached hereto as Exhibit E is Lime Rock's AFE for the proposed well. The estimated costs of the well are fair and reasonable, and are comparable to the costs of other wells of similar depth and length drilled in Eddy County.

12. Lime Rock requests overhead and administrative rates of \$8,000 per month while the well is being drilled and \$800 per month while the well is producing. These rates are fair, and are comparable to the rates charged by Lime Rock and by other operators in the vicinity. They are also less than the rates set forth in the governing JOA's for the well. Lime Rock further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.

13. Lime Rock requests that it be designated the operator of the well.

14. Lime Rock also requests that a 200% risk charge be assessed against the remaining uncommitted interests if they are non-consenting working interest owners.

15. In my opinion, the granting of Lime Rock's application will serve the interests of conservation and the prevention of waste.

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

17. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 16 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



Doug Lacey

2-6-19
Date

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

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

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 3250	³ Pool Name Atoka; Glorieta - Yeco	
⁴ Property Code	⁵ Property Name LEAVITT 13			⁶ Well Number 3H
⁷ OGRID No. 277558	⁸ Operator Name LIME ROCK RESOURCES II-A, L.P.			⁹ Elevation 3291.2

¹⁰ Surface Location

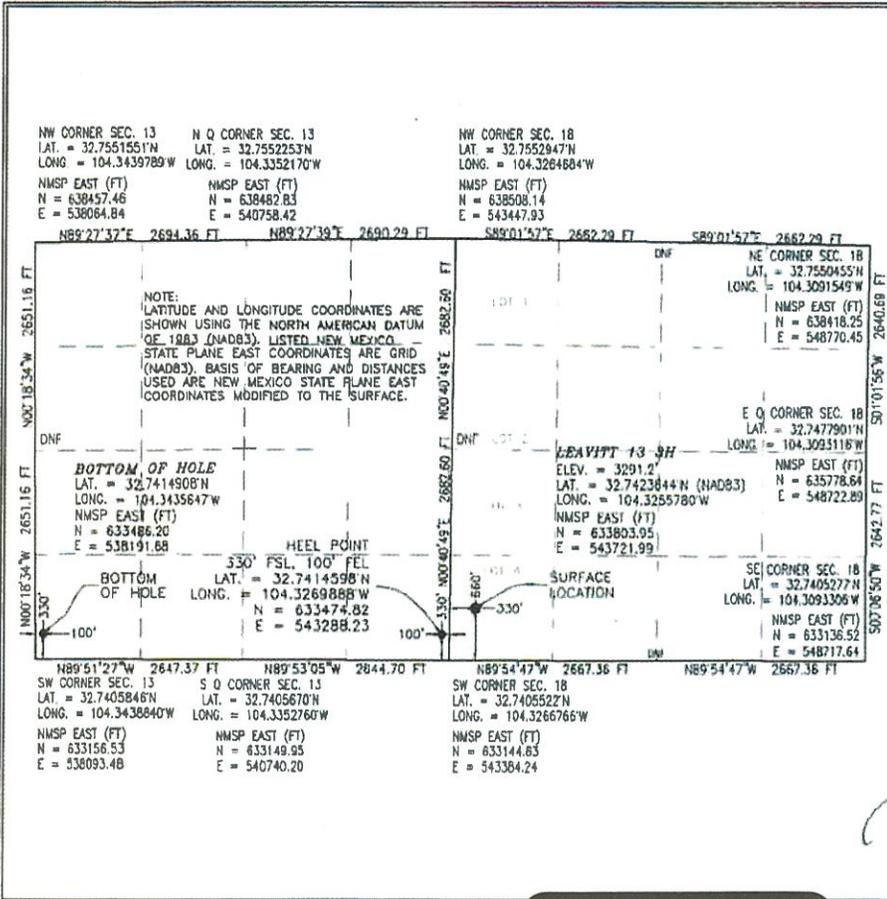
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
4	18	18 S	27 E		660	SOUTH	330	WEST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	13	18 S	26 E		330	SOUTH	100	WEST	EDDY

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



17 OPERATOR CERTIFICATION

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

Signature: *Eric P. McCluskey* 6/19/18
Date: 6/19/18
Printed Name: Eric McCluskey
E-mail Address: Emccluskey@limerockresources.com

18 SURVEYOR CERTIFICATION

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

Signature and Seal of Registered Surveyor:
William F. Jaramillo
Date of Survey: 12797

Certificate Number: WILLIAM F. JARAMILLO, P.L.S. 12797
SURVEY NO. 6202A

Exhibit A



December 20, 2018

Via Fedex

Mr. Matt Britt
Tanos Exploration II, LLC
821 E. Southeast Loop 323, Suite 400
Tyler, Texas 75701

Re: Horizontal Well Proposal
Leavitt 13-3H
S/2 S/2 Section 13-18S-26E
Eddy County, New Mexico

Gentlemen:

Lime Rock Resources II-A, L.P. ("LRR") previously submitted a well proposal to you dated June 15, 2018 for the drilling of the subject well but the time requirement to conduct operations under the governing operating agreements was not met. LRR hereby re-proposes to drill the captioned well horizontally East to West through Lots M, N, O & P in Section 13-18S-26E as an 8000' MD/3500' TVD Lower Yeso well. Surface location will be in Lot M in Section 13-18S-26E. The well will be completed in 25 stages with a slick water frac and produced initially with an ESP. Once production has declined, the well will be converted to beam lift.

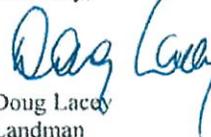
Enclosed for your review are LRR's Authority for Expenditure ("AFE") #D-18113 in the 8/8ths amount of \$4,285,000 to drill and complete this well and survey plat indicating the wellbore path and surface location of the well.

The well will be drilled pursuant to two Joint Operating Agreements:

1. W/2 Sec 13 – In accordance with Article 12 of Joint Operating Agreement dated May 1, 1977, originally between Maddox Energy Corporation, as Operator, and Chevron U.S.A. Inc, et al, as Non-Operators ("JOA1"), you have thirty (30) days from receipt of this proposal within which to elect to either participate for your proportionate share of the cost of the well as it pertains to the S/2 SW/4 of Sec 13-18S-26E or non-consent subject to 100%/300% provisions;
2. E/2 Sec 13 – In accordance with Article 12 of Joint Operating Agreement dated October 1, 1976, originally between Maddox Energy Corporation, as operator, and Chevron U.S.A. Inc., et al, as Non-Operators ("JOA2"), you have thirty (30) days from receipt of this proposal within which to elect to either participate for your proportionate share of the cost of the well as it pertains to the S/2 SE/4 of Sec 13-18S-26E or non-consent subject to 100%/300% provisions.

Please provide your elections on the following page for each JOA and return this letter with the signed AFE within thirty (30) days from your receipt to my attention at the letterhead address via email to dlacey@limerockresources.com or by facsimile to 713-345-2197. Should you have questions of a technical nature, please contact our Operations Engineer, Eric McClusky at 713-360-5714 or you may reach me at my direct number at 713-345-2147.

Sincerely,


Doug Lacey
Landman

**Exhibit
B**

December 20, 2018
Well Proposal
Leavitt 13-3H
S/2 S/2 Section 13-18S-26E
Eddy County, New Mexico

Tanos Exploration II LLC, W/2 - JOA1	3.3890030	%
Tanos Exploration II LLC, E/2 - JOA2	<u>2.6069275</u>	%
Total Unit Interest =	<u>5.9959305</u>	%

In connection with the foregoing and the attached Authority for Expenditure, the undersigned (make election for each JOA):

_____ elects to participate in the drilling of the Leavitt 13-3H as to the W/2 subject to JOA1.

_____ elects to Non-Consent the drilling of the Leavitt 13-3H well as to the W/2 under the provisions of Article 12 of JOA1.

and

_____ elects to participate in the drilling of the Leavitt 13-3H as to the E/2 subject to JOA2.

_____ elects to Non-Consent the drilling of the Leavitt 13-3H well as to the E/2 under the provisions of Article 12 of JOA2.

Tanos Exploration II, LLC

By: _____

Printed Name: _____

Title/Capacity: _____

Date: _____

Entity Name	Address_Line_One	Address_Line_Two	City	State_Code	ZIP
JAMES R BUSH	AS HIS SEP PROP	27510 CLYDEHURST GROVE CT	KATY	TX	77494-0000
GERALD WAYNE BUSH	AS HIS SEP PROP	18331 EDWARDS BLUFF	SAN ANTONIO	TX	78259-0000
CBR OIL PROPERTIES LLC	P O BOX 1518		ROSWELL	NM	882020000
RETHA JUNE DOSSEY	P O BOX 376		GORMAN	TX	76454-0000
LILLIAN LORENE ELDRIDGE	AS HER SEP PROP	26018 SHADY ACRES	SAN ANTONIO	TX	78260
DOROTHY WALDROP EVANS	PO BOX 334		ANNA	TX	75409
FIRST CENTURY OIL CO INC	P O BOX 1518		ROSWELL	NM	882021518
JEANETTE A. GREENE	PO BOX 550		JENKS	OK	74037
JAMES W BUSH JR REV LVG TRUST	L ELDRIDGE & G BUSH; TRUSTEES	18331 EDWARDS BLUFF	SAN ANTONIO	TX	78259
JO ETTA KRUGER	622 LEE RD 222		SMITHS	AL	368770000
MICHAEL HARRISON MOORE 2006 TR	MICHAEL HARRISON MOORE TTEE	P O BOX 202652	DALLAS	TX	75320-2652
DANA RAE MOSMAN	13539 SHAHAN DR		DALLAS	TX	75234-0000
NEW MEXICO OIL CORPORATION	P O BOX 1714		ROSWELL	NM	882020000
SIDNEY C NICHOLS & DONNA R NICHOLS REV TRUST	2423 MORGAN CT		HOBBS	NM	88240
PEREGRINE ENERGY LLC	4228 N CENTRAL EXPRESSWAY, STE 370		DALLAS	TX	75206
TREGAN ENERGY PARTNERS, LP	200 CRESCENT CT STE 1040		DALLAS	TX	75201
LOIS VANDAGRIFF	108 MIRAMAR CIRCLE		OAK RIDGE	TN	37830
KATHLEEN VALE WALDROP	1830 IRIS AVENUE		BOULDER	CO	803040000
ANDREA LOUISE WALDROP	PO BOX 212		PIERCE	CO	80650
ENERGEN RESOURCES CORP	605 RICHARD ARRINGTON, JR., BLVD NORTH		BIRMINGHAM	AL	35203
TANOS ENERGY HOLDINGS II, LLC	821 E SE LOOP 323, STE 400		TYLER	TX	75701
Norwood Oil Co.	Attn: Betty Norwood	PO Box 1029	Malakoff	TX	75148





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

WRITER
Gary W. Larson,
Partner
glarson@hinklelawfirm.com

January 3, 2019

VIA CERTIFIED MAIL

Dana Rae Mosman
13539 Shanan Drive
Dallas, TX 75234

Re: Lime Rock Resources II, L.P. NMOCD Application

Dear Ms. Mosman:

Enclosed is a copy of an application for compulsory pooling that Lime Rock Resources II-A, L.P. ("Lime Rock") has filed with the New Mexico Oil Conservation Division ("the Division"). Lime Rock seeks to pool all uncommitted mineral interests in the Yeso formation in a standard 160-acre horizontal spacing unit comprised of the S/2 S/2 of Section 13, Township 18 South, Range 26 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2019 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by Lime Rock's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, January 17, 2019. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

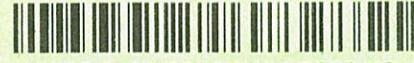
Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

GWL:sm
Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Paula Lowe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 7-16-19</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>Dana Rae Mosman 13539 Shanan Drive Dallas, TX 75234</p>	
 9590 9402 3019 7124 7230 65	<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"/> Return Receipt for Merchandise <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</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3322</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

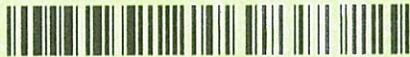
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Dorothy Waldrop Evans</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dorothy Waldrop Evans</i></p> <p>C. Date of Delivery 7-16-19</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>Dorothy Waldrop Evans P.O. Box 334 Anna, TX 75409</p>	
 9590 9402 3019 7124 7230 72	<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"/> Return Receipt for Merchandise <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</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3339</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Brenda Armstrong</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brenda Armstrong</i></p> <p>C. Date of Delivery 7-16-19</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>Energen Resources Corporation 605 Richard Arrington, Jr., Blvd N Birmingham, AL 35203</p>	
 9590 9402 3019 7124 7230 89	<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"/> Return Receipt for Merchandise <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>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3346</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

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- 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:
 First Century Oil Company, Inc.
 P.O. Box 1518
 Roswell, NM 88202-1518



9590 9402 3019 7124 7210 78

7018 2290 0001 5021 3353

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

Domestic Return Receipt

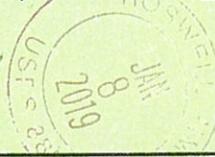
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *M. Novak* Agent Addressee

B. Received by (Printed Name)
 M. NOVAK

C. Date of Delivery

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



3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <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) | |

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:
 Gerald Wayne Bush
 18331 Edwards Bluff
 San Antonio, TX 78259



9590 9402 2691 6351 8914 49

2. Article Number (Transfer from service label)
 7018 2290 0001 5021 3360

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Gerald Wayne Bush* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
 1/7

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <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) | |

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:
 Jeanette A. Greene
 P.O. Box 550
 Jenks, OK 74037



9590 9402 2691 6351 8914 56

2. Article Number (Transfer from service label)
 7018 2290 0001 5021 3377

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jeanette A. Greene* 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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <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 | |

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Vanessa Sexton</i></p>															
<p>1. Article Addressed to: New Mexico Oil Corporation P.O. Box 1714 Roswell, NM 88202</p>	<p>B. Received by (Printed Name) <i>Vanessa Sexton</i></p>	<p>C. Date of Delivery</p>														
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>															
 9590 9402 2691 6351 8915 17	<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"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</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"/> Return Receipt for Merchandise	<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"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise															
<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																
<p>2. Article Number (Transfer from service label) 7018 0040 0000 4364 0450</p>	<p>U.S.F. 8 2019 NM 88201</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt														

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Betty Norwood</i></p>															
<p>1. Norwood Oil Company Attn: Betty Norwood P.O. Box 1029 Malakoff, TX 75148</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>														
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>															
 9590 9402 4583 8278 4541 23	<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"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</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"/> Return Receipt for Merchandise	<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"/> 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"/> Return Receipt for Merchandise															
<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																
<p>2. Article Number (Transfer from service label) 7018 0040 0000 4364 0467</p>	<p>(over \$500)</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt														

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Amy Davison</i></p>															
<p>1. Article Addressed to: Iregan Energy Partners, LP 200 Crescent Court, Ste. 1040 Dallas, TX 75201</p>	<p>B. Received by (Printed Name) <i>Amy Davison</i></p>	<p>C. Date of Delivery 1-9-19</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>															
 9590 9402 4583 8278 4540 86	<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"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</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"/> Return Receipt for Merchandise	<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"/> 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															
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™															
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<input type="checkbox"/> Insured Mail																
<p>2. Article Number (Transfer from service label) 7018 2290 0001 5021 3186</p>	<p>(over \$500)</p>															
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt														

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>David Dossey</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>David Dossey</i> C. Date of Delivery <i>1-17-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>												
<p>1. Article Addressed to: Retha June Dossey P.O. Box 376 Gorman, TX 76454</p>													
 9590 9402 4583 8278 4541 09	<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 checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<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"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<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												
<p>2. Article Number (Transfer from service label) 7018 0360 0000 2187 9187</p>	<p>restricted Delivery (over \$500)</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>S. Wilson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. Wilson</i> C. Date of Delivery <i>1-8-18</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to: Tanos Energy Holdings II, LLC 821 E. SE Loop 323, Ste. 400 Tyler, TX 75701</p>													
 9590 9402 4583 8278 4540 93	<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 checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<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"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Number (Transfer from service label) 7018 0040 0000 4364 0481</p>	<p>restricted Delivery (over \$500)</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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: Peregrine Energy LLC 4228 N. Central Expressway, Ste. 370 Dallas, TX 75206</p>													
 9590 9402 4583 8278 4541 16	<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 checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<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"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<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												
<p>2. Article Number (Transfer from service label) 7018 0040 0000 4364 0474</p>	<p>restricted Delivery (over \$500)</p>												
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

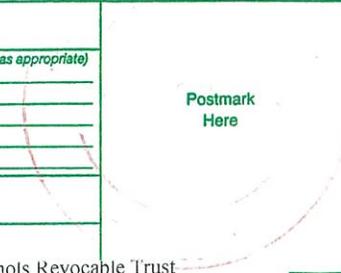
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Lois Vandagriff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>1/7/19</u></p>
<p>1. Article Addressed to:</p> <p>Lois Vandagriff 108 Miramar Cr. Oak Ridge, TN 37830</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>
 9590 9402 4583 8278 4540 62	<p>3. Service Type</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"/> Return Receipt for Merchandise <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
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3209</p>	<p>Restricted Delivery</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MARION MOORE</u> C. Date of Delivery <u>JAN 09 2019</u></p>
<p>1. Article Addressed to:</p> <p>Michael Harrison Moore 2006 Trust Michael Harrison Moore, Trustee P.O. Box 202652 Dallas, TX 75320-2652</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>
 9590 9402 2691 6351 8914 94	<p>3. Service Type</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"/> Return Receipt for Merchandise <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
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3414</p>	<p>Restricted Delivery</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<p>Postmark Here</p> 
<p>Sent To _____ Nichols Revocable Trust 2423 Morgan Court Street and Apt. No., or PO Box _____ Hobbs, NM 88240 City, State, ZIP+4® _____</p>	

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

7018 2290 0001 5021 3421

7018 2290 0001 5021 3308

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____	Postmark Here
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 _____, Andrea Louise Waldrop	
Street and Apt. No., or PO Box _____, P.O. Box 212	
City, State, ZIP+4® _____, Pierce, CO 80650	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 1/7</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>James W. Bush Jr. Trust L. Eldridge & G. Bush, Trustees 18331 Edwards Bluff San Antonio, TX 78259</p>													
 9590 9402 3019 7124 7230 41	<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"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</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"/> Return Receipt for Merchandise	<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
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3292</p>	<p>Restricted Delivery</p>												

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

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M. NOVAK</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p>CBR Oil Properties LLC P.O. Box 1518 Roswell, NM 88202</p>															
 9590 9402 3019 7124 7230 34	<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"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</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"/> Return Receipt for Merchandise	<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"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
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<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
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<input type="checkbox"/> Insured Mail															
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0001 5021 3315</p>	<p>Restricted Delivery</p>														

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Robin Wheeler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Jo Etta Kruger 622 Le... 222 Smiths, AL 36877	B. Received by (Printed Name) <i>Robin Wheeler</i>	C. Date of Delivery <i>01/17/19</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Mathew Sandoval</i> JAN 24 2019 <i>Mathew Sandoval</i>	
2. Article Number (Transfer from service label) 7018 2290 0001 5021 3384	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <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	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Kathleen Waldrop</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Kathleen Vale Waldrop 1830 Iris Avenue Boulder, CO 80304	B. Received by (Printed Name) <i>K. WALDROP</i>	C. Date of Delivery <i>1-9-19</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 2290 0001 5021 3391	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <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	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____	Postmark Here
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 26018 Shady Acres San Antonio, TX 78260	
Street and Apt. No., or PO Box _____	
City, State, ZIP+4® _____	

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

7018 2290 0001 5021 3407

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:

James R. Bush
27510 Clydehurst Gr.
Katy, TX 77494



9590 9402 4583 8278 4540 79

2. Article Number (Transfer from service label)

7018 2290 0001 5021 3193

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James R Bush*

- Agent
- Addressee

B. Received by (Printed Name)

James R Bush

C. Date of Delivery

11/8/2019

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

CARLSBAD
CURRENT-ARGUS

AFFIDAVIT OF PUBLICATION

**Ad No.
0001273407**

HINKLE SHANOR, LLP
P.O. BOX 2068

SANTA FE NM 87504

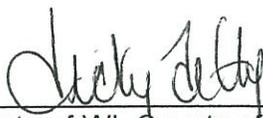
I, a legal clerk of the **Carlsbad Current-Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

01/08/19



Legal Clerk

Subscribed and sworn before me this
8th of January 2019.



State of WI, County of Brown
NOTARY PUBLIC

9-19-21

My Commission Expires

This is to notify all interested parties, including James R. Bush, Gerald Wayne Bush, CBR Oil Properties LLC, Retha June Dossey, Lillian Lorene Eldridge, Dorothy Waldrop Evans, First Century Oil Company, Inc., Jeanette A. Greene, the James W. Bush, Jr. Revocable Living Trust, Jo Etta Kruger, the Michael Harrison Moore 2006 Trust, Dana Rae Mosman, New Mexico Oil Corporation, the Sidney C. Nichols and Donna R. Nichols Revocable Trust, Peregrine Energy LLC, Tregon Energy Partners, LP, Lois Vandagriff, Kathleen Vale Waldrop, Andrea Louise Waldrop, Energen Resources Corporation, Tanos Energy Holdings II, LLC, Norwood Oil Company and their heirs and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Lime Rock Resources II-A, L.P. at 8:15 a.m. on January 24, 2019 in Porter Hall at 1220 South St. Francis Drive, Santa Fe, New Mexico. Lime Rock Resources II-A, L.P. seeks an order pooling all uncommitted mineral interests in the Yeso formation in a standard 160-acre horizontal spacing unit comprised of the S/2 S/2 of Section 13, Township 18 South, Range 26 East, NMPM in Eddy County, New Mexico. The horizontal spacing unit is to be dedicated to the proposed Leavitt 13 #3H well, which will be horizontally drilled from a surface location in Lot 4 in Section 18 to a bottom hole location in Unit M in Section 13, Township 18 South, Range 26 East. The completed interval for the well will be orthodox. Also to be considered will be the cost of drilling and completing the well and the allocation of the cost, the designation of Lime Rock Resources II-A, L.P. as the operator of the well, and a 200% charge for the risk involved in drilling and completing the well. The horizontal spacing unit is located approximately seven (7) miles southeast of Artesia, New Mexico.

Pub: January 8, 2019 #1273407



AUTHORITY FOR EXPENDITURE

Well / Objective: Leavitt 13-3H
 Location: SHL:Sec1B-T18S-R27E,BHL:Sec13-T18S-R26E
 AFE #: D18113
 County / State: Eddy County / NM



	DRILL 322	COMP 324	COST	
105	Land / Legal / Title / Surface Damages	50,000	50,000	
111	Staking / Permitting / Location & Roads / Rathole / Mousehole / Anchors	75,000	75,000	
112	Location Restoration / Environmental / Onsite Disposal	10,000	5,000	15,000
115	Rig Mobilization / Demobilization	25,000	25,000	
125	Contract Drig- Daywork	165,000	33,000	198,000
126	Service Rig / Coil Tubing / Snubbing		35,000	35,000
131	Fuel	25,000	5,000	30,000
132	Offsite Disposal (cuttings / mud / water)	50,000	15,000	65,000
133	Water / water well / Frac Water	15,000	125,000	140,000
134	Frac Tanks	15,000	25,000	40,000
135	Water Transfer / Frac Pit		150,000	150,000
141	Mud & Chemicals / Completion Fluids & Chemicals	25,000	25,000	
142	Surface Rental Equipment (Closed Loop System)	30,000	35,000	65,000
151	Subsurface Rental Equipment, Inspect, Repair, & Replace	10,000	10,000	
152	Directional Tools & Services, Inspect, Repairs, & Replace	100,000	100,000	
154	Well Control Rentals (BOPs, Frac, Valve, Water ETC.)	5,000	20,000	25,000
155	Office, Sewage and Misc Rentals:	20,000	5,000	25,000
156	Monitoring Equipment (Pason PVT, etc')	10,000	10,000	
157	Safety / Medical / H2S equipment Rental	15,000	2,500	17,500
161	Cement & Services	30,000	45,000	75,000
162	Pumping Services		5,000	5,000
163	Plugs & Packers		30,000	30,000
171	Bits & Motors	35,000	5,000	40,000
183	Mud Logging	20,000	20,000	
191	Cased Hole Logging (CBL, Prod Logs, etc...)		20,000	20,000
192	Perforating		150,000	150,000
193	Stimulation (Acid / Frac, / Grav. Pk)		1,750,000	1,750,000
195	Prod Well Testing Equip. / Service		5,000	5,000
201	Trucking & Hauling and Cranes	40,000	20,000	60,000
212	Supervision - Contract	40,000	15,000	55,000
221	Insurance	5,000	5,000	
231	Capitalized Overhead	5,000	5,000	
241	Miscellaneous Labor	5,000	5,000	
242	BOP/Wellhead Testing & Repair	2,000	2,000	
251	Casing Crews / Tong Services / Laydown / Pickup Services	25,000	25,000	50,000
253	Tubular Testing, Inspection	10,000	10,000	
255	Communication	1,000	1,000	
262	Purchased supplies	500	500	
Total Intangible			3,386,000	

Tangible Cost

Sub Surface Tubing & Equipment

290	Conductor:	15,000	15,000	
292	Surface:	26,000	26,000	
298	Production:		85,000	85,000
301	Tubing:		60,000	60,000
311	Cementing Equipment (Centralizers, Floats, Etc...)	10,000	15,000	25,000
321	Subsurface Equipment (Rods, Pump, GLV, ESP, Etc...)		210,000	210,000
331	Wellhead Equipment :	5,000	5,000	10,000
351	Artificial Lift Equipment: (PU, ESP controller, etc...)		115,000	115,000
352	Tank Battery		175,000	175,000
354	Flowlines, meter runs, measurement equipment		15,000	15,000
355	Treaters, Separators, Dehy, Line heaters		15,000	15,000
356	Miscellaneous, valves, fittings, safety system		15,000	15,000
357	Surface Equipment Installation Cost / Labor & Materials		115,000	115,000
358	Supervision		15,000	15,000

Company: _____	Total Intangible	-	-	3,386,000
Approved by: _____	Total Tangible	-	-	896,000
Print Name: _____	Total Cost	-	-	4,285,000
Title: _____				
Date: _____				



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

APPLICATION OF LIME ROCK
RESOURCES II-A, L.P. FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO

Case No. 20214

SELF-AFFIRMED STATEMENT OF
STAN BISHOP

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.

2. I am a geologist at Lime Rock Resources II-A, L.P. ("Lime Rock"). I am familiar with the development of Lime Rock's Leavitt 13 #3H well and the geological matters that pertain to Lime Rock's application.

3. Attached hereto as Exhibit A is a well location map that depicts the location of the proposed Leavitt 13 #3H horizontal well and offsetting producing vertical Yeso wells which are perforated within the targeted interval.

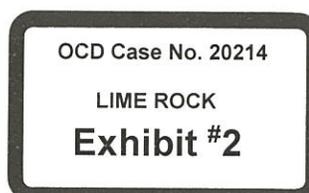
4. Attached hereto as Exhibit B is a Top of Yeso subsea structural contour map.

5. Attached hereto as Exhibit C is a location map that delineates well logs used in the making of my stratigraphic cross section, which is Exhibit D.

6. Attached hereto as Exhibit D is a stratigraphic cross section that depicts the target interval.

7. Based on the information contained in Exhibits A, B, C, and D, I am able to conclude that:

- a) The horizontal spacing unit ("HSU") for the proposed well is justified from a geologic standpoint;



b) An east/west orientation is preferred for the well;

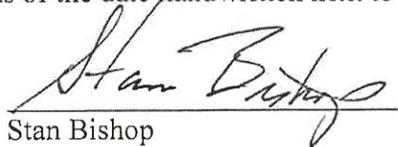
c) There is no faulting or other geologic impediment known that would adversely affect the drilling of the proposed well; and

d) Each quarter section in the HSU will contribute more or less equally to production.

8. Exhibits A through D were either prepared by me or compiled from company records.

9. In my opinion, the granting of Lime Rock's application will serve the interests of conservation and the prevention of waste

10. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 9 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.


Stan Bishop

2/5/2019
Date

E

Exhibit
A

13

18

LIMEROCK RESOURCES
LEAVITT 13-3H LOCATION

**PROPOSED
LEAVITT 13-3H**

SHL

LANDING POINT

BHL

MAP LEGEND

PRODUCING
YESO WELL



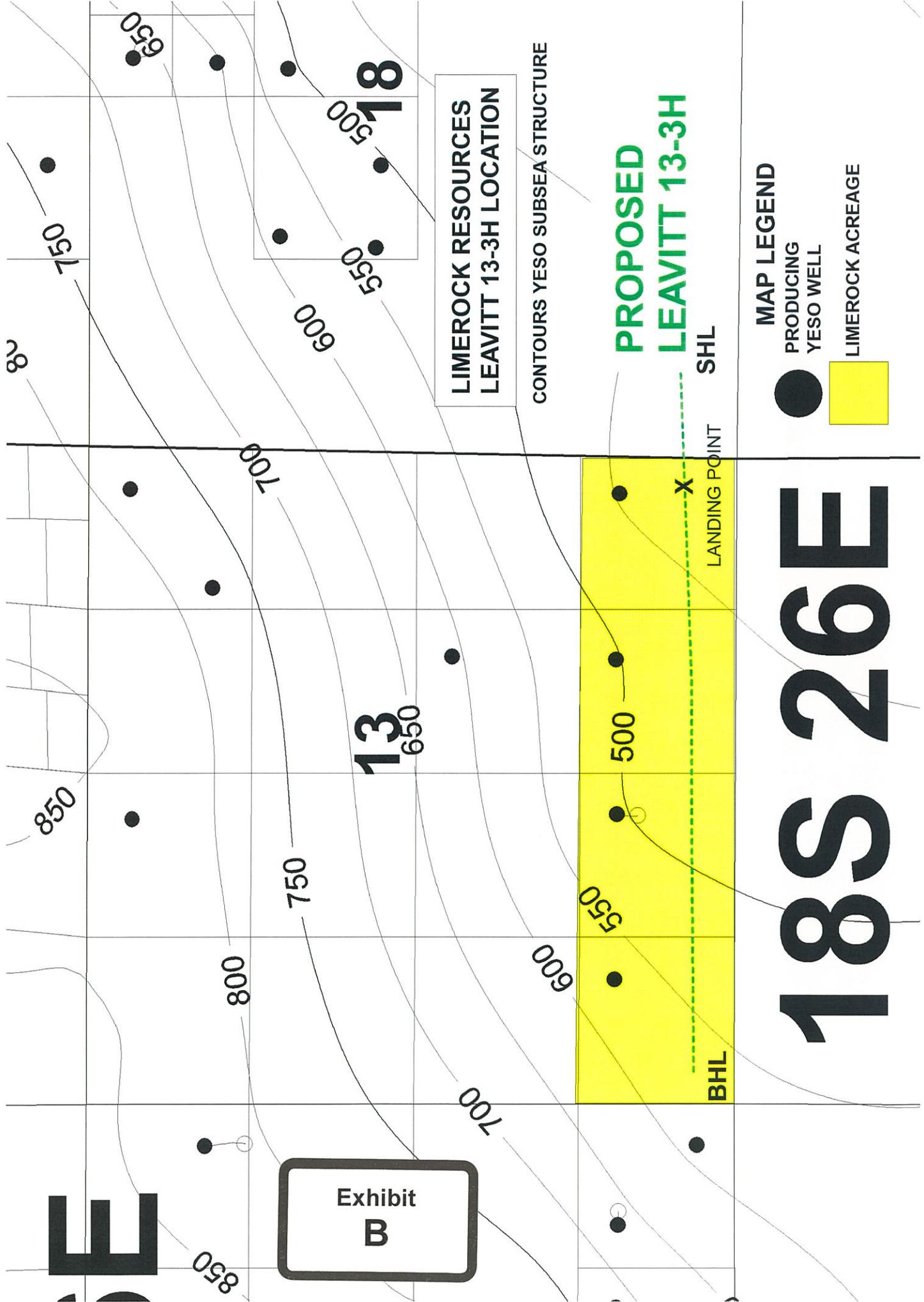
LIMEROCK ACREAGE



18S 26E

E

Exhibit
B



LIMEROCK RESOURCES
LEAVITT 13-3H LOCATION

CONTOURS YESO SUBSEA STRUCTURE

PROPOSED
LEAVITT 13-3H

SHL

LANDING POINT

MAP LEGEND

PRODUCING
YESO WELL

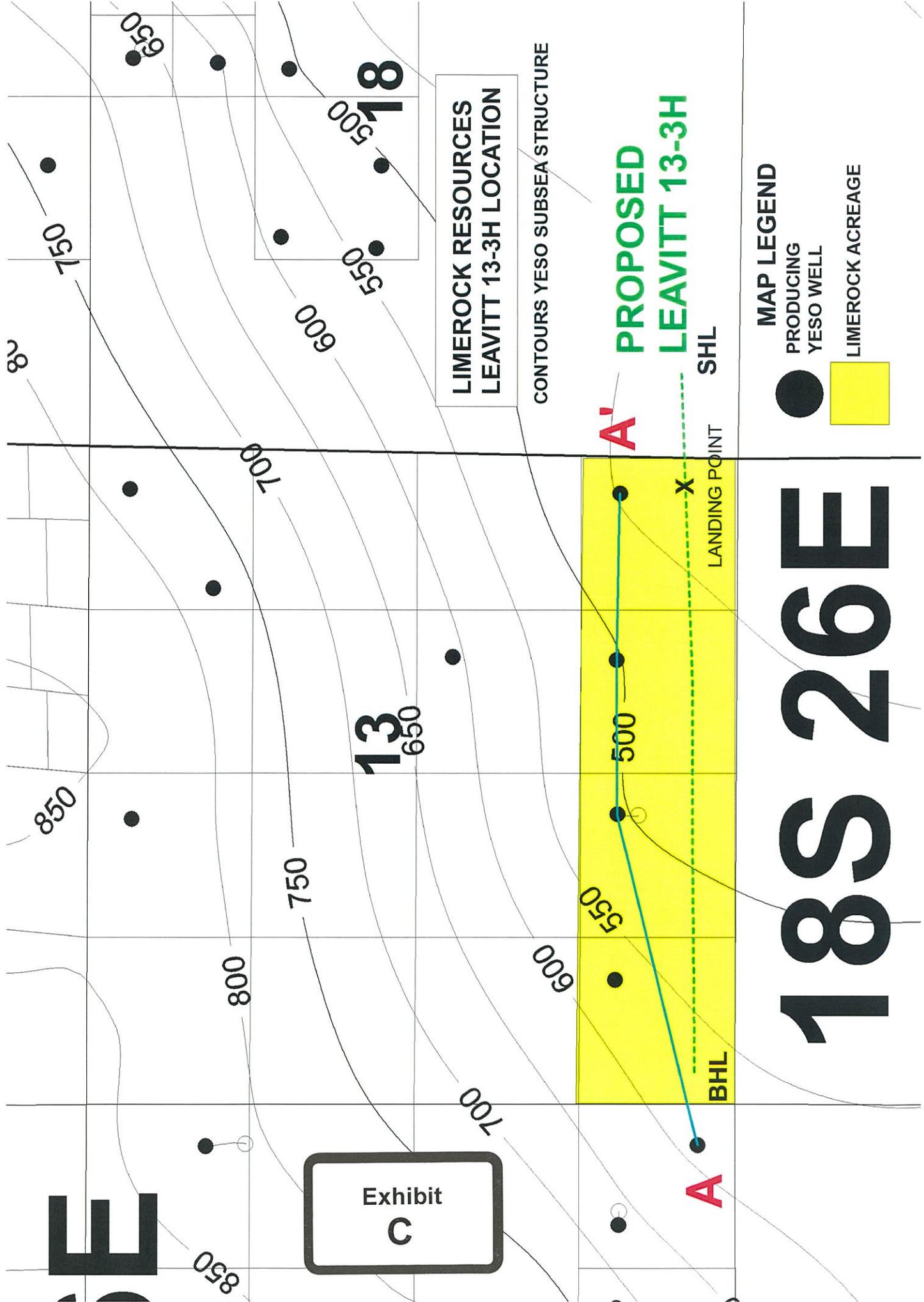
LIMEROCK ACREAGE

18S 26E

BHL

E

Exhibit
C



LIMEROCK RESOURCES
LEAVITT 13-3H LOCATION

CONTOURS YESO SUBSEA STRUCTURE

PROPOSED
LEAVITT 13-3H

SHL

LANDING POINT
X

MAP LEGEND

PRODUCING
YESO WELL

LIMEROCK ACREAGE

18S 26E

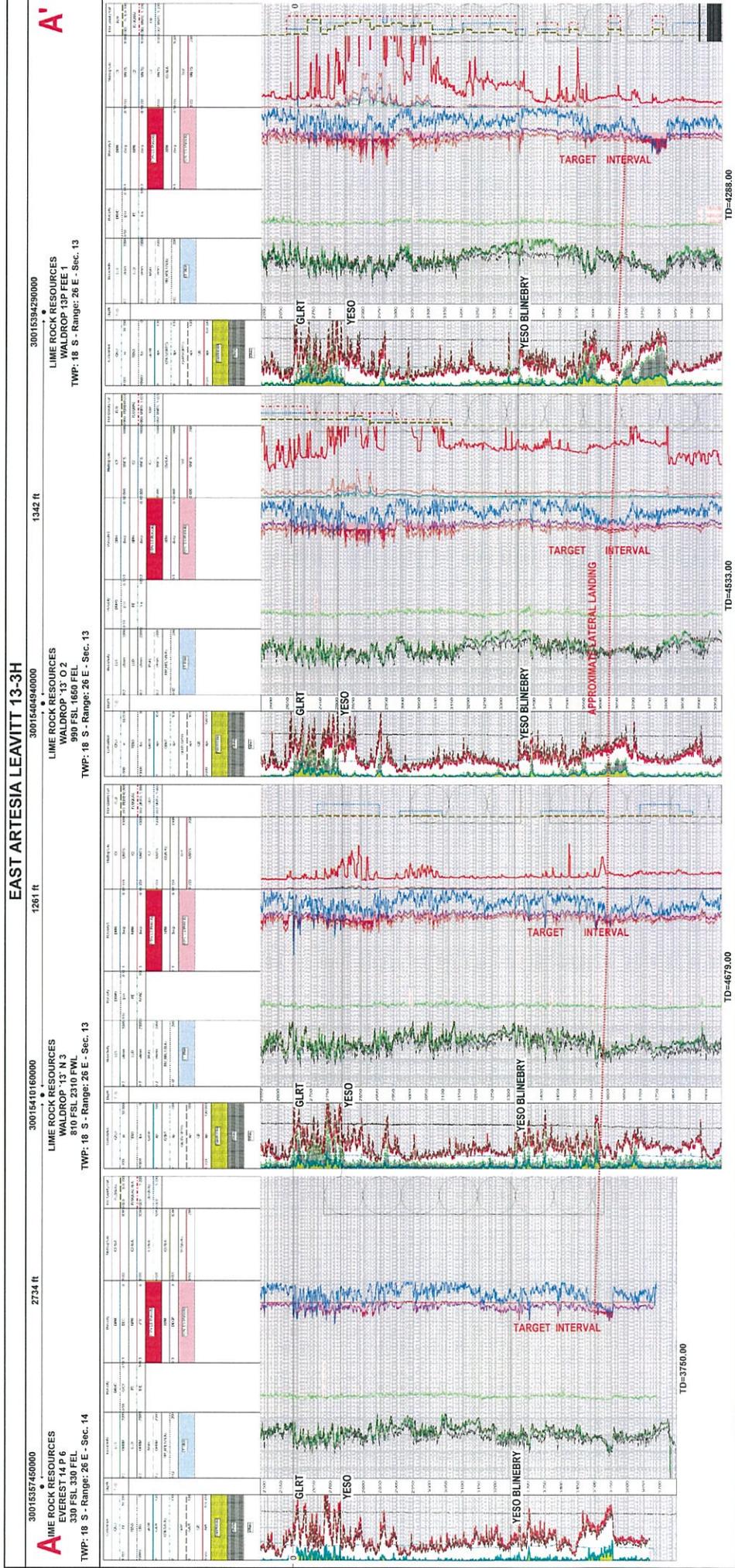


Exhibit
D