

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

APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

Case No. 20160

AMENDED APPLICATION<sup>1</sup>

Devon Energy Production Company LP (“Devon”), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit (“HSU”) and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 621H** well, to be horizontally drilled from an approximate surface hole location 940’ FNL and 225’ FWL of Section 14 to an approximate bottom hole location 440’ FNL and 230’ FEL of Section 13. This well defines the HSU.

---

<sup>1</sup> The original Application in this matter was filed on November 30, 2018. This Amended Application is filed only for purposes of correcting the county in the caption.

**EXHIBIT 1**

Devon Energy Production Company LP  
Case Nos. 20160, 20161  
February 21, 2019 OCD Hearing

3. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 621H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

4. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

5. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

6. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this HSU should be pooled and Devon should be designated the operator of the proposed HSU.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted interests in the Wolfcamp (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the HSU;

C. Designating the Lone Tree Draw 14-13 State Com 621H well as the defining well for said HSU;

D. Designating Devon as operator of the HSU and the wells to be drilled thereon;

E. Authorizing Devon to recover its costs of drilling, equipping and completing the wells;

F. 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

G. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing the wells against any interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

Seth C. McMillan

Kaitlyn A. Luck

Post Office Box 2307

Santa Fe, NM 87504-2307

(505) 982-3873

[smemillan@montand.com](mailto:smemillan@montand.com)

[kluck@montand.com](mailto:kluck@montand.com)

*Attorneys for Devon Energy Production Company  
LP*

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

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20161**

**AMENDED APPLICATION<sup>1</sup>**

Devon Energy Production Company LP (“Devon”), through its undersigned attorneys, hereby files this application with the Oil Conservation Division pursuant to the provisions of NMSA 1978, § 70-2-17, for an order (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. In support of its application, Devon states:

1. Devon is a working interest owner in the proposed standard horizontal spacing and proration unit (“HSU”) and has the right to drill thereon.
2. Devon proposes to dedicate the proposed HSU to its proposed **Lone Tree Draw 14-13 State Com 623H** well, to be horizontally drilled from an approximate surface hole location 2025’ FSL and 240’ FWL of Section 14 to an approximate bottom hole location 1310’ FSL and 230’ FEL of Section 13. This well defines the HSU.

---

<sup>1</sup> The original Application in this matter was filed on November 30, 2018. This Amended Application is filed only for purposes of correcting the county in the caption.

3. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 623H well meet the 330-foot setback requirement set forth in the statewide rules for horizontal oil wells.

4. Devon has in good faith sought and been unable to obtain voluntary agreement for the development of these lands from all of the mineral interest owners in the HSU.

5. Approval of the HSU and the pooling of all mineral interest owners in the Bone Spring formation underlying the HSU will avoid the drilling of unnecessary wells, will prevent waste, and will protect correlative rights.

6. In order to permit Devon to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this HSU should be pooled and Devon should be designated the operator of the proposed HSU.

WHEREFORE, Devon requests that this application be set for hearing before an Examiner of the Oil Conservation Division on January 10, 2018, and, after notice and hearing as required by law, the Division enter an order:

A. Creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the HSU;

C. Designating the Lone Tree Draw 14-13 State Com 623H well as the defining well for said HSU;

D. Designating Devon as operator of the HSU and the wells to be drilled thereon;

E. Authorizing Devon to recover its costs of drilling, equipping and completing the wells;

F. 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

G. Imposing a 200% penalty for the risk assumed by Devon in drilling and completing the wells against any interest owner who does not voluntarily participate in the drilling of the wells.

Respectfully submitted,

MONTGOMERY & ANDREWS, P.A.

/s/ Seth C. McMillan

Seth C. McMillan

Kaitlyn A. Luck

Post Office Box 2307

Santa Fe, NM 87504-2307

(505) 982-3873

[smcmillan@montand.com](mailto:smcmillan@montand.com)

[kluck@montand.com](mailto:kluck@montand.com)

*Attorneys for Devon Energy Production Company  
LP*

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

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20160**

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20161**

**AFFIDAVIT OF CARI ALLEN**

I, being duly sworn on oath, state the following:

1. I am over the age of 18, and I have personal knowledge of the matters stated herein.
2. I am employed as a Land Advisor for Devon Energy Production Company, L.P. (“Devon”).
3. This affidavit is submitted in connection with the filing by Devon of the above-referenced compulsory pooling applications pursuant to 19.15.14.12(A)(1) NMAC. I am familiar with the subject applications and the lands involved.
4. I have previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum land matters. My credentials as a petroleum landman have been accepted by the Division and made a matter of record.
  - a. I hold a Bachelor’s Degree in Business Administration obtained from Southern Nazarene University. I completed my education in 2010.

- b. I have been employed as a petroleum landman with Devon since August 2001, and I have been working in New Mexico for the past 6 years.
5. The purpose of these applications is to force pool working interest owners into the horizontal spacing unit described below, and in the wells to be drilled in the unit.
6. No opposition is expected. The interest owners being pooled have been contacted regarding the proposed wells, but have failed or refused to voluntarily commit their interests in the wells.
7. Devon seeks an order pooling all mineral interests in the Wolfcamp horizontal spacing units underlying Sections 13 and 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico.
  - a. In Case No. 20160, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 621H well.
  - b. In Case No. 20161, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 623H well.
8. Plats outlining the units being pooled are attached hereto as **Exhibit A-1 and A-2**, and show the location of the proposed wells within the spacing units.
9. The parties being pooled, the nature of their interests, and their last known addresses are on **Exhibits B-1 and B-2**, attached hereto. These exhibits include information regarding working interest owners and overriding royalty interest owners.

10. There are no depth severances in the Wolfcamp formation.

11. The locations and proposed depths of the wells to be drilled on the pooled units are as follows:

Case No.	Well Name	SHL (14-T21S-R27E)	BHL (13-T21S-R27E)	TVD
20160	Lone Tree Draw 14-13 State Com 621H	940' FNL and 225' FWL	440' FNL and 230' FEL	9,060'
20161	Lone Tree Draw 14-13 State Com 623H	2025' FSL and 240' FWL	1310' FSL and 230' FEL	9,065'

12. I have conducted a diligent search of the public records in Eddy County, New Mexico, where the wells are located, and conducted phone directory and computer searches to located contact information for parties entitled to notification, and mailed all parties well proposals, including an Authorization for Expenditure (“AFE”).

13. Devon has made a good faith effort to obtain voluntary joinder of the working interests owners in the proposed wells.

14. The C-102s for the wells are pending; however, the approximate locations are set out above and on the Exhibit A. The wells will develop the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]), which is a gas pool.

15. **Exhibits C-1 and C-2** are sample proposal letters and the AFEs for the proposed wells. The estimated cost of the wells set forth in the AFEs is fair, reasonable, and comparable to the costs of other wells of similar depths and lengths drilled in this area of New Mexico.

16. Devon requests overhead and administrative rates of \$7,500/month for drilling a well and \$750/month for a producing well. These rates are fair and comparable to the rates charged by other operators for wells of this type in this area of southeastern New Mexico. Devon requests that these rates be adjusted periodically as provided in the COPAS Accounting Procedure.

17. Devon requests the maximum cost, plus 200% risk charge be assessed against non-consenting working interest owners.

18. Devon requests that it be designated operator of the wells.

19. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

20. The granting of this Application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

21. The foregoing is correct and complete to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NAUGHT

*Cari Allen*

\_\_\_\_\_  
Cari Allen

STATE OF OKLAHOMA    )  
  ) ss.  
COUNTY OF OKLAHOMA )

Subscribed to and sworn before me this 20<sup>th</sup> day of February, 2019.

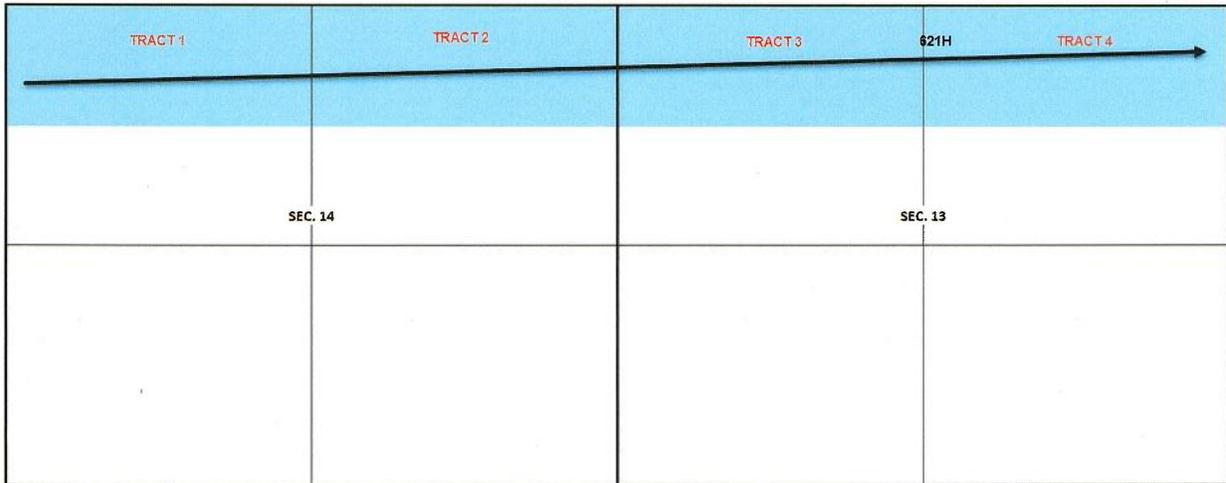


*Clint Dake*

\_\_\_\_\_  
Notary Public

EXHIBIT A-1  
 LAND PLAT (Case No. 20160)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – N/2 NW/4 Section 14-21S-27E  
 State of NM L0-1899 (80 acres)

Tract 2 – N/2 NE/4 Section 14-21S-27E  
 State of NM K0-3633 (80 acre)

Tract 3 – N/2 NW/4 Section 13-21S-27E  
 State of NM VA-0834 (80 acres)

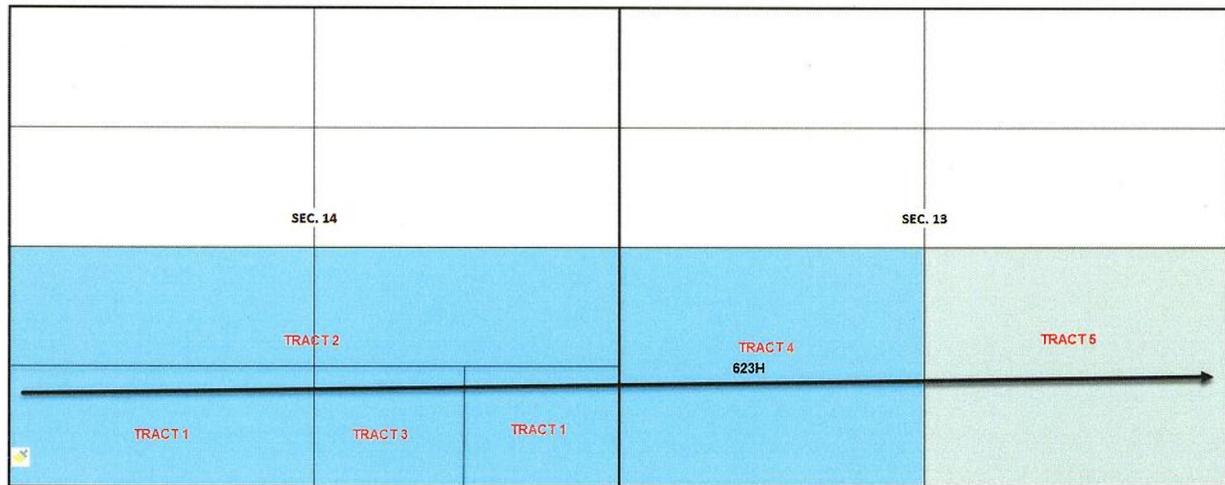
Tract 4 – N/2 NE/4 Section 13-21S-27E  
 State of NM VB-1053 (80 acres)

**Lone Tree Draw 14-13 State Com 621H**

SHL: 940' FNL & 225' FWL Section 14-21S-27E (Approximate)

BHL: 440' FNL & 230' FEL Section 13-21S-27E

EXHIBIT A-2  
 LAND PLAT (Case No. 20161)  
 S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico



Tract 1 – S/2 SW/4, SE/4 SE/4 Section 14-21S-27E  
 State of NM OG-5809 (120 acres)

Tract 2 – N/2 S/2 Section 14-21S-27E  
 State of NM K0-3633 (160 acre)

Tract 3 – SW/4 SE/4 Section 14-21S-27E  
 State of NM L0-1899 (40 acres)

Tract 4 – SW/4 Section 13-21S-27E  
 State of NM VA-0834 (160 acres)

Tract 5 – SE/4 Section 13-21S-27E  
 Fee (160 acres)

**Lone Tree Draw 14-13 State Com 623H**

SHL: 2025' FSL & 240' FWL Section 14-21S-27E (Approximate)

BHL: 1310' FSL & 230' FEL Section 13-21S-27E

EXHIBIT B-1

Ownership Breakdown (20160)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

<u>WI Owners</u>	<u>Decimal WI</u>	<u>Status</u>
Devon Energy Production Company, L.P.	0.63493384	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Unknown
Betsy H. Keller	0.00003669	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00000000	Uncommitted
David Goodnow	0.00000000	Uncommitted
Sanford J. Hodge III	0.00000000	Uncommitted
Chi Energy, Inc.	0.01031250	Uncommitted
McCombs Energy, Ltd	0.01031250	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00545381	Uncommitted
Jami Huber Owen	0.00312500	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.01812500	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.01562500	Committed/Executed OA
Mewbourne Oil Company	0.00102644	Pending Trade to Devon
CWM 2000-B II, Ltd.	0.03464223	Pending Trade to Devon
Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Co's/Pending Trade to Devon
Foundation Energy Fund V-A, L.P.	0.03717443	Uncommitted
Foundation Energy Fund V-B Holding LLC	0.06255406	Uncommitted
	1.00000000	

EXHIBIT B-1

Ownership Breakdown (20160)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

**ORRI and Royalty Owners**

ANDREW DON FRY
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS
ADOLPH P SCHUMAN TRUST JAMES J CRAFTS JR TTEE
BUTKIN INVESTMENT COMPANY LLC
C MARK WHEELER, AND WIFE, J'LYN WHEELER
CHI ENERGY, INC.
CHISOS MINERALS LLC
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE
CROWNROCK MINERALS LP
CURTIS W. MEWBOURNE, TRUSTEE
DAVID H ESSEX
DEVON ENERGY PROD CO LP
DYNASTY PARTNERS LLC BILL CAGLE MANAGER
ELOUISE H. JUSTICE
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION
JAMI HUBER OWEN
JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP
KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
LOWE ROYALTY PARTNERS LP
MCCOMBS ENERGY LTD
MIDLAND COLLEGE FOUNDATION INC FBO DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP AT MIDLAND COLLEGE IN MEMORY OF DAVID HOY

EXHIBIT B-1

Ownership Breakdown (20160)

N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E, Eddy County, New Mexico

MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON
MORRIS MIZEL OR MIZEL RESOURCES, A TRUST
NBL PERMIAN, LLC
NM & T RESOURCES LLC
PAUL R BARWIS % DUTTON HARRIS & CO
PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
PENWELL EMPLOYEE ROYALTY POOL
RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
ROBIN OIL & GAS CORPORATION
RUSK CAPITAL MANAGEMENT LLC
T.K. CAMPBELL, II
TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
TODD M KRINGEN AND KARLA R KRINGEN
TOM E JOHNSON
WILLIAM R. BERGMAN
YOSEMITE CREEK OIL & GAS LLLP

EXHIBIT B-2

Ownership (Case No. 20161)

S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

<b>WI Owners</b>	<b>Decimal WI</b>	<b>Status</b>
Devon Energy Production Company, L.P.	0.63493384	Committed
Trustees of E.G. Holden Testamentary Trust	0.00003669	Uncommitted
Isaac A. Kawasaki	0.00007337	Deceased/Heirs Unknown
Betsy H. Keller	0.00003669	Uncommitted
Frances B. Bunn, Trustee of Frances B. Bunn Revocable Living Trust u/t/a 5/18/1982	0.00007337	Committed/Negotiating OA
J. Fredrick Van Vranken	0.00007337	Uncommitted
Ernie Bello	0.00000000	Uncommitted
David Goodnow	0.00000000	Uncommitted
Sanford J. Hodge III	0.00000000	Uncommitted
Chi Energy, Inc.	0.01031250	Uncommitted
McCombs Energy, Ltd	0.01031250	Uncommitted
Michael D. Hayes and Kathryn A. Hayes, Co-Trustees of Hayes Rev Trust u/t/a 8/23/2010	0.00545381	Uncommitted
Jami Huber Owen	0.00312500	Uncommitted
Locker Brothers	0.01781250	Uncommitted
David H. Essex	0.01812500	Uncommitted
Southwest Royalties	0.02095869	Committed/Negotiating OA
Nuevo Seis Limited Partnership	0.00312500	Uncommitted
Morris E. Schertz and wife, Holly K. Schertz	0.00312500	Committed/Negotiating OA
Dr. Coleman O'Brian Martin	0.00065234	Uncommitted
Slash Exploration Limited Partnership	0.01562500	Committed/Executed OA
Mewbourne Oil Company	0.00102644	Pending Trade to Devon
CWM 2000-B II, Ltd.	0.03464223	Pending Trade to Devon
Mewbourne Development Corporation	0.05671061	Pending Trade to Devon
3MG Corporation	0.01026436	Pending Trade to Devon
Yates Energy Corporation	0.00689821	Uncommitted
Tenison Oil Company	0.01562500	Uncommitted
Milestone Energy Corp.	0.03125000	Mewbourne Oil Co's/Pending Trade to Devon
Foundation Energy Fund V-A, L.P.	0.03717443	Uncommitted
Foundation Energy Fund V-B Holding LLC	0.06255406	Uncommitted
	1.00000000	

**EXHIBIT B-2**  
**Ownership (Case No. 20161)**  
**S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico**

**ORRI and Royalty Owners**

ANDREW DON FRY	KCK RESOURCES, INC.
BLUE RIDGE ROYALTIES LLC	KIMBELL ROYALTY HOLDINGS LLC DUNCAN MANAGEMENT LLC AGENT
GEORGE M OBRIEN	LOWE ROYALTY PARTNERS LP
GRACE M. REDWINE, DEALING IN HER SOLE AND SEPARATE PROPERTY	MIDLAND COLLEGE FOUNDATION INC FBO DAVID HOY HARRISON ENDOWED MUSIC SCHOLARSHIP AT MIDLAND COLLEGE IN MEMORY OF DAVID HOY
JOSEPH N. SCOTT, DEALING IN HIS SOLE AND SEPARATE PROPERTY	MIDLAND MEMORIAL FOUNDATION IN MEMORY OF DAVID HOY HARRISON
LINDA F LYONS & MONTE L LYONS JT	MORRIS MIZEL OR MIZEL RESOURCES TRUST
MARTIN & MARTIN LLLP	NBL PERMIAN, LLC
NUEVO SEIS LP	NM & T RESOURCES LLC
PANHANDLE PROPERTIES LLC	PAUL R BARWIS % DUTTON HARRIS & CO
STATE OF NEW MEXICO COMMISSION OF PUBLIC LANDS	PAULA SCOTT CAMPBELL, TRUSTEE OF PAULA SCOTT CAMPBELL REVOCABLE TRUST U/T/A 10/27/15
UNICORN ENERGY LLC % GANNAWAY & ASSOCIATES	PENWELL EMPLOYEE ROYALTY POOL
WATTS PROPERTIES LLC	PENROC OIL CORPORATION M Y MERCHANT PRESIDENT
WILLIAM F BRAINERD	RICHARD W. SCHMIDT AND WIFE, AMANDA SCHMIDT
ADOLPH P SCHUMAN TRUST JAMES J CRAFTS JR TTEE	ROBIN OIL & GAS CORPORATION
BRANEX RESOURCES INC	RUSK CAPITAL MANAGEMENT LLC
BUTKIN INVESTMENT COMPANY LLC	SAM L SHACKELFORD
C MARK WHEELER, AND WIFE, J'LYN WHEELER	SHINNERY INVESTMENT CO., A GENERAL PARTNERSHIP
CHI ENERGY, INC.	SPIRAL, INC.

EXHIBIT B-2  
 Ownership (Case No. 20161)  
 S/2 Section 14; S/2 Section 13, T21S-R27E, Eddy County, New Mexico

CHISOS MINERALS LLC	T.K. CAMPBELL, II
CIBOLA ENERGY CORPORATION	TEXAS CHRISTIAN UNIVERSITY DEPT OF ATHLETICS IN MEMORY OF HOY B HARRISON & DAVID HOY HARRISON
CORNERSTONE FAMILY TRUST JOHN KYLE THOMA SUCC TTEE	TODD M KRINGEN AND KARLA R KRINGEN
CROWNROCK MINERALS LP	TOM E JOHNSON
CURTIS W. MEWBOURNE, TRUSTEE	WILLIAM R. BERGMAN
DAVID H ESSEX	YOSEMITE CREEK OIL & GAS LLLP
DEVON ENERGY PROD CO LP	
DOUG J SCHUTZ	
DYNASTY PARTNERS LLC BILL CAGLE MANAGER	
ELOUISE H. JUSTICE	
GEORGE M. YATES	
HARVEY E. YATES JR	
HAYES REVOCABLE TRUST MICHAEL D HAYES & KATHRYN A HAYES TTEES	
HEYCO DEVELOPMENT CORPORATION	
HIGH SKY CHILDRENS RANCH IN MEMORY OF DAVID HOY HARRISON	
HOY B HARRISON ENDOWED SCHOLARSHIP TEXAS CHRISTIAN UNIVERSITY % FINANCE & ADMINISTRATION	
JALAPENO CORPORATION	
JAMI HUBER OWEN	
JAREED PARTNERS LTD A TEXAS LIMITED PARTNERSHIP	



Exhibit C-1  
Case No. 20160

Devon Energy Corporation  
20 North Broadway  
Oklahoma City, OK 73102-8260  
Direct Line: 405 228 4397  
Direct Fax: 405 552 7667  
cari.allen@dvn.com

405 235 3611 Phone  
www.devonenergy.com

September 7, 2018

Via Overnight Mail

BETSY H KELLER  
600 DEER VALLEY RD APT GG  
SAN RAFAEL, CA 94903

**RE: Lone Tree Draw 14-13 State Com 621H**  
**Horizontal Spacing Unit:** N/2 N/2 Section 14; N/2 N/2 Section 13, T21S-R27E  
**Proposed Working Interest Unit:** All of Section 14 & 13, T21S-27E, limited to Bone Spring and Wolfcamp formations (excluding existing wellbores)  
Eddy County, New Mexico

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 State Com 621H as a horizontal Wolfcamp XY Sand test at an estimated surface location of 940' FNL and 225' FWL of Section 14-21S-27E with an estimated bottom hole location at 440' FNL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the Wolfcamp XY at an estimated total vertical depth of 9060' to an approximate 19,060' total measured depth. Enclosed is Devon's AFE for this well with estimated cost of \$7,759,265.62.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL  
Land Advisor

CA  
Enclosures



## Authorization for Expenditure

AFE # XX-129681.01

Well Name: LONE TREE DRAW 14-13 STATE COM 621H

AFE Date: 9/7/2018

Cost Center Number: 1093935201

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

**Explanation and Justification:**

**DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 621H AS A WOLFCAMP HORIZONTAL WELL IN THE N2 SEC 14 & N2 SEC 13 T21S R27E, EDDY COUNTY, NM.**

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	605,422.44	0.00	640,222.44
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRTRG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	120,223.03	0.00	187,423.03
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,633,987.46	0.00	2,633,987.46
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,201.04	0.00	96,201.04
6310600	MISC PUMPING SERVICE	0.00	71,343.85	0.00	71,343.85
6320100	EQPMNT SVC-SRF RNTL	36,370.00	363,506.10	0.00	399,876.10
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	<b>Total Intangibles</b>	<b>1,632,121.00</b>	<b>4,528,094.37</b>	<b>0.00</b>	<b>6,160,215.37</b>

--	--	--	--	--	--

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



### Authorization for Expenditure

AFE # XX-129681.01

Well Name: LONE TREE DRAW 14-13 STATE COM 621H

AFE Date: 9/7/2018

Cost Center Number: 1093935201

State: NM

Legal Description: N2 14 & N2 13 T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	<b>Total Tangibles</b>	<b>499,104.00</b>	<b>1,099,946.25</b>	<b>0.00</b>	<b>1,599,050.25</b>

<b>TOTAL ESTIMATED COST</b>	<b>2,131,225.00</b>	<b>5,628,040.62</b>	<b>0.00</b>	<b>7,759,265.62</b>
-----------------------------	---------------------	---------------------	-------------	---------------------

#### WORKING INTEREST OWNER APPROVAL

Company Name:

Signature:

Print Name:

Title:

Date:

Email:

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



Exhibit C-2  
Case No. 20161

Devon Energy Corporation  
20 North Broadway  
Oklahoma City, OK 73102-8260  
Direct Line: 405 228 4397  
Direct Fax: 405 552 7667  
cari.allen@dvn.com

405 235 3611 Phone  
www.devonenergy.com

September 7, 2018

Via Overnight Mail

BETSY H KELLER  
600 DEER VALLEY RD APT GG  
SAN RAFAEL, CA 94903

**RE: Lone Tree Draw 14-13 St Fee Com 623H**  
**Horizontal Spacing Unit: S/2 Section 14; S/2 Section 13, T21S-R27E**  
**Proposed Working Interest Unit: All of Section 14 & 13, T21S-27E, limited to Bone Spring and Wolfcamp formations (excluding existing wellbores) Eddy County, New Mexico**

Gentlemen:

Devon Energy Production Company, L.P. ("Devon") hereby proposes to drill the Lone Tree Draw 14-13 St Fee Com 623H as a horizontal Wolfcamp XY Sand test at an estimated surface location of 2025' FSL and 240' FWL of Section 14-21S-27E with an estimated bottom hole location at 1310' FSL and 230' FEL of Section 13-21S-27E, Eddy County, New Mexico. Devon plans to drill the lateral in the Wolfcamp XY at an estimated total vertical depth of 9,065' to an approximate 19,065' total measured depth. Devon proposes that the Lone Tree Draw 14-13 St Fee Com 623H be the defining well on the horizontal spacing unit covering the S/2 Section 14 and S/2 Section 13, T21S-R27E, Eddy County, New Mexico. Enclosed is Devon's AFE for this well with estimated cost of \$7,759,265.62.

Devon is proposing a 1280-acre Working Interest Unit covering all of Section 13 and 14, limited to the Bone Spring and Wolfcamp formations, less existing wellbores. If you wish to participate, please execute and return a copy of the enclosed AFE, and an Operating Agreement will be forwarded for your review.

If you have any questions regarding this matter, please give me a call.

Sincerely,

Cari Allen, CPL  
Land Advisor

CA  
Enclosures



## Authorization for Expenditure

AFE # XX-129683.01

Well Name: LONE TREE DRAW 14-13 STATE COM 623H

AFE Date: 9/7/2018

Cost Center Number: 1093935401

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision:

**Explanation and Justification:**

**DRILL AND COMPLETE LONE TREE DRAW 14-13 ST FEE 623H AS A WOLFCAMP HORIZONTAL WELL IN THE S2 SEC 14 & S2 SEC 13 T21S R27E, EDDY COUNTY, NM.**

Code	Intangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6060100	DYED LIQUID FUELS	61,950.00	0.00	0.00	61,950.00
6060130	GASEOUS FUELS	21,840.00	0.00	0.00	21,840.00
6080100	DISPOSAL - SOLIDS	86,157.00	1,050.00	0.00	87,207.00
6080110	DISP-SALTWATER & OTH	0.00	92,925.00	0.00	92,925.00
6090100	FLUIDS - WATER	34,800.00	605,422.44	0.00	640,222.44
6100100	PERMIT SURVEY&TITLE	30,000.00	0.00	0.00	30,000.00
6100110	RIGHT OF WAY	25,000.00	0.00	0.00	25,000.00
6110130	ROAD&SITE PREP SVC	80,000.00	12,600.00	0.00	92,600.00
6110170	DAMAGE & REMEDIATION	5,000.00	0.00	0.00	5,000.00
6130170	COMM SVCS - WAN	3,185.00	0.00	0.00	3,185.00
6130360	RTOC - ENGINEERING	0.00	10,500.00	0.00	10,500.00
6130370	RTOC - GEOSTEERING	14,136.00	0.00	0.00	14,136.00
6140160	ENV-SERVICES	1,000.00	0.00	0.00	1,000.00
6150100	CH LOG PERFRGTG&WL SV	0.00	341,827.50	0.00	341,827.50
6160100	MATERIALS & SUPPLIES	364.00	0.00	0.00	364.00
6170100	PULLING&SWABBING SVC	0.00	76,267.81	0.00	76,267.81
6170110	SNUBBG&COIL TUBG SVC	0.00	13,125.00	0.00	13,125.00
6190100	TRCKG&HL-SOLID&FLUID	26,550.00	0.00	0.00	26,550.00
6190110	TRUCKING&HAUL OF EQP	26,400.00	15,750.00	0.00	42,150.00
6200130	CONSLT & PROJECT SVC	67,200.00	120,223.03	0.00	187,423.03
6230120	SAFETY SERVICES	30,030.00	0.00	0.00	30,030.00
6300270	SOLIDS CONTROL SRVCS	40,040.00	0.00	0.00	40,040.00
6310120	STIMULATION SERVICES	0.00	2,633,987.46	0.00	2,633,987.46
6310200	CASING & TUBULAR SVC	46,925.00	0.00	0.00	46,925.00
6310250	CEMENTING SERVICES	94,000.00	0.00	0.00	94,000.00
6310280	DAYWORK COSTS	336,700.00	0.00	0.00	336,700.00
6310290	TURNKEY COSTS	61,000.00	0.00	0.00	61,000.00
6310300	DIRECTIONAL SERVICES	162,500.00	0.00	0.00	162,500.00
6310310	DRILL BITS	88,500.00	0.00	0.00	88,500.00
6310330	DRILL&COMP FLUID&SVC	106,514.00	6,825.00	0.00	113,339.00
6310370	MOB & DEMOBILIZATION	9,250.00	0.00	0.00	9,250.00
6310380	OPEN HOLE EVALUATION	21,200.00	0.00	0.00	21,200.00
6310480	TSTNG-WELL, PL & OTH	0.00	96,201.04	0.00	96,201.04
6310600	MISC PUMPING SERVICE	0.00	71,343.85	0.00	71,343.85
6320100	EQPMNT SVC-SRF RNTL	36,370.00	363,506.10	0.00	399,876.10
6320110	EQUIP SVC - DOWNHOLE	76,170.00	66,540.14	0.00	142,710.14
6320160	WELDING SERVICES	2,000.00	0.00	0.00	2,000.00
6520100	LEGAL FEES	10,000.00	0.00	0.00	10,000.00
6550110	MISCELLANEOUS SVC	21,700.00	0.00	0.00	21,700.00
6630110	CAPITAL OVERHEAD	5,460.00	0.00	0.00	5,460.00
6740340	TAXES OTHER	180.00	0.00	0.00	180.00
	Total Intangibles	1,632,121.00	4,528,094.37	0.00	6,160,215.37

--	--	--	--	--

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.



### Authorization for Expenditure

AFE # XX-129683.01

Well Name: LONE TREE DRAW 14-13 STATE COM 623H

AFE Date: 9/7/2018

Cost Center Number: 1093935401

State: NM

Legal Description: S2 14 & S2 13 T21S R27E

County/Parish: EDDY

Revision:

Code	Tangible Description	Drilling Costs	Completion Costs	Dry Hole Costs	Total Costs
6300220	STORAGE VESSEL&TANKS	0.00	900,000.00	0.00	900,000.00
6310130	ARTIFICIAL LIFT EQP	0.00	42,000.00	0.00	42,000.00
6310150	CASG-COND&DRIVE PIPE	60,000.00	0.00	0.00	60,000.00
6310420	TUBING & COMPONENTS	0.00	94,736.25	0.00	94,736.25
6310460	WELLHEAD EQUIPMENT	57,500.00	63,210.00	0.00	120,710.00
6310530	SURFACE CASING	5,856.00	0.00	0.00	5,856.00
6310540	INTERMEDIATE CASING	83,160.00	0.00	0.00	83,160.00
6310550	PRODUCTION CASING	243,538.00	0.00	0.00	243,538.00
6310580	CASING COMPONENTS	49,050.00	0.00	0.00	49,050.00
	Total Tangibles	499,104.00	1,099,946.25	0.00	1,599,050.25

TOTAL ESTIMATED COST	2,131,225.00	5,628,040.62	0.00	7,759,265.62
----------------------	--------------	--------------	------	--------------

#### WORKING INTEREST OWNER APPROVAL

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Note: Please include/attach well requirement data with ballot.

Costs on this form are estimates only. Working Interest Owners should not consider these estimates as establishing any limit on the monies which will be required to perform the proposed operation.

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

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20160**

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20161**

**AFFIDAVIT OF SUSAN ESTES**

Susan Estes, of lawful age and being first duly sworn, declares as follows:

1. My name is Susan Estes. I work for Devon Energy Production Company L.P. (“Devon”) as a geologist.
2. I have previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum geology. My credentials as a petroleum geologist have been accepted by the Division and made a matter of record.
3. I am familiar with the applications filed by Devon Energy Production Company, L.P. in this case and I have conducted a geologic study of the Bone Spring Formation underlying the subject acreage.
  - a. In Case No. 20160, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 621H well.

- b. In Case No. 20161, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 623H well.
- c. In both cases, Devon is targeting the Upper Wolfcamp Formation. The wells will be located in the Alacran Hills Wolfcamp Gas Pool, (pool code 70070).

5. **Exhibits A-1 and A-2** are subsea structure maps that I prepared for the top of the Wolfcamp Y Sand. The proposed Standard Horizontal Spacing Unit for the wells is depicted by the blue outline or box. The contour interval is 50 feet and the proposed wellbore paths for the wells are depicted by red lines, with the BHL being indicated by red circles. The structure map shows that overall, the area is dipping to the east and into the basin but includes a localized structural component on roughly the western half of the map. From west to east, the contours show the Wolfcamp Y Sand dipping down into the basin which then transition back up to a localized structural high (deep seated, 4-way closure) that trends SW/NE. The contours then continue down-dip off the eastern flank of the localized structural high and into the basin. I do not observe any faulting, pinch-outs, or other geologic impediments or hazards to developing this targeted interval with a horizontal well.

6. **Exhibits B-1 and B-2** are gross isopach maps that I prepared for the Wolfcamp Y Sand. As in the previous map, the proposed Standard Horizontal Spacing Unit for the wells are depicted by blue outlines or boxes, the proposed wellbore paths are denoted by red lines and the BHLs are indicated by red circles. The contour interval is 10 feet and thickness of the Wolfcamp Y Sand interval over the Lone Tree Draw development block ranges from approximately 50-80 feet. Also shown on the maps are two (2) lines of section for cross-sections that I prepared to

illustrate the consistent and contiguous nature of the Wolfcamp Y Sand. The red line (A-A') is a strike section of type wells that penetrate the Wolfcamp within and offsetting the Lone Tree Draw development block; the blue line (B-B') is a dip section of type logs that penetrate the Wolfcamp within and offsetting the Lone Tree Draw development block.

7. **Exhibits C-1 and C-2** are south to north strike sections (A-A') illustrating the type wells (wells that are representative of the area) within and offsetting the Lone Tree Draw development block that penetrate the Wolfcamp Formation; the line of section is shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed Wolfcamp Y Sand target interval is labeled and depicted by the yellow shading. The cross-section demonstrates that the targeted interval extends across the proposed spacing and proration unit (i.e. is laterally contiguous) and is consistent in thickness and log character.

8. **Exhibits D-1 and D-2** are west to east dip sections (B-B') illustrating the type wells (wells that are representative of the area) within and offsetting the Lone Tree Draw development block that penetrate the Wolfcamp Formation; the line of section is shown on the inset map. Each well in the cross-section contains gamma ray, resistivity, and porosity logs. The proposed Wolfcamp Y Sand target interval is labeled and depicted by the yellow shading. The cross-section demonstrates that the targeted interval extends across the proposed spacing and proration unit (i.e. is laterally contiguous) and is consistent in thickness and log character.

9. **Exhibits E-1 and E-2** are gun-barrel diagrams (similar to a cross-section) illustrating how Devon is being proactive in order to mitigate potential communication issues between the 3<sup>rd</sup> Bone Spring and the Upper Wolfcamp Formations. Since public data suggests that there is apparent communication between the two formations, Devon is doing everything possible to mitigate that risk and be a prudent operator. Since it is unknown how much these two formations

communicate with each other, Devon is approaching the Lone Tree Draw development block as a pilot or appraisal program so that we can obtain data to inform future decisions in our remaining acreage position. This data will allow us to optimize spacing patterns (wells per section) and production, as well as prevent both waste and over-capitalization. If the data collected supports drilling the Upper Wolfcamp sands, Devon will be co-developing the 3<sup>rd</sup> Bone Spring and the Wolfcamp Y due to these potential communication issues. Further clarification may be found in the Affidavit of Karsan Sprague, Devon's reservoir engineer.

10. On the right side of the gun-barrel diagram is a wireline log showing the formation tops, log character and petrophysical attributes of the Lower 3<sup>rd</sup> Bone Spring Sand and the Upper Wolfcamp sands. On the left side of the diagram, the red and blue dots illustrate the approximate, planned vertical and horizontal spacing between the 3<sup>rd</sup> Bone Spring and Upper Wolfcamp laterals, running south to north in the 1-mile Lone Tree Draw development block and as also shown in the small inset map to the right. The red dots represent the 3<sup>rd</sup> Bone Spring wells and the blue dots represent the Upper Wolfcamp wells. In a full development scenario, Devon is planning to stagger the laterals up to ~ 280 feet vertically between the 3<sup>rd</sup> Bone Spring and Wolfcamp Y targets and between ~ 660-880 feet horizontally between targets so as to put as much distance as possible between the two formations to avoid potential interference issues. On a planar (same target formation) basis, the laterals will be spaced ~ 1,540-1,640 feet apart across the development block from south to north. Additionally, Devon is planning to install down-hole gauges to monitor pressures between the two formations, as well as obtain DFIT and PVT data. This data will inform our reservoir and frac modeling, as well as our petrophysical models, which ultimately impacts future decisions in our core acreage position. Since Devon is planning to obtain data up-front on the Lone Tree development block, we are only planning on two (2) Wolfcamp wells in the block

(versus 3 wells in a full-development scenario) due to the timing of the data acquisition and subsequent evaluation.

11. In my opinion the west to east orientation of the proposed wells in the Bone Spring formation is appropriate in order to effectively drain the targeted reservoirs and is effectively perpendicular to the maximum stress regime observed in the area.

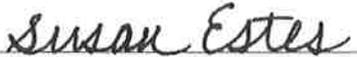
12. Based on my geologic study of the area, the Upper Wolfcamp Formation underlying the subject area is suitable for development by horizontal wells and the acreage comprising the proposed spacing and proration units will contribute more-or-less equally to the production from the wellbores.

13. The Exhibits to this Affidavit were prepared by me, or compiled from Devon's company business records.

14. The granting of this Application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

15. The foregoing is correct and complete to the best of my knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

  
SUSAN ESTES

STATE OF OKLAHOMA )  
 )  
COUNTY OF OKLAHOMA )

SUBSCRIBED and SWORN to before me this 20<sup>th</sup> day of February 2018 by  
Susan Estes.

Clint Dake  
NOTARY PUBLIC

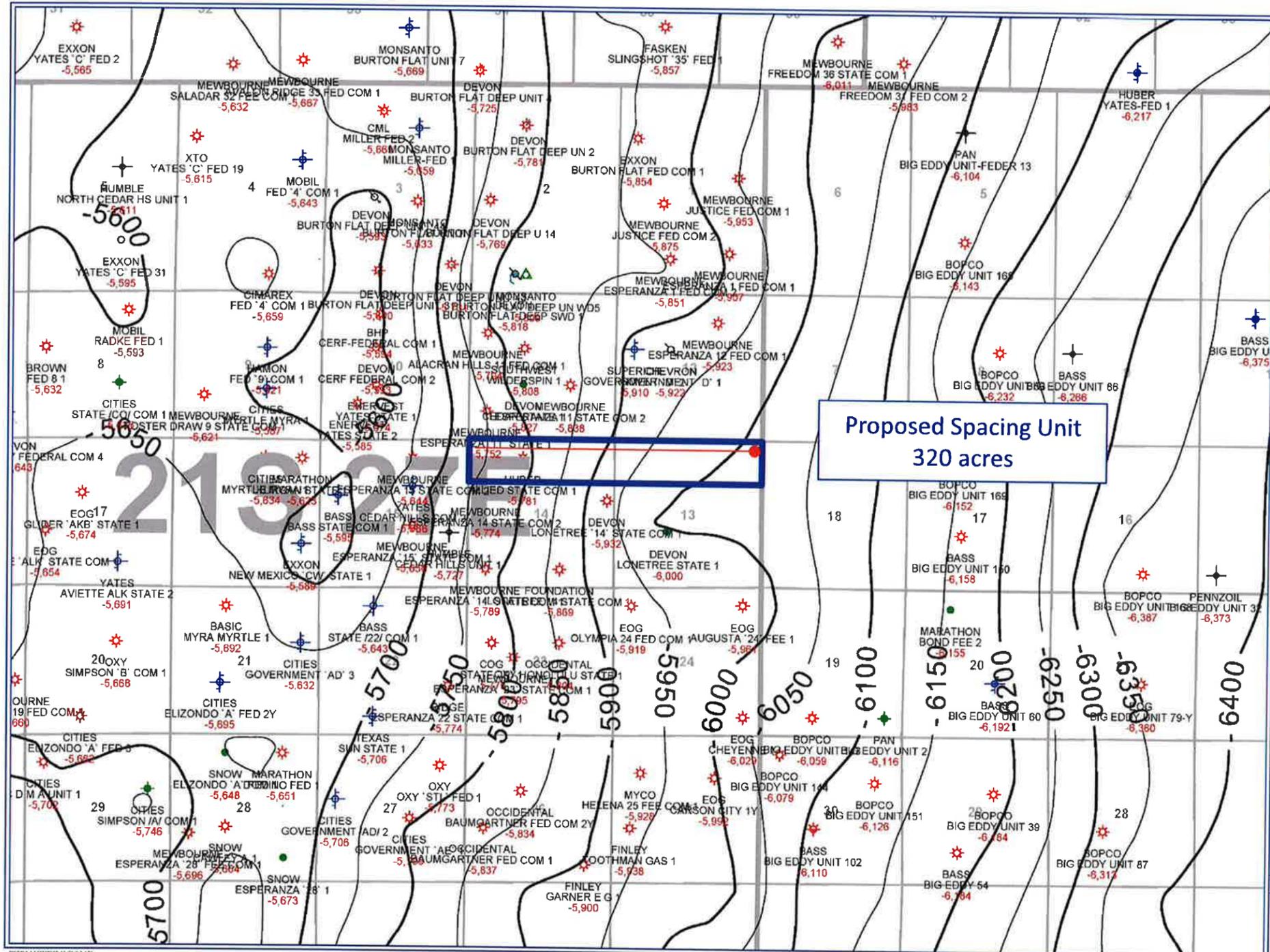
My Commission Expires:

5/7/19



# Top Wolfcamp Y Structure Map

Contour Interval = 50'



Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20160  
 February 21, 2019  
 Exhibit # A-1

Lone Tree Draw 14-13 State Com 621H

**Devon Energy**

Docket # , Case #

Exhibit #

**Top Wolfcamp Y Sand Structure Map**

Eddy County, New Mexico

---

POSTED WELL DATA

Operator Well Label  
 FMTOPS - WMP\_T(SSE) (FEET)

SYMBOL HIGHLIGHT

- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- OIL PRODUCING WELL
- SERVICE WELL

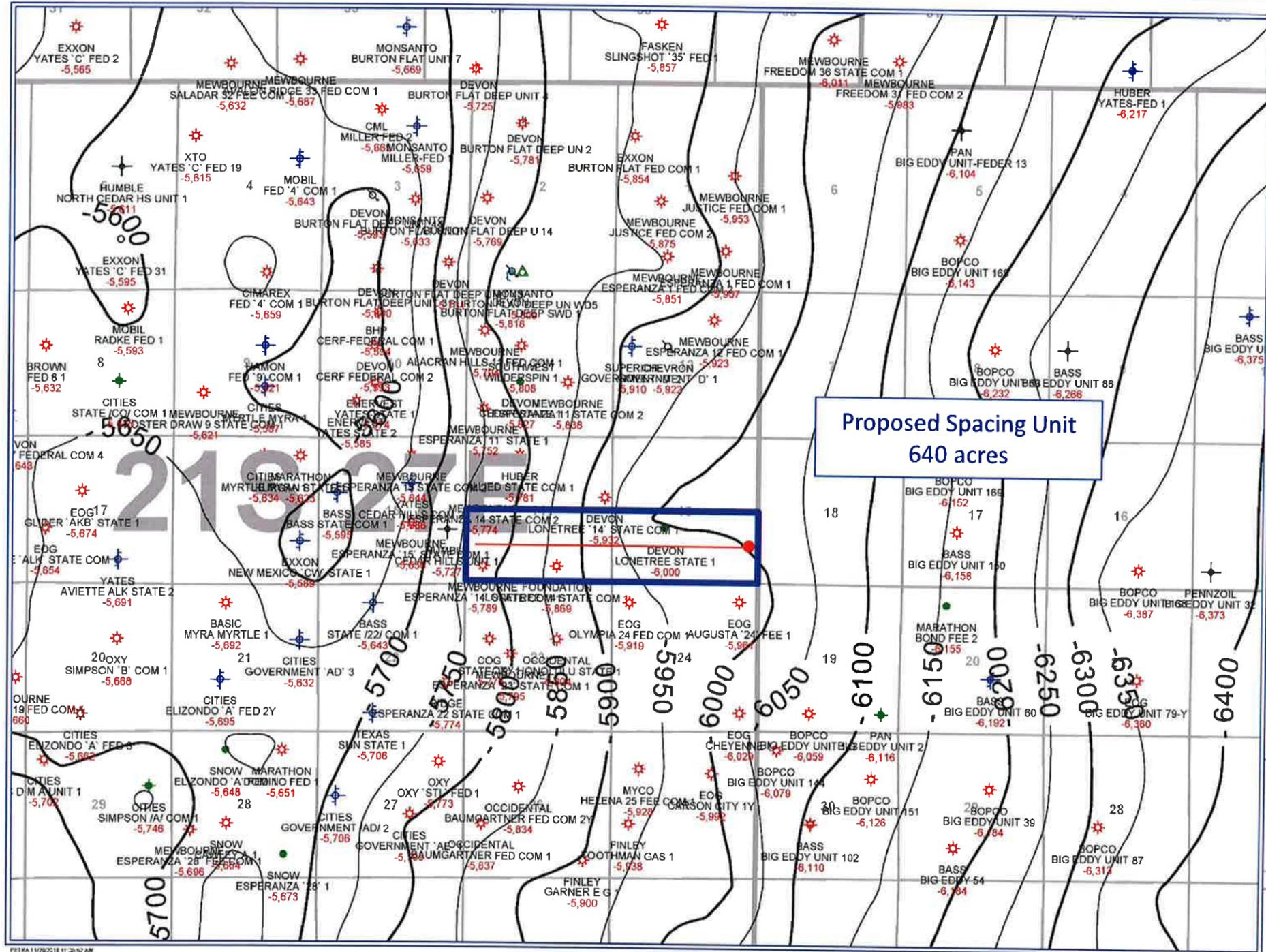
By: Susan Estes

0 3,185 6,370  
 FEET

November 29, 2018

# Top Wolfcamp Y Structure Map

Contour Interval = 50'



Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20161  
 February 21, 2019  
 Exhibit # A-2

Lone Tree Draw 14-13 State Com 623H

**Devon Energy**  
 Docket # , Case #  
 Exhibit #  
**Top Wolfcamp Y Sand Structure Map**  
 Eddy County, New Mexico

POSTED WELL DATA

- Operator Well Label
- FMT OPS - WFMP\_Y[S]E[ ](SS) (FEET)

SYMBOL HIGHLIGHT

- WELL SYMBOLS
- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- OIL PRODUCING WELL
- SERVICE WELL

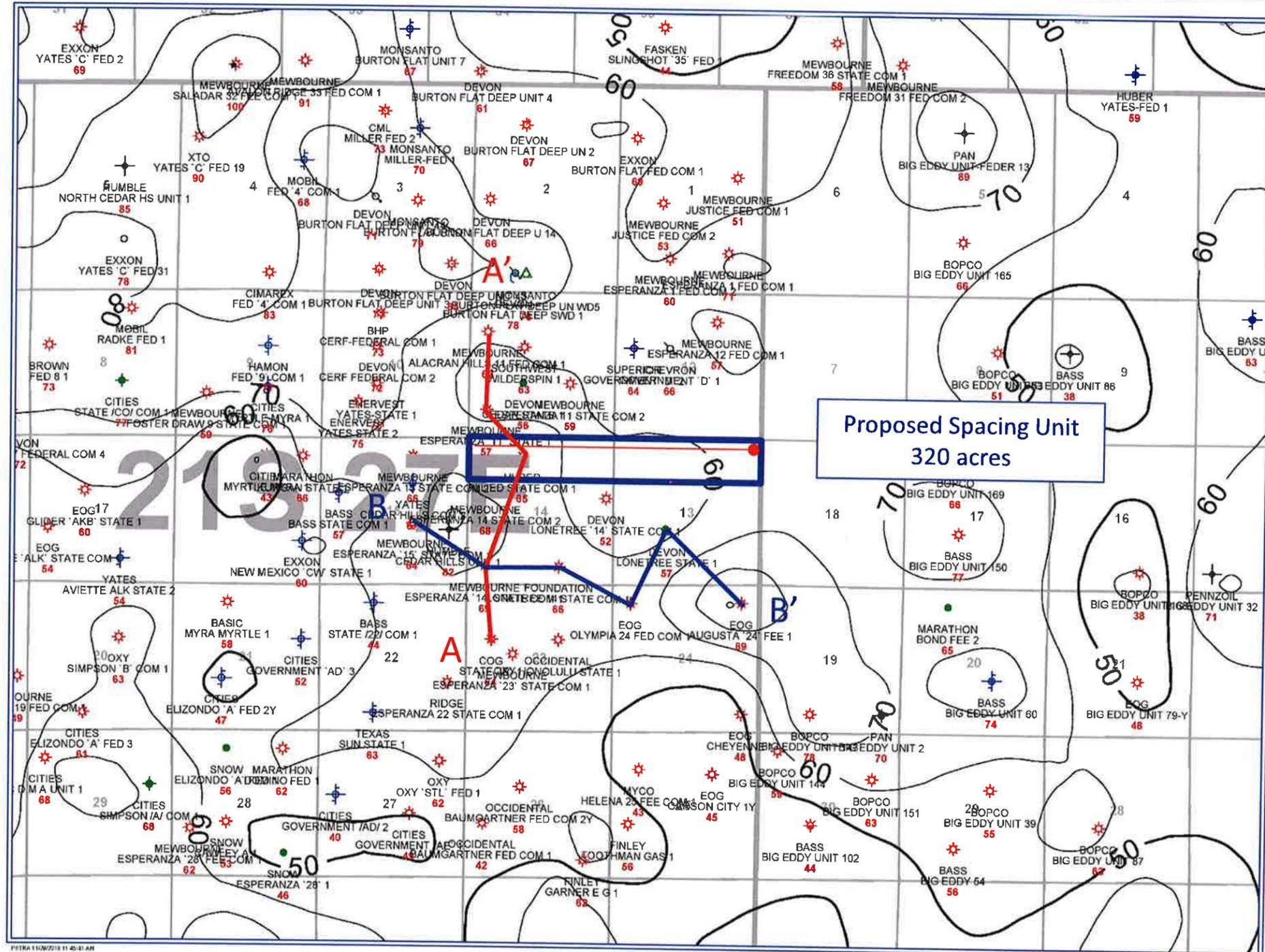
By: Susan Estes

0 3,185 6,370  
 FEET

November 29, 2018

# Wolfcamp Y Isopach Map

Contour Interval = 10'



Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20160  
 February 21, 2019  
 Exhibit # B-1

Lone Tree Draw 14-13 State Com 621H

**Devon Energy**

Docket # , Case #

Exhibit #  
**Wolfcamp Y Sand Isopach Map**  
**Eddy County, New Mexico**

POSTED WELL DATA

Operator Well Label  
**SLE\_WFMP\_Y\_ISOPACH\_OA(SLE)**

SYMBOL HIGHLIGHT

- WELL SYMBOLS
- ABANDONED WATER WELL
- ABANDONED OIL WELL
- DRY AND ABANDONED WELL
- DRY HOLE WITH SHOW OF O&G
- GAS PRODUCING WELL
- INJECTION WELL
- OIL PRODUCING WELL
- SERVICE WELL

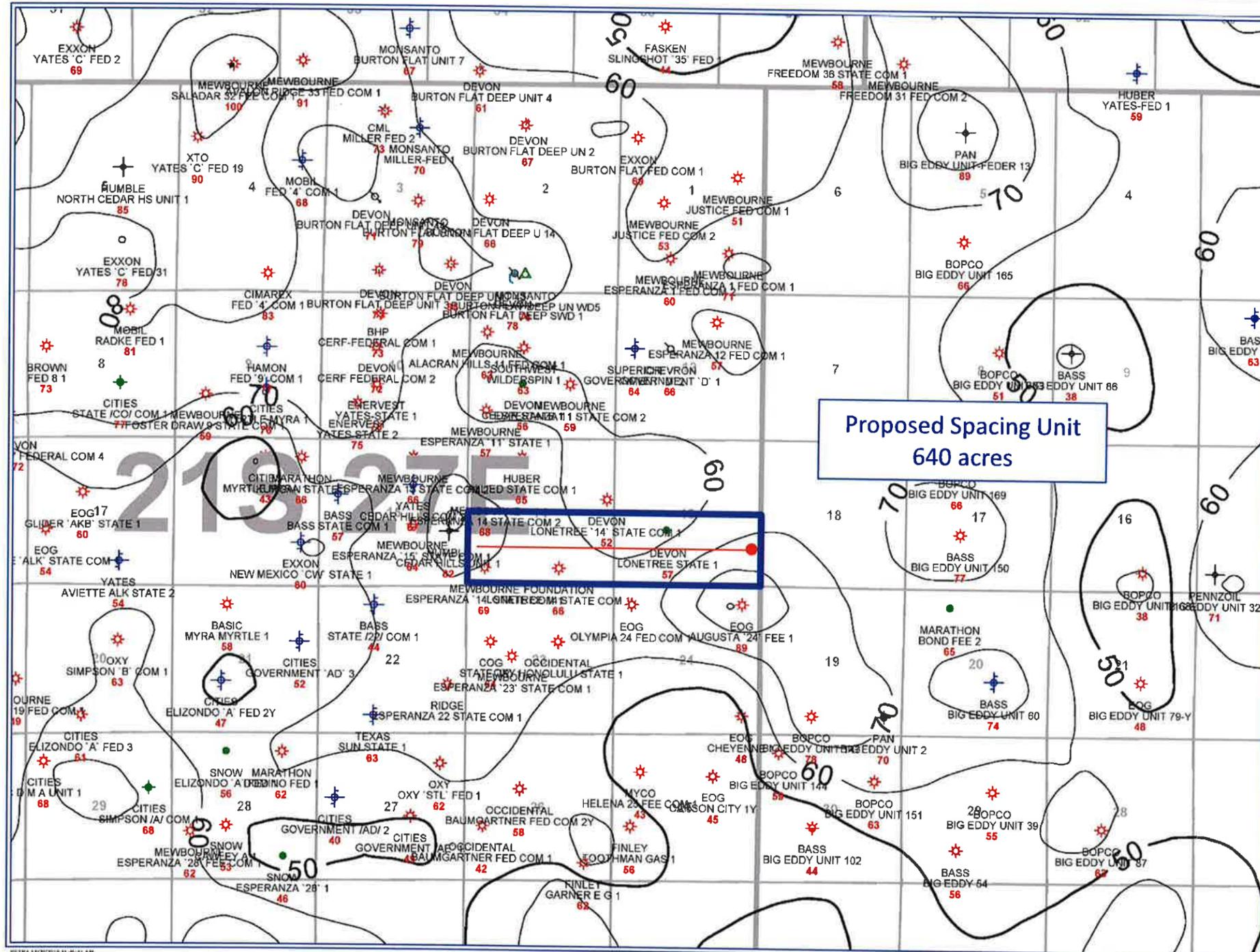
By: Susan Estes

0 3,185 6,370  
 FEET

November 29, 2016

# Wolfcamp Y Isopach Map

Contour Interval = 10'



Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20161  
 February 21, 2019  
 Exhibit # B-2

Lone Tree Draw 14-13 State Com 623H

**Devon Energy**

Docket # , Case #

Exhibit #

**Wolfcamp Y Sand Isopach Map**

**Eddy County, New Mexico**

POSTED WELL DATA

Operator Well Label  
 SLE\_WFMP\_Y-ISOPACH\_OA[SLE]

SYMBOL HIGHLIGHT

WELL SYMBOLS  
 ABANDONED WATER WELL  
 ABANDONED OIL WELL  
 DRY AND ABANDONED WELL  
 DRY HOLE WITH SHOW OF O&G  
 GAS PRODUCING WELL  
 INJECTION WELL  
 OIL PRODUCING WELL  
 SERVICE WELL

By: Susan Estes

0 3,185 6,370  
 FEET

November 29, 2018

# Stratigraphic (Strike) Cross-Section A-A'

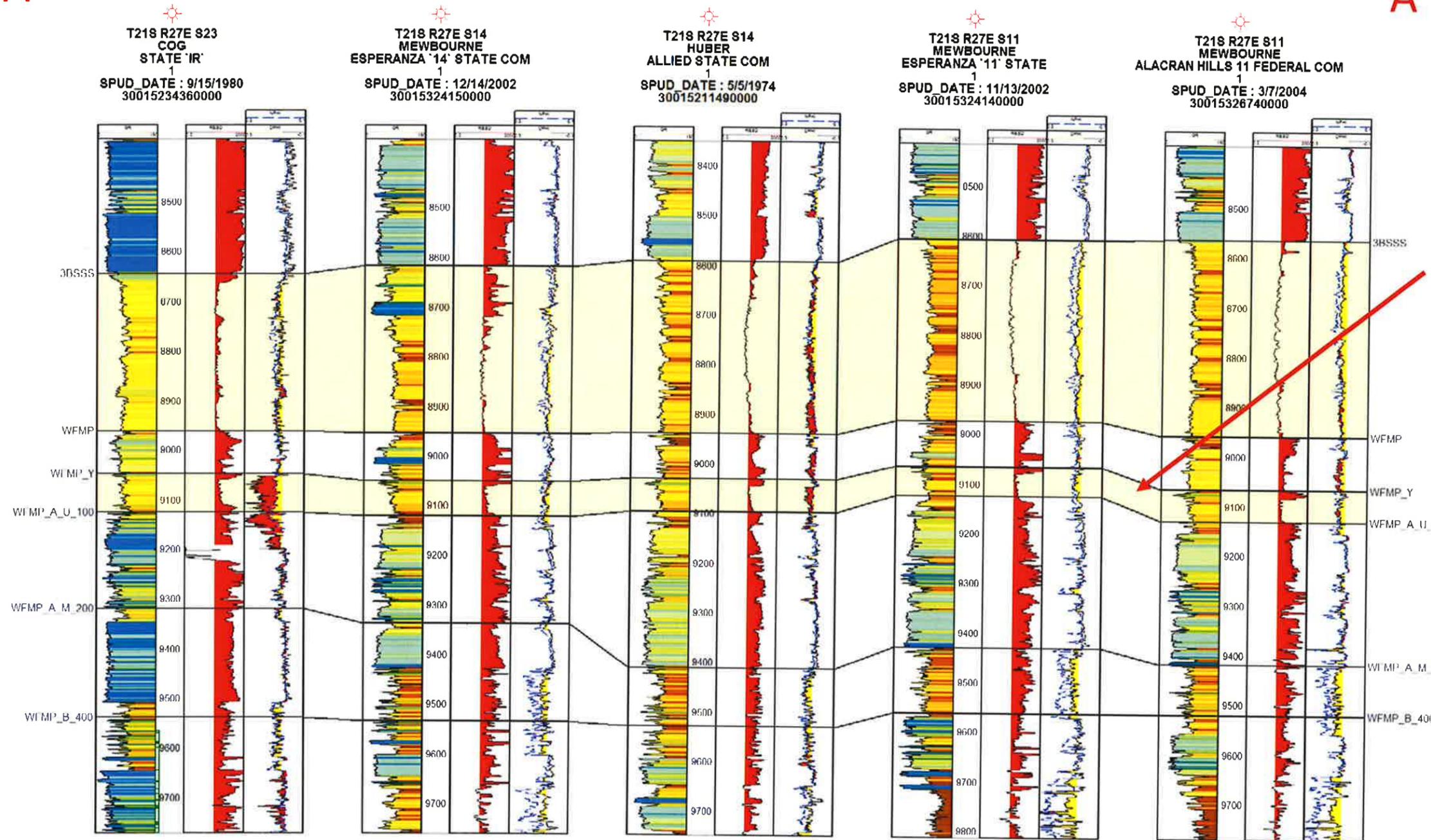
## South to North



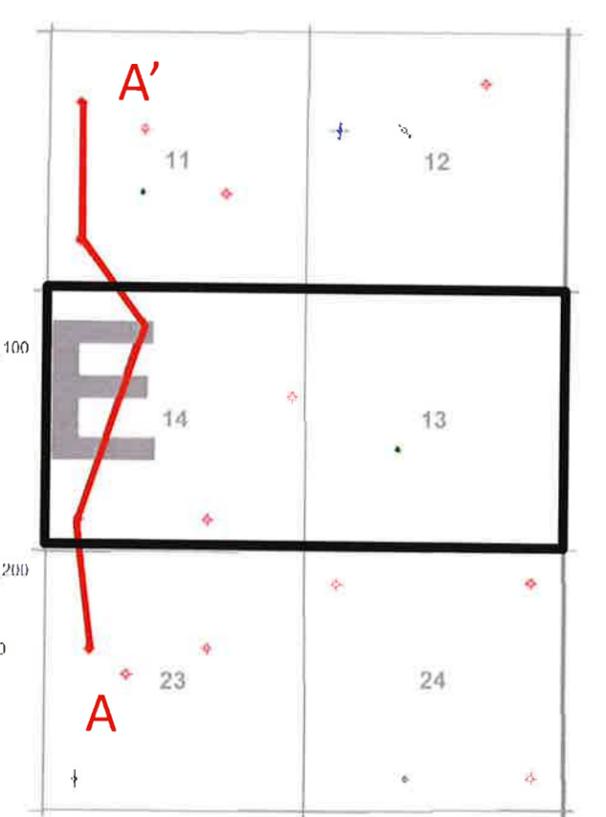
A

A'

Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20160  
 February 21, 2019  
 Exhibit # C-1



WFMP Y Sand Target:  
 (621H)



# Stratigraphic (Strike) Cross-Section A-A'

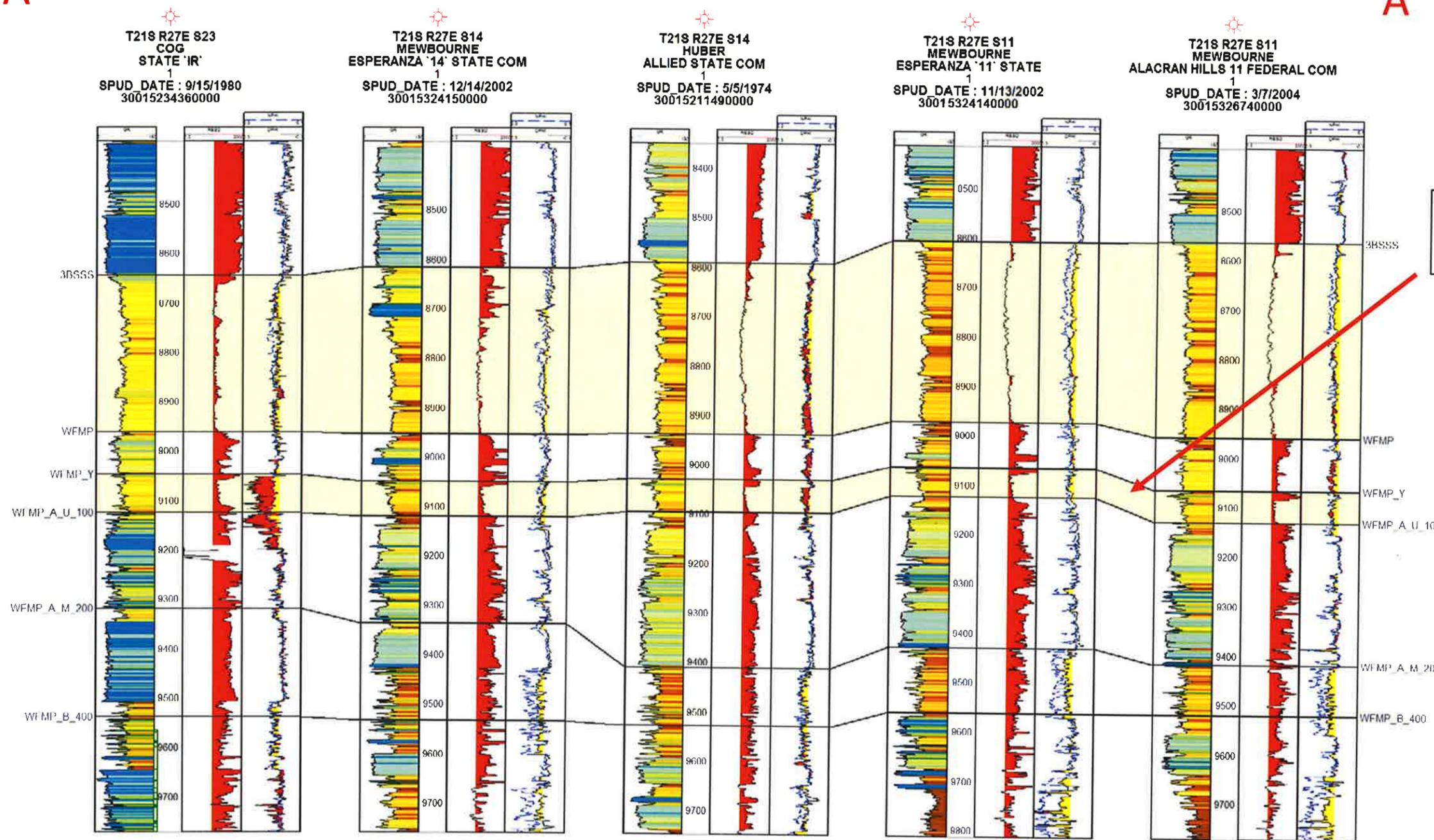
## South to North



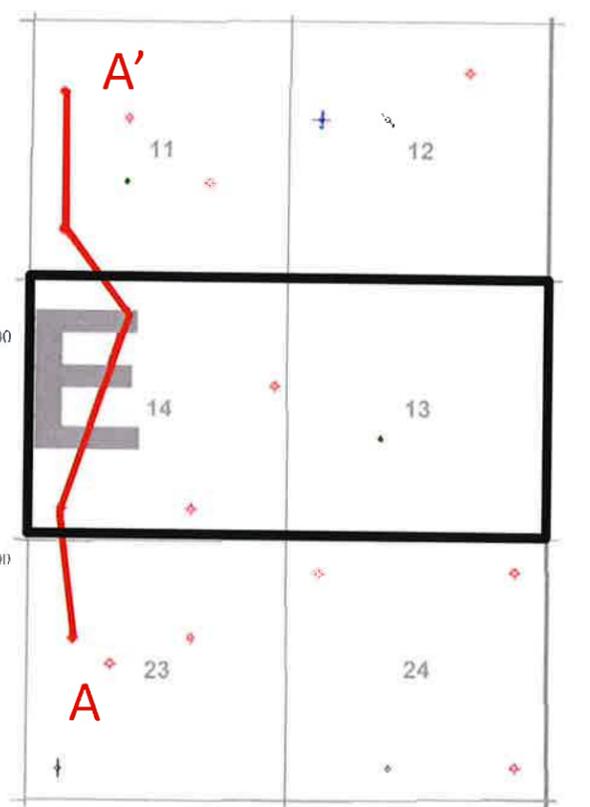
A

A'

Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20161  
 February 21, 2019  
 Exhibit # C-2



WFMP Y Sand Target:  
 (623H)



# Stratigraphic (Dip) Cross-Section B-B'

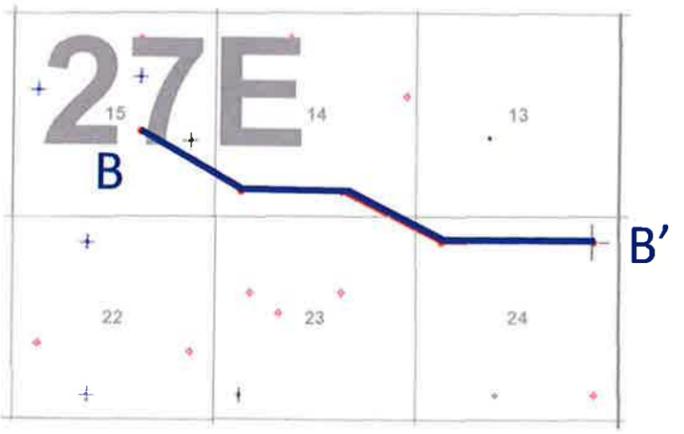
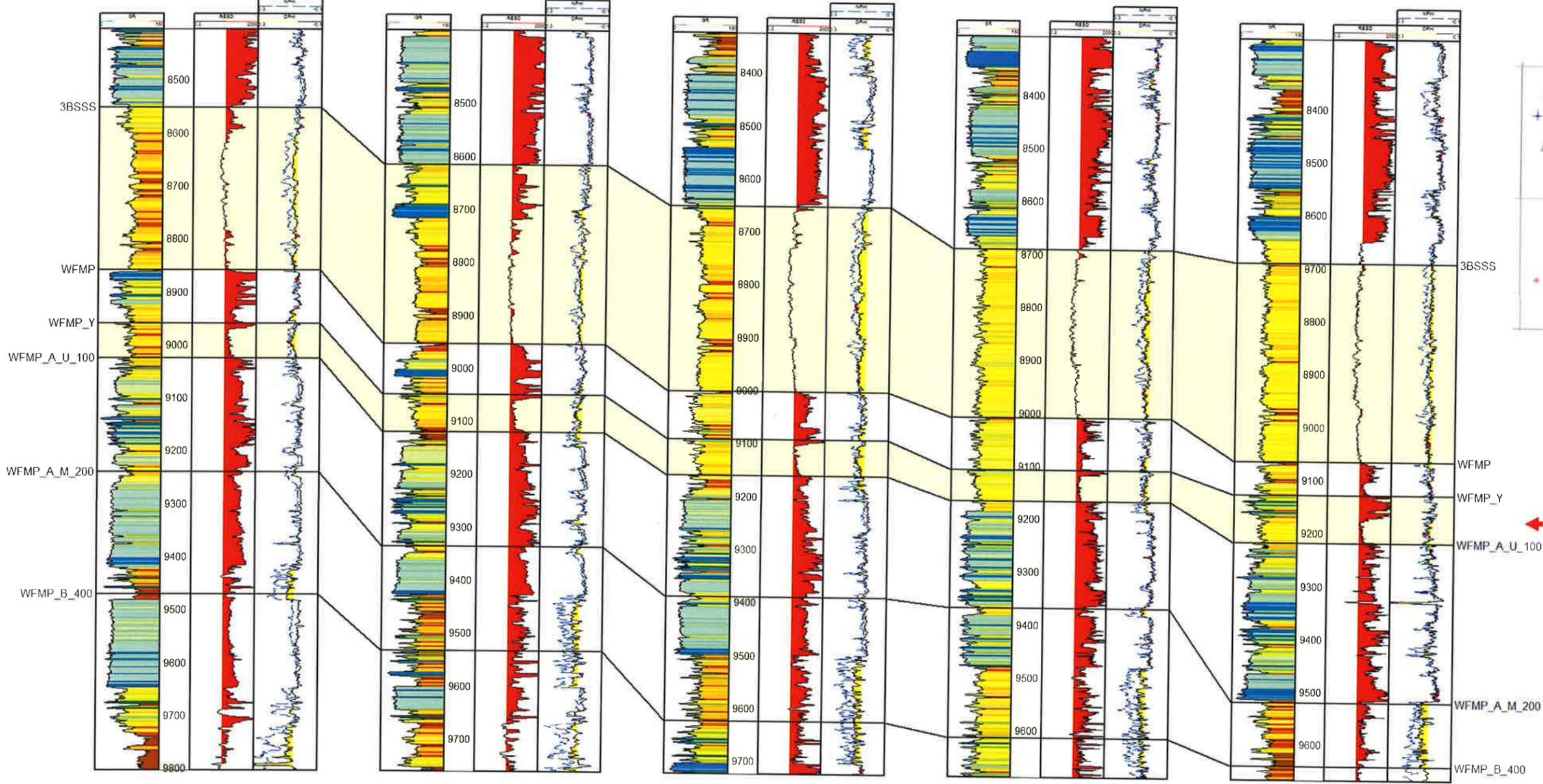
## Northwest to Southeast



B

B'

<p>T21S R27E S15 MEWBOURNE ESPERANZA '15' STATE COM SPUD DATE : 11/18/2001 30015318770000</p>	<p>T21S R27E S14 MEWBOURNE ESPERANZA '14' STATE COM SPUD DATE : 12/14/2002 30015324150000</p>	<p>T21S R27E S14 FOUNDATION LONETREE 14 STATE COM SPUD DATE : 11/24/2003 30015328510000</p>	<p>T21S R27E S24 EOG OLYMPIA 24 FEDERAL COM SPUD DATE : 3/8/2004 30015332530000</p>	<p>T21S R27E S24 EOG AUGUSTA '24' FEE SPUD DATE : 6/13/2002 30015323050000</p>
---	---	---	---	--



WFMP Y Sand Target:  
(621H)

Devon Energy Corporation  
Docket # 08-19  
Case Numbers 20160  
February 21, 2019  
Exhibit # D-1

# Stratigraphic (Dip) Cross-Section B-B'

## Northwest to Southeast



B

T21S R27E S15  
MEWBOURNE  
ESPERANZA '15' STATE COM  
1  
SPUD DATE : 11/18/2001  
30015318770000

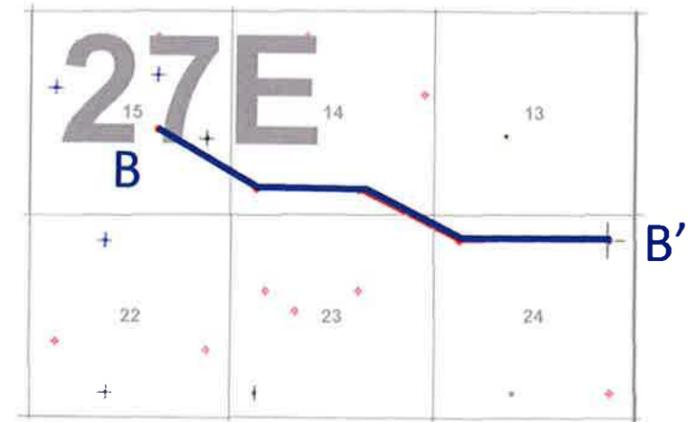
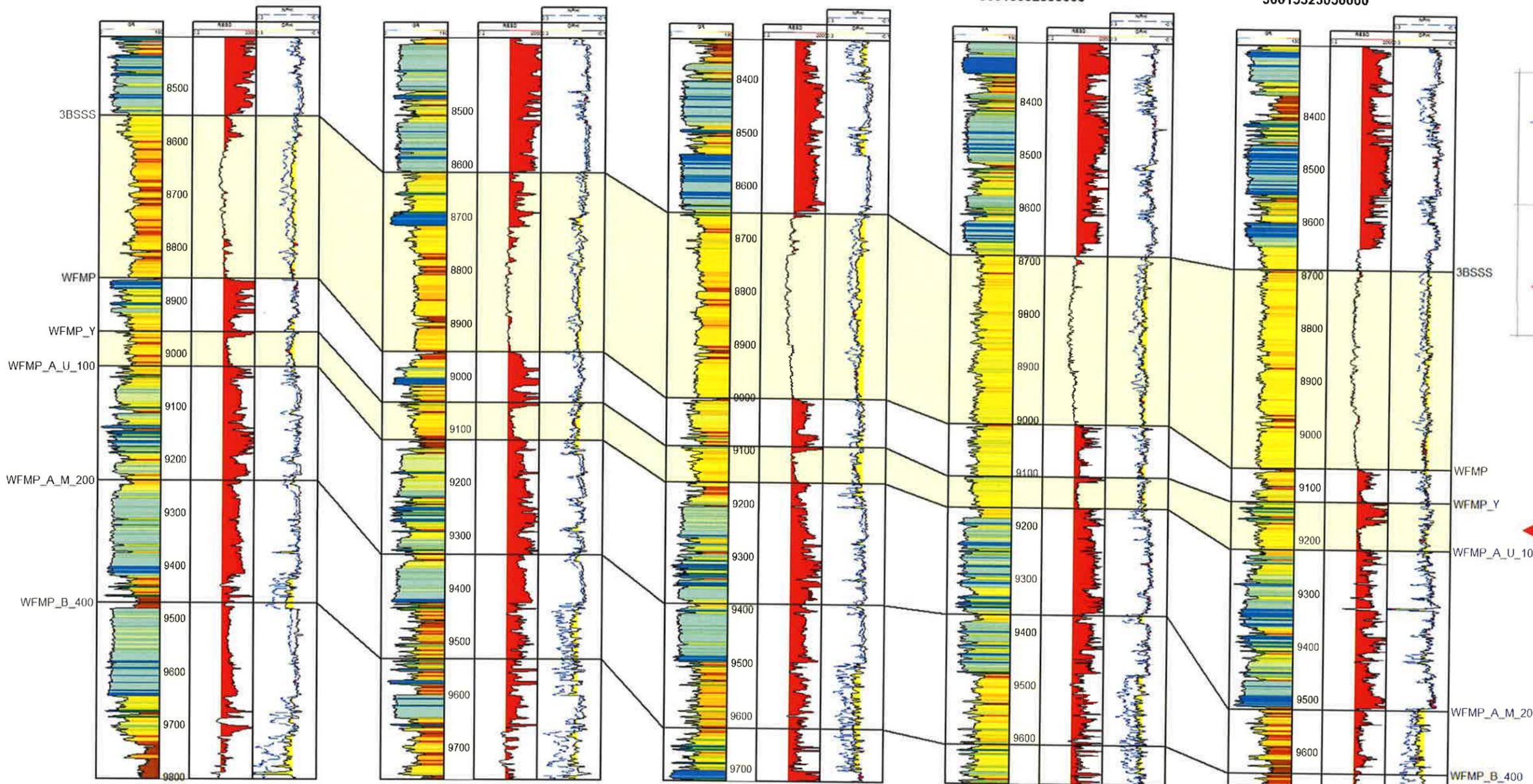
T21S R27E S14  
MEWBOURNE  
ESPERANZA '14' STATE COM  
1  
SPUD DATE : 12/14/2002  
30015324150000

T21S R27E S14  
FOUNDATION  
LONETREE 14 STATE COM  
1  
SPUD DATE : 11/24/2003  
30015328510000

T21S R27E S24  
EOG  
OLYMPIA 24 FEDERAL COM  
1  
SPUD DATE : 3/8/2004  
30015332530000

T21S R27E S24  
EOG  
AUGUSTA '24' FEE  
1  
SPUD DATE : 6/13/2002  
30015323050000

B'

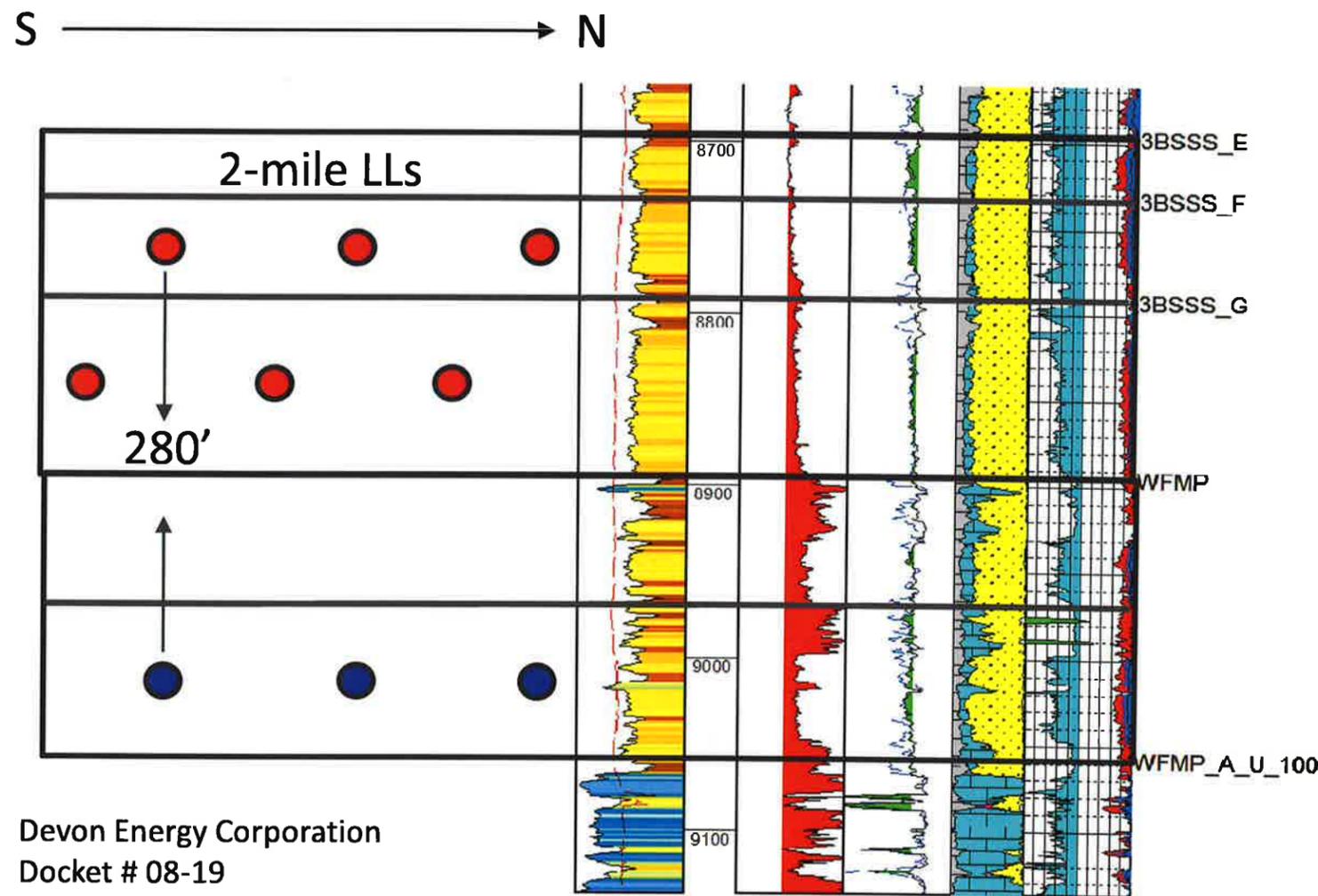


WFMP Y Sand Target:  
(623H)

Devon Energy Corporation  
Docket # 08-19  
Case Numbers 20161  
February 21, 2019  
Exhibit # D-2

# 3<sup>RD</sup> Bone Spring/Upper WFMP Appraisal Plan

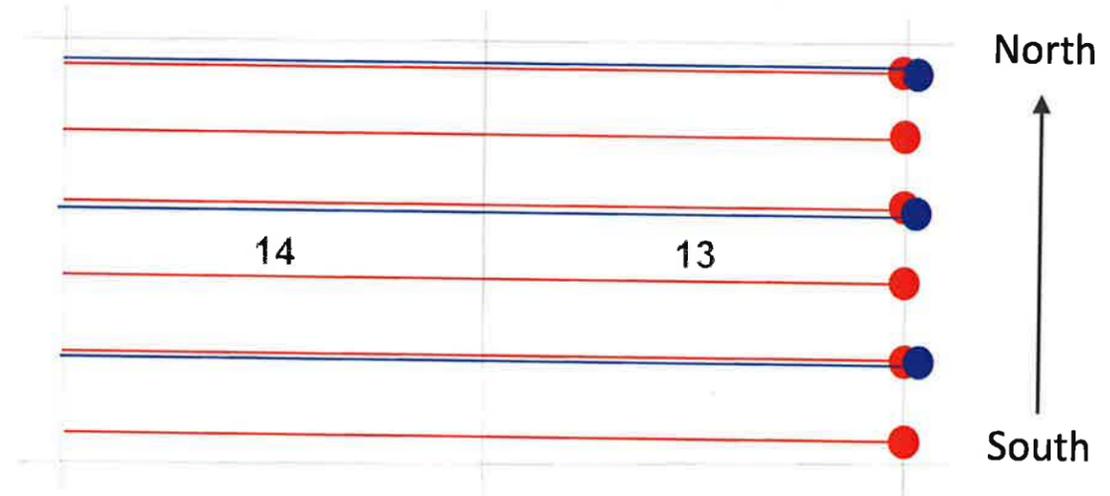
## Stack/Stagger Gunbarrel Diagram



Testing the interaction between 3BSSS & WFMP XY:

- Stack/stagger spacing
  - ~ up to 280' vertically between targets
  - ~ 660'- 880' horizontally between laterals
  - ~ 1,540'- 1,640' on plane
- Downhole gauges to obtain/monitor pressures
- Obtain & analyze log, RWSC, PVT, DFIT data

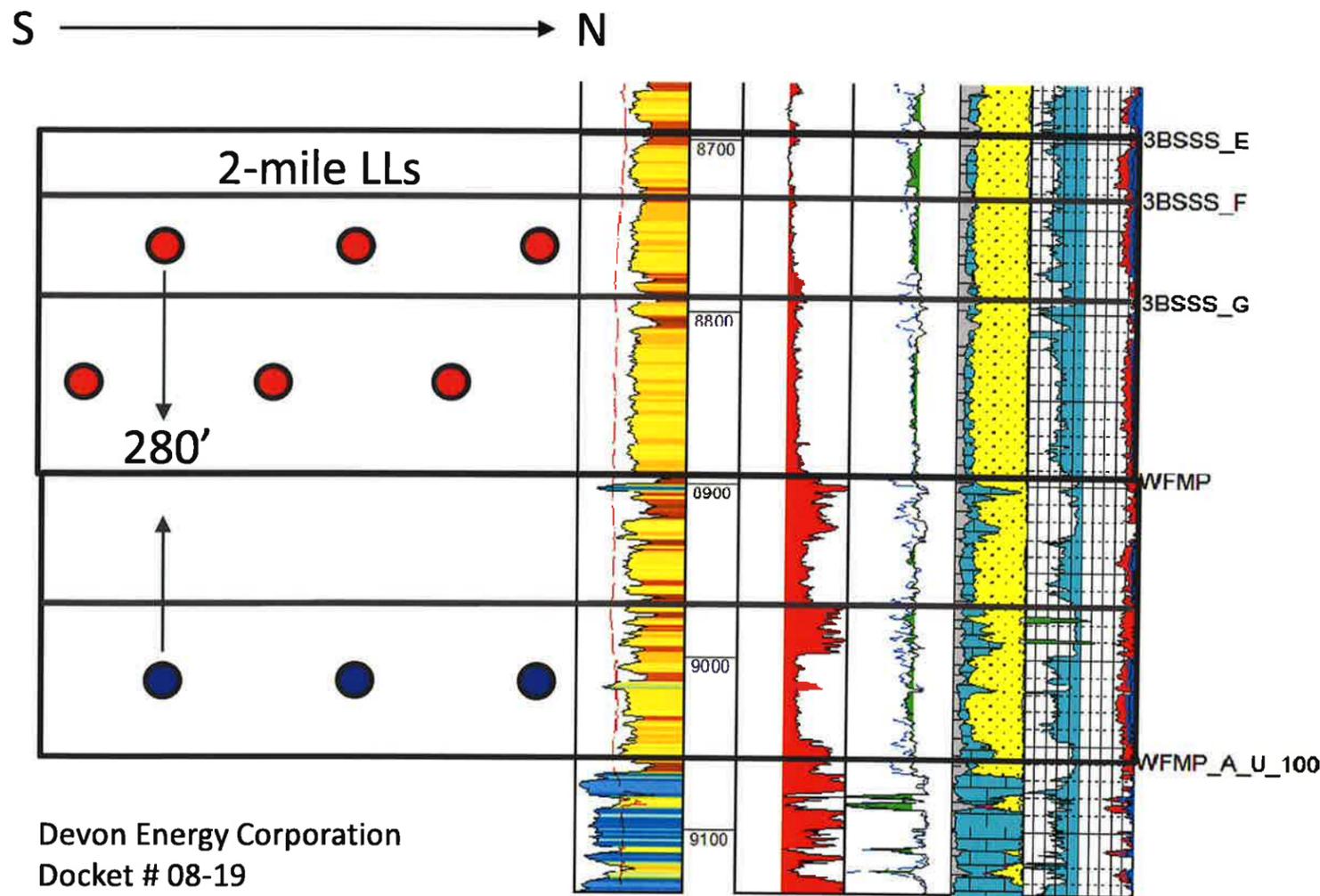
Map View (full development plan):



Devon Energy Corporation  
 Docket # 08-19  
 Case #: 20160 & 20161  
 February 21, 2019  
 Exhibit # E-1

# 3<sup>RD</sup> Bone Spring/Upper WFMP Appraisal Plan

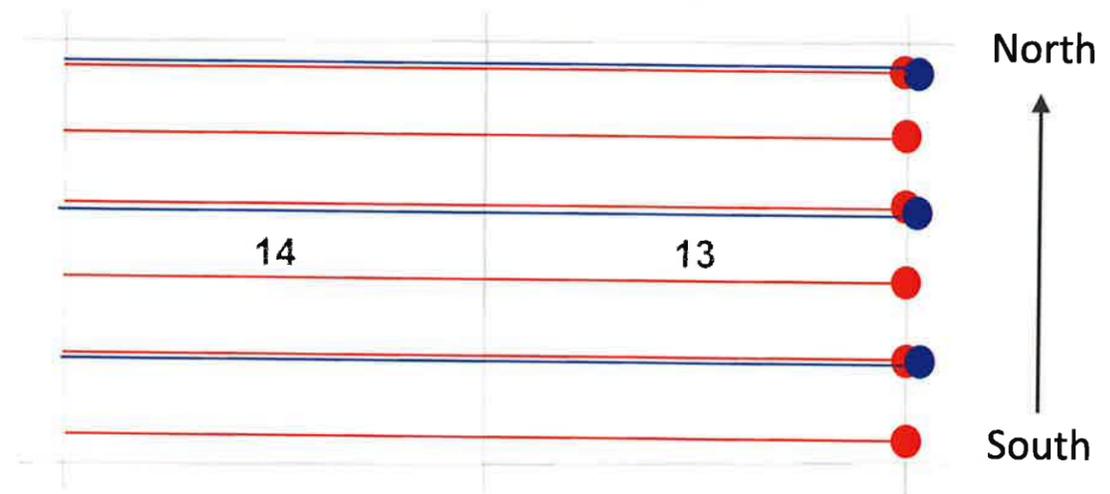
## Stack/Stagger Gunbarrel Diagram



Testing the interaction between 3BSSS & WFMP XY:

- Stack/stagger spacing
  - ~ up to 280' vertically between targets
  - ~ 660'- 880' horizontally between laterals
  - ~ 1,540'- 1,640' on plane
- Downhole gauges to obtain/monitor pressures
- Obtain & analyze log, RWSC, PVT, DFIT data

Map View: (full development plan)



Devon Energy Corporation  
 Docket # 08-19  
 Case #: 20160 & 20161  
 February 21, 2019  
 Exhibit # E-2

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

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20160**

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY LP FOR A STANDARD HORIZONTAL SPACING  
AND PRORATION UNIT AND COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO**

**Case No. 20161**

**AFFIDAVIT OF KARSAN SPRAGUE**

1. I, Karsan Sprague, am over eighteen (18) years of age and am otherwise competent to make the statements contained herein.

2. I am a Reservoir Engineer for Devon Energy Production Company, L.P. (“Devon”). My responsibilities at Devon include reserve appraisals, subsurface characterization, and performance prediction.

3. I have not previously testified before the New Mexico Oil Conservation Division as an expert witness in petroleum engineer matters. My credentials as a petroleum engineer are as follows:

- a. I obtained a Bachelor’s degree in Petroleum Engineering from Montana Tech.
- b. I have worked with Devon as a Petroleum Engineer since 2015.

4. This affidavit is submitted in connection with the filing by Devon of the above-referenced compulsory pooling applications pursuant to 19.15.14.12(A)(1) NMAC. I am familiar with the subject applications and the engineering involved.

- a. In Case No. 20160, Devon seeks to dedicate a standard 320-acre, more or less, horizontal spacing unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 621H well.
- b. In Case No. 20161, Devon seeks to dedicate a standard 640-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21, South, Range 27 East, NMPM, Eddy County, New Mexico to its Lone Tree Draw 14-13 State Com 623H well.

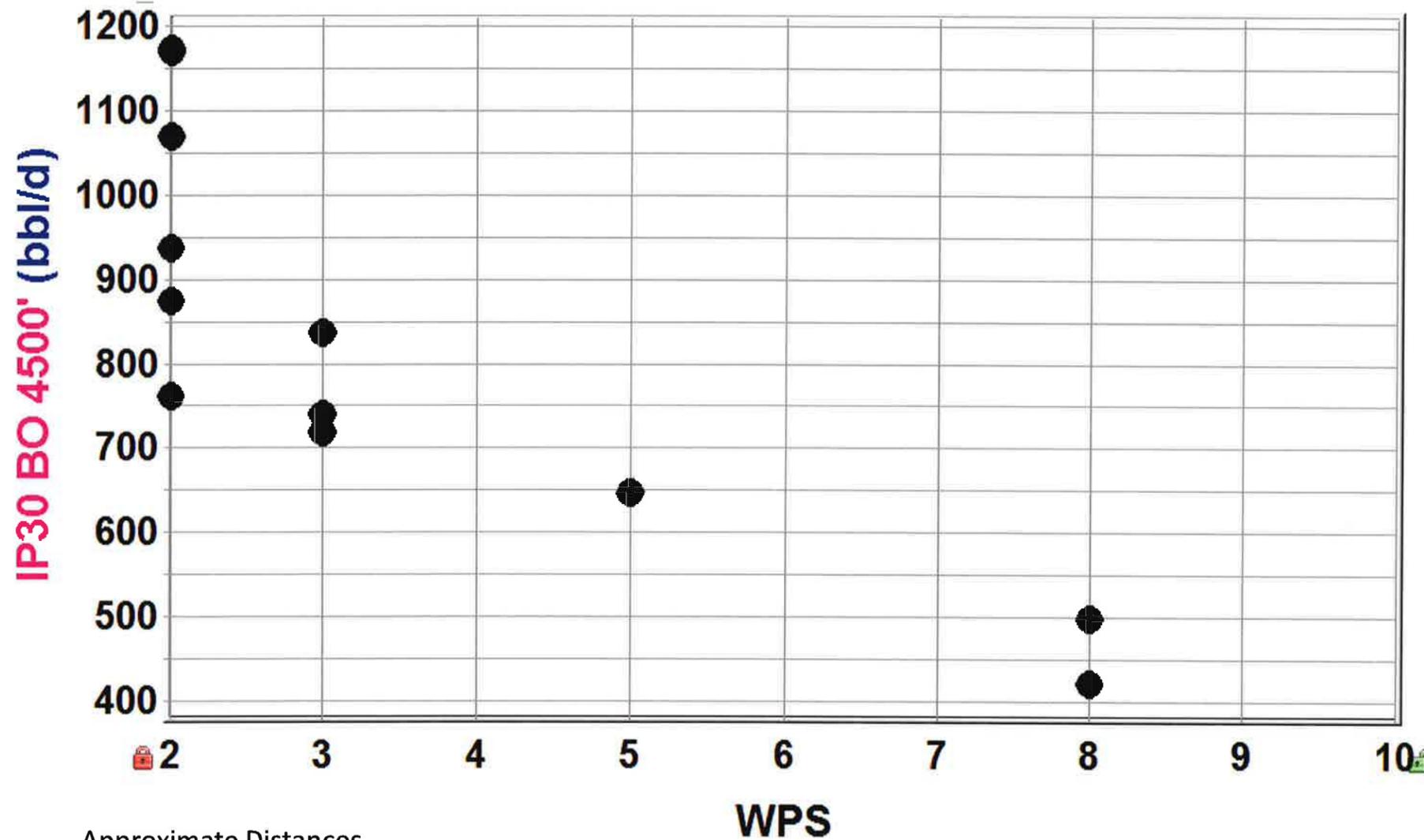
5. I have completed an analysis for Wolfcamp XY using OBO wells in the Township of 23S 27E to understand performance of wells that are in a comparable reservoir to Sections 13 & 14, 21S 27E. The wells in the analog field had a wide range of spacing that indicate that the WFMP XY should be spaced at 3-4 Wells per Section (WPS) to be commercially viable projects. See **Exhibits A-1 and A-2** attached hereto.

6. I have also completed an analysis for the 3<sup>rd</sup> Bone Spring Formation using both Devon Operated Wells (Parkway West Unit) and wells operated by others (OBO) in the area surrounding Sections 13 & 14, 21S 27E. That analysis is attached to my affidavit submitted in Case Nos 20157, 20158, and 20159.

7. In my opinion, the upper Wolfcamp formation (Wolfcamp XY Sands) and the Lower Bone Spring Formation (3<sup>rd</sup> Bone Spring Sand) will have communication between horizontally-landed wellbores and should be drilled simultaneously. There are no examples that show communication in either the 3<sup>rd</sup> Bone Spring analog wells or the Wolfcamp XY analog wells that were used to predict performance for Sections 13 & 14, 21S, but Devon plans on testing the landings to know the commercial viability of both formations drilled in tandem.



# Wolfcamp XY Spacing Tests



Approximate Distances

2 Wells Per Section (WPS)  $\approx$  2640'

3 WPS  $\approx$  1760'

4 WPS  $\approx$  1320'

5 WPS  $\approx$  1056'

8 WPS  $\approx$  660'

Devon Energy Corporation

Docket # 08-19

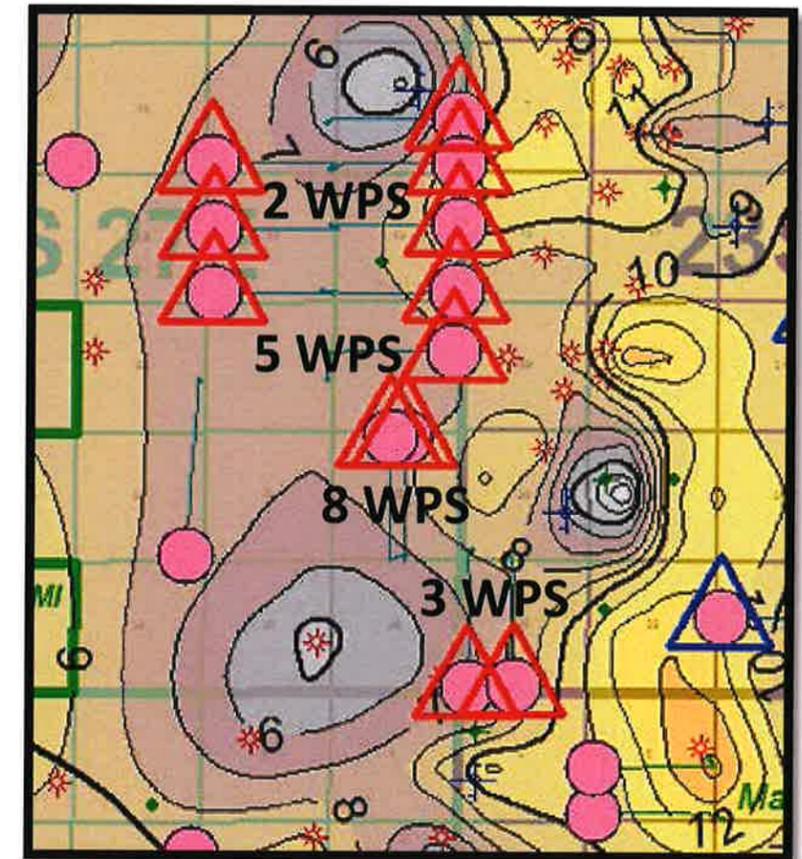
Case Numbers 20160 & 20161

February 21, 2019

Exhibit # A-1

Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

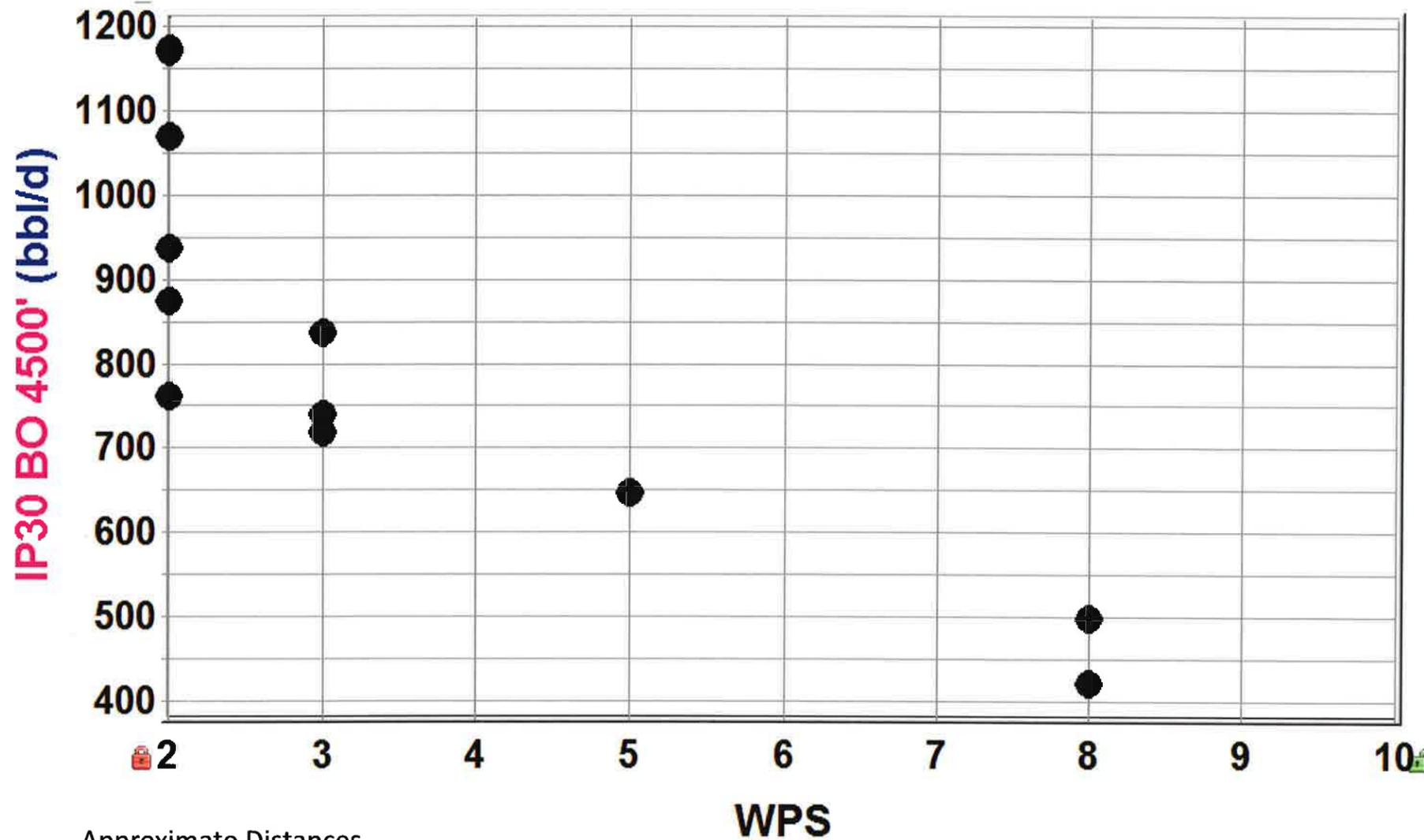
Devon - Internal



## WFMP XY Spacing Test

- IP30 Performance shows interference affects of XY on plane
- Significant resource is add by landing additional wells in 3<sup>rd</sup> Bone Spring

# Wolfcamp XY Spacing Tests

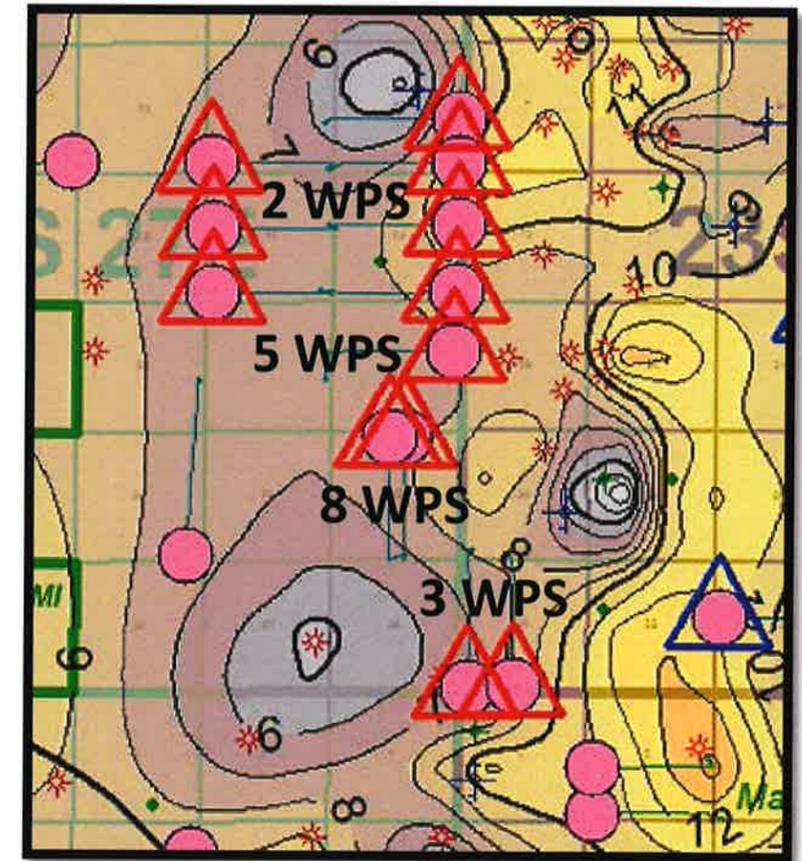


Approximate Distances  
 2 Wells Per Section (WPS)  $\approx$  2640'  
 3 WPS  $\approx$  1760'  
 4 WPS  $\approx$  1320'  
 5 WPS  $\approx$  1056'  
 8 WPS  $\approx$  660'

Devon Energy Corporation  
 Docket # 08-19  
 Case Numbers 20160 & 20161  
 February 21, 2019  
 Exhibit # A-2

Karsan Sprague, Reservoir Engineer – Devon Energy Corporation

Devon - Internal



## WFMP XY Spacing Test

- IP30 Performance shows interference affects of XY on plane
- Significant resource is add by landing additional wells in 3<sup>rd</sup> Bone Spring

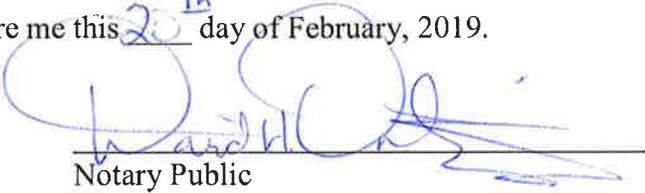


I, Seth C. McMillan, attorney for Devon Energy Production Company, L.P., the Applicant in the above-captioned matters, being first duly sworn, upon oath state that I sent copies of the Applications in these matters to the parties as specified on the attached **Exhibit A**. Proof of receipt is attached hereto. I also had published a Notice in the Carlsbad Current-Argus. An Affidavit of Publication is attached as **Exhibit B**.

Devon has conducted a good faith, diligent effort to find the names and correct addresses for the interest owners entitled to receive notice of the Applications filed herein.

  
\_\_\_\_\_  
SETH C. McMILLAN

SUBSCRIBED AND SWORN to before me this 20<sup>th</sup> day of February, 2019.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

6/13/2022  
\_\_\_\_\_

**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

SANTA FE NM  
 Postmark  
 DEC 18 2018  
 USPO 87504

7015 1730 0000 9793 7441

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 \$ <u>9.09</u>	
Sent To: 3MG Corporation Street: 500 W. Texas, Suite 1020 City, St: Midland, TX 79701	

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. Also complete item 4 if Restricted Delivery is desired.</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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           3MG Corporation            500 W. Texas, Suite 1020            Midland, TX 79701         </div> <p>2. Article # (Transfer) <u>7015 1730 0000 9793 7441</u></p>	<p>A. Signature  <input checked="" type="checkbox"/> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>12-27</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

EXHIBIT A

7015 1730 0000 9793 7458

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 & 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	\$ _____

**SANTA FE NM**  
Postmark Here  
**DEC 19 2018**  
**USPO 87504**

Postage \$ 9.09  
To Adolph P. Schuman Trust James J Crafts Jr.,  
TTEE  
2701 16th Street  
San Francisco, CA 94104

Returned  
envelope  

---

1/3/19

**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 & Fees (check box, add fee as appropriate)

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

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

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

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

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

**SANTA FE NM**  
 Post Office Here  
**DEC 19 2018**  
**USPO 87504**

Postage 9.09

Agnes Cluthe Oliver Foundation TR Turtle  
 Creek Trust Company LTA Successor TTEE  
 3838 Oak Lawn Avenue  
 Suite 1650  
 Dallas, TX 75219

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

7015 1730 0000 9793 7465

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Agnes Cluthe Oliver Foundation TR Turtle  
 Creek Trust Company LTA Successor TTEE  
 3838 Oak Lawn Avenue  
 Suite 1650  
 Dallas, TX 75219

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Mela Crawford*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Mela Crawford* *12-28-18*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 ( 7015 1730 0000 9793 7465 )

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9793 7472

**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	\$
<b>Extra Services &amp; Fees</b> (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	\$ _____

**SANTA FE NM**  
Postmark  
Here  
**DEC 1 9 2018**  
**USPO 87504**

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

**Total Postage and Fees** \$ 9.09

<b>Sent to</b>	Betsy H. Keller
<b>Street</b>	600 Deer Valley Road
<b>City</b>	Apt. GG San Rafael, CA 94903

7015 1730 0000 9813 2357

**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 & 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** \$ 9.09

**Postmark Here**  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

**Postmaster**

**City** Brian Wochler Trust UWO William B. Oliver  
 Steve Fillenwarth Succ TTEE  
 9840 Westpoint Drive  
 Suite 200  
 Indianapolis, IN 42656

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. Also complete item 4 if Restricted Delivery is desired.</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 checked="" 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>Brian Wochler Trust UWO William B. Oliver          Steve Fillenwarth Succ TTEE          9840 Westpoint Drive          Suite 200          Indianapolis, IN 42656</p>	<p>INDIANAPOLIS BRANCH          Steve F. Fillenwarth          JAN 6 2019          INDIANAPOLIS, IN 46256</p>
<p>2. Article (Trans: 7015 1730 0000 9813 2357)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**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

7015 1730 0000 9813 2340

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  
 \$ 9.09

Sent To

Street Chi Energy, Inc

P.O. Box 1799

City Midland, TX 79702

**SANTA FE NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Chi Energy, Inc  
 P.O. Box 1799  
 Midland, TX 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 DW  Agent  
 Addressee

B. Received by (Printed Name) DW C. Date of Delivery 12-28-18

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article (Trans) 7015 1730 0000 9813 2340

**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 & Fees (check box, add fee as appropriate)

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

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

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

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

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

Postmark  
 Here  
**SANTA FE NM**  
 DEC 19 2018  
**USPO 87504**

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

Total Postage and Fees *9.09*  
 \$ \_\_\_\_\_

Sent To  
 Street a Leawood, KS 66206-1652  
 City, St Coleman Martin  
 8833 Ensley Court

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

7015 1730 0000 9793 7502

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Coleman Martin  
 8833 Ensley Court  
 Leawood, KS 66206-1652

2. 7015 1730 0000 9793 7502

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  
 Addressee

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

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**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 & Fees (check box, add fee as appropriate)

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

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

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

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

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

**SANTA FE NM**  
 Postmark  
 Here  
**DEC 19 2018**  
**USPO 87504**

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

**Total Postage and Fees** *9.09*

Se CWM 2000-B, Ltd.  
 Str 500 W Texas, Suite 1020  
 Ci Midland, TX 79701

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

7015 1730 0000 9793 7496

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

CWM 2000-B, Ltd.  
 500 W Texas, Suite 1020  
 Midland, TX 79701

2. Article (Transit) **7015 1730 0000 9793 7496**

**COMPLETE THIS SECTION ON DELIVERY**

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

B. Received by (Printed Name) C. Date of Delivery *12/27*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013

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**

7015 1730 0000 9813 2067

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	\$

**SANTA FE NM**  
DEC 14 2018  
Postmark Here  
**USPO 87504**

Postage	\$
Total Postage and Fees	\$ 9.09

Sender	David H Essex
Street	P.O. Box 50577
City	Midland, TX 79710

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

David H Essex  
P.O. Box 50577  
Midland, TX 79710

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) TRENTON C. Date of Delivery 12-21-18

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article (Tr) 7015 1730 0000 9813 2067

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9793 7489

**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 & Fees (check box, add fee as appropriate)	
<input checked="" 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	
\$	9.09

**SANTA FE NM**  
Postmark  
**DEC 13 2018**  
**USPO 87504**

Send To	
\$	E G Holden Testamentary Trst
	8758 Chalk Hill Road
©	Healdsburg, CA 95448-9542

**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**

7015 1730 0000 9793 7434

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 *9.09*

**USPO 87504**  
 Postmark  
**DEC 9 2018**  
**SANTA FE NM**

Sent To Ernie Bello  
 Street Address 1570 Alewa Drive  
 City, State Honolulu, HI 96817-1205

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Ernie Bello  
 1570 Alewa Drive  
 Honolulu, HI 96817-1205

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Kristina*  Agent  
 Addressee

B. Received by (Printed Name) *Valentina Trambler*

C. Date of Delivery

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. **7015 1730 0000 9793 7434**

PS Form 3811, July 2013 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**

7015 1730 0000 9793 7427

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 <i>9.09</i>		
\$ Estate of David Goodnow Edward B Goodnow \$ Executor, James Corrie \$ 209 E. Raymond Avenue \$ Alexandria, VA 22301		
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. Also complete item 4 if Restricted Delivery is desired.</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 B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:  Estate of David Goodnow Edward B Goodnow Executor, James Corrie 209 E. Raymond Avenue Alexandria, VA 22301	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. A 7015 1730 0000 9793 7427 C	
PS Form 3811, July 2013	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**

7015 1730 0000 9793 7410

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	\$

**SANTA FE NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

Postage *90¢*  
 Frances B Bunn TTEE Frances B Bunn Rev. Lt.  
 Dtd. 5-18-82  
 2493 Makiki Heights Drive  
 Honolulu, HI 96822-2542

PS Form 3800, April 2013 PSN 7530-02-000-9001 Use reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Frances B Bunn TTEE Frances B Bunn Rev. Lt.  
 Dtd. 5-18-82  
 2493 Makiki Heights Drive  
 Honolulu, HI 96822-2542

2. Article Num (Transfer fro. *7015 1730 0000 9793 7410*)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  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

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9793 7403

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 & 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 \$

SANTA FE NM  
DEC 19 2018  
Postmark Here  
USPO 87504

Postage \$ 9.09  
To: Hayes Revocable Trust Michael D Hayes &  
Kathryn A Hayes Ttees  
3608 Meadowridge Lane  
Midland, TX 79707

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

Returned  
Envelope  
1/17/2019

7015 1730 0000 9793 7397

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 & 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

\$

9.09

Postmark Here  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

Sent To

Street Isaac A Kawasaki  
1232 S. King Street  
City, Honolulu, HI 96814-1918

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

See Reverse for Instructions

Returned  
Envelope  
12/20/18

**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**

7015 1730 0000 9793 7380

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	\$	9.09
Total Postage and Fees	\$	
Sent To <b>J. Frederick Van Vranken, Jr</b>		
Street or <b>950 Regency Square</b>		
City, Sta <b>Apt. 202</b>		
<b>Vero Beach, FL 32967</b>		

**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

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

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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><b>COMPLETE THIS SECTION ON DELIVERY</b></p>
<p>1. Article Addressed to:</p> <p>J. Frederick Van Vranken, Jr          950 Regency Square          Apt. 202          Vero Beach, FL 32967</p>	<p>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>R. Paternostro</u> C. Date of Delivery <u>12/24/18</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>2. Article (Transit) <b>7015 1730 0000 9793 7380</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

**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**

7015 1730 0000 9793 7342

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 \$ \_\_\_\_\_

Postmark  
 Here

USPS 87504  
 DEC 19 2018  
 SANTA FE NM

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

**Total Postage and Fees** 9.09  
 \$ \_\_\_\_\_

Sent Jami Huber Owen  
 Street 3323 Providence Drive  
 City, Midland, TX 79707

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jami Huber Owen  
 3323 Providence Drive  
 Midland, TX 79707

2. Article (Tra) 7015 1730 0000 9793 7342

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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

7015 1730 0000 9793 7359

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 \$ \_\_\_\_\_

USPO 87504  
 DEF 9 2018  
 SANTA FE NM  
 Postmark Here

Postage \$ 9.09

Judith C Devine Trust Uwo William B Oliver  
 Turtle Creek Trust Company Lta Successor  
 Trustee  
 3838 Oak Lawn Avenue  
 Suite 1650  
 Dallas, TX 75219

PS Form 3807, April 2013 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. Also complete item 4 if Restricted Delivery is desired.</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>Mela Crawford</u></p> <p>C. Date of Delivery <u>12-28-18</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>Judith C Devine Trust Uwo William B Oliver                      Turtle Creek Trust Company Lta Successor                      Trustee                      3838 Oak Lawn Avenue                      Suite 1650                      Dallas, TX 75219</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. <u>7015 1730 0000 9793 7359</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**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**

7015 1730 0000 9793 7366

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 \$ \_\_\_\_\_

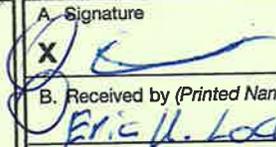
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

To Locker Brothers, a Texas General Partnership  
 1513 Flintridge  
 W. Lake Hills, TX 78746

Postmark Here  
 USPO 4504  
 DEC 19 2018  
 SANTA FE NM

PS Form 3800, April 2015 PSN 7530-t2-000-9047 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. Also complete item 4 if Restricted Delivery is desired.</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 checked="" type="checkbox"/>  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <u>ERIC H. LOCKER</u> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery  <u>12/29/18</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>Locker Brothers, a Texas General Partnership                  1513 Flintridge                  W. Lake Hills, TX 78746</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. 7015 1730 0000 9793 7366</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9793 7373

**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 & 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 \$ 10.9

Mccombs Energy Ltd., a Texas Limited Partnership Mccombs Energy Gp LLC Gen Ptnr.  
 Larry Wyont Vice President  
 750 E. Mulberry Avenue Suite 403  
 San Antonio, TX 78212

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

USPO 87504  
 SEP 19 2018  
 SANTA FE NM  
 Postmark Here

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mccombs Energy Ltd., a Texas Limited Partnership Mccombs Energy Gp LLC Gen Ptnr.  
~~Larry Wyont Vice President~~  
 750 E. Mulberry Avenue Suite 403  
 San Antonio, TX 78212

2. A 7015 1730 0000 9793 7373

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Sarah O'Shaughnessy

B. Received by (Printed Name) Sarah O'Shaughnessy C. Date of Delivery 01/03/19

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

Larry is not associated with Mccombs Energy anymore.

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 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**

7015 1730 0000 9793 7335

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 **9.09**  
 \$ \_\_\_\_\_

SANTA FE NM  
 POST OFFICE  
 DEC 19 2018  
 USPO 87504

Sent To Mewbourne Development Corporation  
 Street 500 W. Texas, Suite 1020  
 City, State Midland, TX 79701

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. Also complete item 4 if Restricted Delivery is desired.</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 <b>12-27</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>1. Article Addressed to:</p> <p>Mewbourne Development Corporation                      500 W. Texas, Suite 1020                      Midland, TX 79701</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. A _____                      C _____</p> <p>7015 1730 0000 9793 7335</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9793 7328

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 \$	<div style="text-align: center;">  </div>
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b> <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 \$ <u>9.69</u>	
Sent Mewbourne Oil Company 500 W. Texas, Suite 1020 Midland, TX 79701	
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. Also complete item 4 if Restricted Delivery is desired.</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"/>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>12-27</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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             Mewbourne Oil Company              500 W. Texas, Suite 1020              Midland, TX 79701           </div>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
<p>2. Article (Trk) <u>7015 1730 0000 9793 7328</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

7015 1730 0000 9793 7311

**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 & 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  
\$

7.09

Postmark Here  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

Sent to  
 Recipient's Name: Milestone Energy Corp.  
 Street: 5910 S. University Blvd. C18432  
 City: Greenwood Village, CO 80121

7015 1730 0000 9813 2326

**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 & 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  
 \$ 9.09

Sent To  
 Str Morris E. Schertz & Wife Holly K. Schertz  
 P. O. Box 2588  
 Cit Roswell, NM 88202-2588

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

SANTA FE NM  
 Dec 19 2018  
 USPO 87504

**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:  
 Morris E. Schertz & Wife Holly K. Schertz  
 P. O. Box 2588  
 Roswell, NM 88202-2588



2. Article Number (Transfer from service label)  
 7015 1730 0000 9813 2326

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): Bob Stacy  Date of Delivery: 12-26-18

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

3. Service Type
- Adult Signature  Priority Mail Express®
- Adult Signature Restricted Delivery  Registered Mail™
- Certified Mail®  Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery  Return Receipt for Merchandise
- Collect on Delivery  Signature Confirmation™
- Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

**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 & 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

\$

9.09

Sent To

Penroc Oil Corporation M Y Merchant, President  
 P.O. Box 2769  
 Hobbs, NM 88241-2769

**SANTA FE NM**  
 Dec 19 2018  
 USPO 87504

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

See Reverse for Instructions

7015 1730 0000 9813 2333

**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 M Y Merchant, President  
 P.O. Box 2769  
 Hobbs, NM 88241-2769



9590 9401 0118 5225 7035 73

2. Article Number (Transfer from service label)

7015 1730 0000 9813 2333

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

12-24-18

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

7015 1730 0000 9813 2319

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 \$ 9.09

SANTA FE NM  
 Postmark Here  
 DEC 9 2018  
 USPO 87504

Robert A Oliver Trust Uwo William B Oliver  
 Turtle Creek Trust Company Ltd. Successor Ttee  
 3838 Oak Lawn Avenue  
 Suite 1650  
 Dallas, TX 75219

PS Form 3811, April 2015 PSN 7530-02-000-9053 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 type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Melbi Crawford</i></p> <p>C. Date of Delivery <i>12-28-18</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:</p> <p>Robert A Oliver Trust Uwo William B Oliver                  Turtle Creek Trust Company Ltd. Successor Ttee                  3838 Oak Lawn Avenue                  Suite 1650                  Dallas, TX 75219</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9401 0118 5225 7033 44</p> <p>7015 1730 0000 9813 2319</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7017 3040 0000 8683 9356

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	<b>SANTA FE NM</b> Postmark <del>Here</del> <b>DEC 9 2018</b> <b>USPO 87504</b>
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<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 \$ _____	
<b>Total Postage and Fees</b> <span style="float: right;">9.09</span> \$ _____	
Sanford J. Hodge, III 4323 Gilbert Avenue, Villa #2 Dallas, TX 75219-2209	
PS Form 3800, April 2015 PSN 7530-02-000-9047 <span style="float: right;">See Reverse for Instructions</span>	

Returned  
 Envelope  
 1/22/19

7017 3040 0000 8683 9363

**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 & Fees (check box, add fee as appropriate)

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

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

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

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

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

**SANTA FE, NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

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

**Total Postage and Fees** \$ 9.09

Slash Exploration Limited Partnership  
 P.O. Box 1973  
 Roswell, NM 88202

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 Slash Exploration Limited Partnership  
 P.O. Box 1973  
 Roswell, NM 88202



9590 9402 3493 7275 4784 16

2 Article Number (Transfer from service label)

7017 3040 0000 8683 9363

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 V. Alvarado  Addressee

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

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



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7017 3040 0000 8683 9370

**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	\$	Postmark Here <b>SANTA FE NM</b> <b>DEC 19 2018</b> <b>USPO 87504</b>
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	\$	
<b>Total Postage and Fees</b>	\$ <b>9.09</b>	
Sent to	Southwest Royalties, Inc	
Street	P.O. Box 733772	
City	Dallas, TX 75373	

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b> </p> <p>B. Received by (Printed Name) <b>Gabriel Hernandez</b> 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>DEC 23 2018</b></p>												
<p>1. Article Addressed to:</p> <p>Southwest Royalties, Inc          P.O. Box 733772          Dallas, TX 75373</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 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 checked="" 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 checked="" 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 checked="" 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><b>7017 3040 0000 8683 9370</b></p>	<p><input type="checkbox"/> Restricted Delivery</p>												

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

7017 3040 0000 8683 9387

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 & 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	\$ _____

**SANTA FE NM**  
Postmark  
Here  
**DEC 19 2018**  
**USPO 87504**

Postage

\$ \_\_\_\_\_

**Tot** \$ 9.09

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Tenison Oil Company  
1925 Hospital Place  
Abilene, TX 79606

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

**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 & 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 Yates Energy Corp.

\$ P.O. Box 2323

9.69  
 Ser Roswell, NM 88202-2323

State

City

SANTA FE NM  
 DEC 19 2018  
 Postmark Here  
 USPO 87504

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

See Reverse for Instructions

7017 3040 0000 8683 9394

**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:  
 Yates Energy Corp.  
 P.O. Box 2323  
 Roswell, NM 88202-2323



9590 9402 3493 7275 4784 47

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9394

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- 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

- 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

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](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	
\$	9.09

**SANTA FE NM**

**DEC 18 2018**  
Postmark  
Here  
**USPO 87504**

Sent To: Andrew Don Fry  
Street: P.O. Box 9251  
City: Albuquerque, NM 87119

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

See Reverse for Instructions

7017 3040 0000 8683 9400

**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**

7017 3040 0000 8683 9424

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 \$ 9.09

**SANTA FE NM**  
 Postmark  
**DEC 18 2018**  
**USPO 87504**

State of New Mexico Commission of Public  
 Lands  
 P.O. Box 1148  
 Santa Fe, NM 87504-1148

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:  
 State of New Mexico Commission of Public  
 Lands  
 P.O. Box 1148  
 Santa Fe, NM 87504-1148



9590 9402 3493 7275 4784 61

2. Article Number (Transfer from service label)  
**7017 3040 0000 8683 9424**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  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
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

7017 3040 0000 8683 9431

**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 & 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	\$ 9.09
Sent To	
Street	Butkin Investment Company LLC
	P.O. Box 2090
City	Duncan, OK 73534

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

SANTA FE NM  
DEC 19 2018  
USPO 87504

**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:  
 Butkin Investment Company LLC  
 P.O. Box 2090  
 Duncan, OK 73534



9590 9402 3493 7275 4784 78

2. Article Number (Transfer from service label)  
 7017 3040 0000 8683 9431

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Connie Phillips*  Addressee

B. Received by (Printed Name) *Connie Phillips* C. Date of Delivery *12/26/18*

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	

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**

7017 3040 0000 8683 9448

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	\$
<b>Total Postage and Fees</b>	\$ 9.09

Postmark Here  
**SANTA FE NM**  
 DEC 19 2018  
 USPO 87504

Sent To  
 C. Mark Wheeler, And Wife, J'lyn Wheeler  
 719 W. Kansas Avenue  
 Midland, TX 79701

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:  
 C. Mark Wheeler, And Wife, J'lyn Wheeler  
 719 W. Kansas Avenue  
 Midland, TX 79701



9590 9402 3493 7275 4784 85

2. Article Number (Transfer from service label)  
 7017 3040 0000 8683 9448

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *C. Mark Wheeler*  Addressee

B. Received by (Printed Name) *C. MARK WHEELER* C. Date of Delivery *12/26/18*

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

*Mathew Sandoval*  
**JAN 01 2019**  
**JAN 10 2019**  
*Mathew Sandoval*  
*Mathew Sandoval*

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 (\$500) |   |

Domestic Return Receipt

7017 3040 0000 8683 9455

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ™	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	<b>SANTA FE NM</b> <b>DEC 19 2018</b> <b>USPO 87504</b>
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 \$ _____	
<b>Total Postage and Fees</b> \$ <u>9.09</u>	
Sent To Street <u>Chi Energy Inc.</u> <u>P.O. Box 1799</u> City <u>Midland, TX 79702</u>	
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <u>DLW</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Chi Energy Inc. P.O. Box 1799 Midland, TX 79702	B. Received by (Printed Name) <u>DLW</u> C. Date of Delivery <u>12-28-18</u>
2. Article Number (Transfer from service label) <u>7017 3040 0000 8683 9455</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
Barcode 9590 9402 3493 7275 4784 92	<input type="checkbox"/> 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](http://www.usps.com)®.

**OFFICIAL USE**

7017 3040 0000 8683 9462

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 \$ \_\_\_\_\_

SANTA FE, NM  
 Postmark Here  
 DEC 19 2018  
 USPO 87504

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

Total Postage and Fees *9.09*

Send to:  
 Recipient Name: Chisos Minerals LLC  
 Street: 1111 Bagby Street  
 Suite: Suite 2150  
 City: Houston, TX 77002

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:  
 Chisos Minerals LLC  
 1111 Bagby Street  
 Suite 2150  
 Houston, TX 77002



9590 9402 3493 7275 4785 08

2. Article Number (Transfer from service label)  
 7017 3040 0000 8683 9462

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Meg Carrigan*  Agent  
 Addressee

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

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Mail  Mail Restricted Delivery (500)

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

Domestic Return Receipt

7017 3040 0000 8683 9479

**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 & 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	\$ _____
<b>Total Postage and Fees</b>	\$ <u>9.09</u>

Postmark: **SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

Cornerstone Family Trust John Kyle Thoma  
 Succ TTEE  
 P.O. Box 558  
 Peyton, Co 80831

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)  <i>John K. Thoma</i></p> <p>C. Date of Delivery  <i>1-5</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p>Cornerstone Family Trust John Kyle Thoma          Succ TTEE          P.O. Box 558          Peyton, Co 80831</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 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 checked="" 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 checked="" 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 checked="" 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><b>7017 3040 0000 8683 9479</b></p>													

**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**

7017 3040 0000 8683 9486

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	\$ 9.09

Postmark Here  
 SAN ANTONIO TX  
 DEC 19 2018  
 USPO 87504

Sent To  
 Street Crownrock Minerals LP  
 P.O. Box 51933  
 City Midland, TX 79710

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:  
 Crownrock Minerals LP  
 P.O. Box 51933  
 Midland, TX 79710



9590 9402 3493 7275 4785 15

2 Article Number (transfer from service label)

7017 3040 0000 8683 9486

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Ellenie Arampato*  Agent  
 Addressee

B. Received by (Printed Name)  
*Ellenie Arampato*

C. Date of Delivery  
*12/26/18*

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

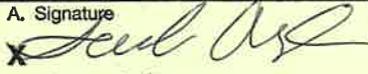
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> Mail Restricted Delivery (30)	

Domestic Return Receipt

7017 3040 0000 8683 9493

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$ _____	Postmark Here <b>SANTA FE NM</b> <b>DEC 19 2018</b> <b>MSPO 87504</b>
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 \$ _____	
<b>Total Postage and Fees</b> \$ <u>9.09</u>	
Sent To Sir: Curtis W. Mewbourne, Trustee P.O. Box 7698 City: Tyler, TX 75711	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Curtis W. Mewbourne, Trustee P.O. Box 7698 Tyler, TX 75711	B. Received by (Printed Name) <u>Gonzalo Argote</u>
	C. Date of Delivery _____
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 3493 7275 4785 39	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) <b>7017 3040 0000 8683 9493</b>	<input type="checkbox"/> 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](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

\$

To

\$

St

Dynasty Partners LLC  
Bill Cagle, Manager  
5910 S. University Blvd.  
Greenwood Village, CO 80121

Postmark  
**SANTA FE NM**  
DEC 19 2018  
**USPO 87504**

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

See Reverse for Instructions

7017 3040 0000 8683 9509

9.09

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**

7017 3040 0000 8683 9516

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	\$
<b>Total Postage and Fees</b>	<b>9.09</b>

**SANTA FE NM**  
Postmark  
**DEC 19 2018**  
**USPO 87504**

Sent To

Elouise H. Justice \_\_\_\_\_  
545 Canyon Springs Drive \_\_\_\_\_  
El Paso, TX 79912 \_\_\_\_\_

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**

7017 3040 0000 8683 9523

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	9.99

SANTA FE NM  
 Postmark  
 DEC 19 2018  
 Here  
 USPO 87504

High Sky Childrens Ranch in Memory of David  
 Hoy Harrison  
 8616 W. County Road 60  
 Midland, TX 79707-1307

See back 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:  
 High Sky Childrens Ranch in Memory of David  
 Hoy Harrison  
 8616 W. County Road 60  
 Midland, TX 79707-1307



9590 9402 3493 7275 4785 60

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9523

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Megan  
 C. Date of Delivery 12-22-18

D. Is delivery address different from item 1?  Yes  
 No

8613 W. County Rd  
 CED

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 checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" 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 |

7017 3040 0000 8683 9530

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 & 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	\$ 9.09

SANTA FE NM  
Postmark  
Here  
DEC 19 2018  
USPO 87504

Hoy B. Harrison Endowed Scholarship Texas  
Christian University c/o Finance &  
Administration  
P.O. Box 297041  
Ft Worth, TX 76129-0001

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:

Hoy B. Harrison Endowed Scholarship Texas  
Christian University c/o Finance &  
Administration  
P.O. Box 297041  
Ft Worth, TX 76129-0001



9590 9402 3493 7275 4785 77

2. Article Number (Transfer from service label)

7017 3040 0000 8683 9530

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Barbara Kelley  Agent  
 Addressee

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

Barbara Kelley 11/2/19

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 checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" 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"/> Restricted Delivery                     |   |

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 & 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

\$

9.09

Jareed Partners Ltd., a Texas Limited Partnership  
P.O. Box 51451  
Midland, TX 79710-1451

**SANTA FE NM**  
Postmark Here  
**DEC 19 2018**  
**USPO 87504**

for Instructions

7017 3040 0000 8683 9547

7017 3040 0000 8683 9554

# 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 & 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	\$ 9.09

SANTA FE NM  
Postmark Here  
DEC 19 2018  
USPO 87504

Kimbell Royalty Holdings LLC Duncan  
Management LLC Agent  
P.O. Box 671099  
Dallas, TX 75367

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:  
 Kimbell Royalty Holdings LLC Duncan  
 Management LLC Agent  
 P.O. Box 671099  
 Dallas, TX 75367



9590 9402 3493 7275 4785 91

2. Article Number (Transfer from service label)  
 7017 3040 0000 8683 9554

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Miguel T  Agent  
 Addressee

B. Received by (Printed Name)  
 Miguel T

C. Date of Delivery  
 12/21/18

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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"/> 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](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

\$

Tr  
Lowe Royalty Partners LP  
P.O. Box 4887  
Houston, TX 77210-4887

USPO 87504  
SEP 19 2018  
SANTA FE NM  
Postmark Here

969

7017 3040 0000 8683 9561

8047

See Reverse for Instructions

7017 3040 0000 8683 9578

**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 & 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 \$ 9.07

Postmark Here  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

Midland College Foundation Inc FBO David  
 Hoy Harrison Endowed Music Scholarship at  
 Midland College in Memory of David Hoy  
 3600 N. Garfield St.  
 Midland, TX 79705-6397

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>12-27-18</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>Midland College Foundation Inc FBO David          Hoy Harrison Endowed Music Scholarship at          Midland College in Memory of David Hoy          3600 N. Garfield St.          Midland, TX 79705-6397</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7017 3040 0000 8683 9578</b></p>		<p>9590 9402 3493 7275 4786 14</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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 & Fees (check box, add fee as appropriate)

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

**SANTA FE NM**

**DEC 19 2018**

**USPO 87504**

Postage

\$

To

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Midland Memorial Foundation in Memory of  
David Hoy Harrison  
400 Rosalind Redfern Grover Pkwy.  
Midland, TX 79701-6499

PS Form 3800, April 2013 PSN 7530-01-000-9000

Instructions

7017 3040 0000 8683 9585

7017 3040 0000 8683 9592

**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 & 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	\$
<b>Total Postage and Fees</b>	\$ <u>9.09</u>

Postmark  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

<i>Sent To</i>	
<i>Street a</i>	Mizel Resources a Trust
<i>City, St</i>	4350 S. Monaco Street, Floor 5 Denver, CO 80237-3400

7017 3040 0000 8683 9608

**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 & 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	\$ 9.09

SANTA FE NM  
 Postmark  
 DEC 19 2018  
 Here  
 USPO 87504

Sent NBL Permian, LLC  
 Street 1001 Noble Energy Way  
 City, Houston, TX 77070

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 checked="" 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>NBL Permian, LLC          1001 Noble Energy Way          Houston, TX 77070</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 3493 7275 4786 45</p> <p>2. <i>(Transfer from service label)</i></p> <p>7017 3040 0000 8683 9608 Restricted Delivery</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

7017 3040 0000 8684 6255

**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		<b>SANTA FE NM</b> Postmark Here <b>DEC 19 2018</b> <b>USPO 87504</b>
\$	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		
\$	Tot	
\$	Se	
Str		
City		

NM & T Resources LLC  
P.O. Box 10523  
Midland, TX 79702-7523

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

returned  
envelope  
4/24/19

7017 3040 0000 8684 6262

**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 \$	<b>SANTA FE NM</b> Postmark <b>DEC 19 2018</b> Here <b>USPO 87504</b>
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 \$	
<b>Total Postage and Fees</b> 9.09	
\$	
Sent To Paul R. Barwis c/o Dutton Harris & Co. State P.O. Box 230 City Midland, TX 79702	

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

Returned  
 Envelope  
 1/24/19

7017 3040 0000 8684 6279

# 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 & 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	\$ 9.09

SANTA FE NM  
Postmark Here  
DEC 15 2018  
USPO 87504

Paula Scott Campbell, Trustee of Paula Scott  
Campbell Revocable Trust U/T/A 10/27/15  
2707 Coronado Drive  
Roswell, NM 88201

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.

Paula Scott Campbell, Trustee of Paula Scott  
Campbell Revocable Trust U/T/A 10/27/15  
2707 Coronado Drive  
Roswell, NM 88201



2. Article Number (Transfer from envelope label)  
7017 3040 0000 8684 6279

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
*Paula Campbell*

B. Received by (Printed Name) *Paula S. Campbell*

C. Date of Delivery *12/15/18*

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - 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](http://www.usps.com)®.

OFFICIAL USE

7015 1730 0000 9813 2364

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 \$ \_\_\_\_\_

Tot \$ \_\_\_\_\_

Penwell Employee Royalty Pool  
 310 W. Wall  
 Suite 1001  
 Midland, TX 79701

SANTA FE NM  
 DEC 19 2018  
 USPO 87504

See Reverse for Instructions

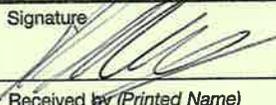
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Penwell Employee Royalty Pool  
 310 W. Wall  
 Suite 1001  
 Midland, TX 79701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 12/26

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2364

7015 1730 0000 9813 2371

**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 & 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 *9.09*  
 \$ \_\_\_\_\_

Sent *Richard W. Schmidt and Wife, Amanda Schmidt*

Street *P.O. Box 50187*

City *Austin, TX 78763*

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

**SANTA FE NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J Rhodes</i> C. Date of Delivery <i>1/5/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Richard W. Schmidt and Wife, Amanda Schmidt          P.O. Box 50187          Austin, TX 78763</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number          ( <i>7015 1730 0000 9813 2371</i> )</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**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

7015 1730 0000 9813 2388

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 \$ \_\_\_\_\_

**SANTA FE NM**  
Postmark  
Here  
**DEC 19 2018**  
**USPO 87504**

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

Tot \$ \_\_\_\_\_

Se. Robin Oil & Gas Corporation  
Oklahoma City, OK 73172

Sir \_\_\_\_\_

City \_\_\_\_\_

47 See Reverse for Instructions.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Robin Oil & Gas Corporation  
P.O. Box 720420  
Oklahoma City, OK 73172

**COMPLETE THIS SECTION**

A. Signature  *[Signature]*  Address \_\_\_\_\_

B. Received by (Printed Name) *Thomas Luethe* C. Date of Delivery *12-24-18*

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number ( 7015 1730 0000 9813 2388

7015 1730 0000 9813 2395

# 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 & 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  
\$ 9.09

To Rusk Capital Management LLC  
7600 W. Tidwell Road  
Suite 800  
Houston, TX 77040

PS Form 3811, April 2013

**SANTA FE NM**  
Postmark  
DEC 19 2018  
USPO 87504

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. Also complete item 4 if Restricted Delivery is desired.</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>R. K.</u> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Richard K</u> C. Date of Delivery <u>11/2/19</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>Rusk Capital Management LLC 7600 W. Tidwell Road Suite 800 Houston, TX 77040</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9813 2395

7015 1730 0000 9813 2401

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		<p><b>SANTA FE NM</b> Postmark <b>DEC 19 2018</b> <b>USPO 87504</b></p>
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/>	Return Receipt (electronic) \$ _____	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/>	Adult Signature Required \$ _____	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____	
Postage		
\$		
To	T.K. Campbell, II	
\$	6406 Antares NE	
St	Albuquerque, NM 87111	
St		
Ci		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

Returned  
Envelope  
1/17/2019

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

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

7015 1730 0000 9813 2418

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	\$	
<b>Tot</b>	\$	
<b>Sei</b>	\$	
<b>Str</b>	\$	
<b>City</b>		

Texas Christian University Dept. of Athletics in  
 Memory of Hoy B Harrison & David Hoy  
 Harrison  
 P.O. Box 297041  
 Fort Worth, TX 76129-0001

**SANTA FE NM**  
**DEC 19 2018**  
 Postmark Here  
**USPO 87504**

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Texas Christian University Dept. of Athletics in  
 Memory of Hoy B Harrison & David Hoy  
 Harrison  
 P.O. Box 297041  
 Fort Worth, TX 76129-0001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Barbara Kelley*

B. Received by (Printed Name) C. Date of Delivery  
*Barbara Kelley* *1/2/19*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. 7015 1730 0000 9813 2418

PS Form 3811, July 2013 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**

7015 1730 0000 9813 2425

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	\$ 9.09

**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

Sent To  
 Todd M. Kringen and Karla R. Kringen  
 8540 E. McDowell Road, Unit 59  
 Mesa, AZ 85207-1431

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

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Todd M. Kringen and Karla R. Kringen  
 8540 E. McDowell Road, Unit 59  
 Mesa, AZ 85207-1431

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *[Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Todd M. Kringen 12/23/2018

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

3. Service Type

Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Tr) 7015 1730 0000 9813 2425

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2432

# 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 & Fees (check box, add fee as appropriate)

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

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

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

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

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

Postmark  
**SANTA FE NM**  
 DEC 19 2018  
 USPO 87504

Postage \$ 9.09

To: Tom E. Johnson  
 P.O. Box 1688  
 Midland, TX 79702-1688

00-9047 See Reverse for Instructions

### SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Tom E. Johnson  
 P.O. Box 1688  
 Midland, TX 79702-1688

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Tom E. Johnson  Agent  
 Addressee

B. Received by (Printed Name) TOM E. JOHNSON

C. Date of Delivery 12-28-18

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. 7015 1730 0000 9813 2432

7015 1730 0000 9813 2449

# 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 & 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	\$ 9.07

SANTA FE NM  
DEC 19 2018  
Postmark Here  
USPO 87504

Sent To	William R. Bergman
Street	P.O. Box 1799
City	Midland, TX 79702

PS Form 3800, April 2013 4000-9047 See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

William R. Bergman  
P.O. Box 1799  
Midland, TX 79702

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 *DLW*  Addressee

B. Received by (Printed Name)  Agent  
*DLW*  Addressee

C. Date of Delivery  
*12-8-18*

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2 7015 1730 0000 9813 2449

7015 1730 0000 9813 2456

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 \$	909
Sent To	
Yosemite Creek Oil & Gas LLLP 4350 S. Monaco Street, 5th Floor Denver, Co 80237-3400	
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. Also complete item 4 if Restricted Delivery is desired.</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>Jim Laguna</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>Yosemite Creek Oil &amp; Gas LLLP 4350 S. Monaco Street, 5th Floor Denver, Co 80237-3400</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
<p>2. 7015 1730 0000 9813 2456</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 2013 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**

7015 1730 0000 9813 2470

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 \$ 9.09

Blue Ridge Royalties, LLC  
 P.O. Box 1973  
 Roswell, NM 88202-1973

**SANTA FE NM**  
 Postmark  
 Here  
**DEC 19 2018**  
**USPO 87504**

See for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Blue Ridge Royalties, LLC  
 P.O. Box 1973  
 Roswell, NM 88202-1973

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 V. Alvarado  Addressee

B. Received by (Printed Name)  Date of Delivery  
Veronica Alvarado

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

**DEC 26 2018**  
**USPO 88201**

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2470

7015 1730 0000 9813 2487

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 & 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	\$ _____

**SANTA FE NM**  
DEC 19 2018  
Postmark Here  
**USPO 87504**

Postage 9.09  
George M. O'Brien, Dealing in his Sole and Separate Property  
P.O. Box 1743  
Midland, TX 79702

PS Form 3800, April 2017, SA 7530-02-000-907 SEE REVERSE FOR INSTRUCTIONS

Returned  
Envelope  
1/24/19

**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

7015 1730 0000 9813 2494

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	9.09

**SANTA FE NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

Grace M. Redwine, Dealing in her Sole and Separate Property  
 901 W. Riverside Drive  
 Carlsbad, NM 88220-5249

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. Also complete item 4 if Restricted Delivery is desired.</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  <i>Malcolm Cunningham</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Malcolm Cunningham</i> C. Date of Delivery <i>12-24-18</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:</p> <p>Grace M. Redwine, Dealing in her Sole and Separate Property                  901 W. Riverside Drive                  Carlsbad, NM 88220-5249</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. A                  C 7015 1730 0000 9813 2494</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**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**

0052  
 6186  
 0000  
 1730  
 7015

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 \$ 9.09

**SANTA FE NM**

**DEC 10 2018**

**USPO 87504**

Joseph N. Scott, Dealing in his Sole and Separate  
 Property  
 600 W. Hobbs Street  
 Roswell, NM 88203

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Joseph N. Scott, Dealing in his Sole and Separate  
 Property  
 600 W. Hobbs Street  
 Roswell, NM 88203

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2500

PS Form 3811, July 2013

Domestic Return Receipt

7015 1730 0000 9813 2517

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 SANTA FE NM

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	\$ 9.09

DEC 19 2018  
USPO 87504  
Postmark  
Here

Total KCK Resources, Inc.  
\$ 5600 Fenway  
Sent 7 Midland, TX 79707

Street  
City, S

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

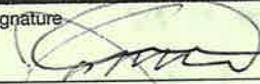
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

KCK Resources, Inc.  
5600 Fenway  
Midland, TX 79707

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**   Addressee

B. Received by (Printed Name) C. Date of Delivery  
Tom Dewey 12-22

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2517

PS Form 3811, July 2013

Domestic Return Receipt

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

7015 1730 0000 9813 2524

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 \$ \_\_\_\_\_

**SANTA FE NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

Postage 9.09

Linda F. Lyons & Monte L. Lyons JT  
 1010 W. Orchard Lane  
 Carlsbad, NM 88220-4305

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. Also complete item 4 if Restricted Delivery is desired.</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>Linda Lyons</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Linda F. Lyons &amp; Monte L. Lyons JT                  1010 W. Orchard Lane                  Carlsbad, NM 88220-4305</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7015 1730 0000 9813 2524</p>	

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2531

**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 & 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 \$ 909

**SANTA FE NM**  
 Postmark Here  
**DEC 19 2018**  
**USPO 87504**

\$ Tot Martin & Martin LLLP  
 \$ P.O. Box 1675  
 \$ Se Roswell, NM 88202-1675

PS Form 3800, April 2013 PSN 7530-02-000-9001 Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Martin & Martin LLLP  
 P.O. Box 1675  
 Roswell, NM 88202-1675

2. 7015 1730 0000 9813 2531

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Chad L. Mot  Agent  Addressee

B. Received by (Printed Name) Charmin A. MARTIN

C. Date of Delivery \_\_\_\_\_

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

DEC 26 2018

7015 1730 0000 9813 2548

# 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 & 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	\$ 9.02
Total Postage and Fees	\$

SANTA FE NM  
Postmark Here  
DEC 19 2018  
USPO 87504

Total Postage and Fees	\$
Sent To	Nuevo Seis LP
Street	P.O. Box 2588
City, S	Roswell, NM 88202-2588
PS Form	Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Nuevo Seis LP  
P.O. Box 2588  
Roswell, NM 88202-2588

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
Patti Stacy

C. Date of Delivery  
12-19-18

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2548

**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

7015 1730 0000 9813 2555

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 \$ \_\_\_\_\_

**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

Postage \$ 9.01

Panhandle Properties LLC  
P.O. Box 647  
Artesia, NM 88211

Use for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 checked="" type="checkbox"/> <u>aw</u> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>A WATTS</u></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>Panhandle Properties LLC  P.O. Box 647  Artesia, NM 88211</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7015 1730 0000 9813 2555</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	





**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

7015 1730 0000 9813 2579

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  
 \$ 7.04

**SANTA FE NM**  
 Postmark  
**DEC 19 2018**  
**USPO 87504**

Watts Properties LLC  
 P.O. Box 2367  
 Roswell, NM 88202-2367

for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Watts Properties LLC  
 P.O. Box 2367  
 Roswell, NM 88202-2367

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



7015 1730 0000 9813 2579

7015 1730 0000 9813 2586

**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 & 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 \$ 9.09

Postmark  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

William F Brainerd and Wife, Connie Jean  
 Brainerd  
 P.O. Box 1891  
 Roswell, NM 88201

for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

William F Brainerd and Wife, Connie Jean  
 Brainerd  
 P.O. Box 1891  
 Roswell, NM 88201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Sheri E. Harris*  Agent  Addressee

B. Received by (Printed Name) *Sheri E. Harris*

C. Date of Delivery *12/31/18*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Tr) 7015 1730 0000 9813 2586

7015 1730 0000 9813 2593

# 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 & 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	\$ 9.09

SANTA FE NM  
DEC 26 2018  
Postmark Here  
USPO 87504

Branex Resources Inc  
Po Box 2990  
Ruidoso, Nm 88355-2990

See back for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Branex Resources Inc  
Po Box 2990  
Ruidoso, Nm 88355-2990

### COMPLETE THIS SECTION ON DELIVERY

A. Signature:  Agent  Addressee  
 X *[Signature]*  
 B. Received by (Printed Name): *DIANA HASTEY*  
 C. Date of Delivery: *DEC 26 2018*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2593

**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

7015 1730 0000 9813 2609

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	\$ _____

**SANTA FE NM**  
 Postmark Here  
**DEC 17 2018**  
**USPO 87504**

Postage  
 \$ 9.09

To: Cibola Energy Corporation  
 P.O. Box 1668  
 Se: Albuquerque, NM 87103

PS Form 3800, April 2013 PSN 7530-0200-9001 Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Cibola Energy Corporation  
 P.O. Box 1668  
 Albuquerque, NM 87103

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Julio A Pascal*  Agent  Addressee

B. Received by (Printed Name) *Julie A Pascal* C. Date of Delivery *21 Dec 18*

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2609

7015 1730 0000 9813 2616

**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 & 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  
 \$ 9.09

**SANTA FE NM**  
**DEC 15 2018**  
**USPO 87504**

Doug J. Schutz  
 P.O. Box 973  
 Santa Fe, NM 87504

See for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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 <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Doug J. Schutz</u> C. Date of Delivery <u>12/20/2018</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>Doug J. Schutz          P.O. Box 973          Santa Fe, NM 87504</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number</p> <p>7015 1730 0000 9813 2616</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7015 1730 0000 9813 2623

**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 & 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  
 \$ 9.09

Postmark Here  
**SANTA FE NM**  
**DEC 19 2018**  
**USPO 87504**

George M. Yates  
 P.O. Box 1933  
 Roswell, NM 88202

PS Form 3800, April 2013. For instructions, visit [www.usps.com](http://www.usps.com).

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>SM Saunders</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <u>SM SAUNDERS</u></p> <p>C. Date of Delivery  <u>DEC 19 2018</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>George M. Yates          P.O. Box 1933          Roswell, NM 88202</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>7015 1730 0000 9813 2623</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7015 1730 0000 9813 2630

# 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 & 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	\$ 9.09

SANTA FE NM  
DEC 19 2018  
USPO 87504

Harvey E. Yates, Jr.  
P.O. Box 1933  
Roswell, NM 88202

or Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Harvey E. Yates, Jr.  
P.O. Box 1933  
Roswell, NM 88202

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 *SM Saunders*  Addressee

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

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2630

7015 1730 0000 9813 2647

**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 & 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	\$

**SANTA FE NM**  
Postmark  
**DEC 26 2018**  
Here  
**USPO 87504**

Postage \$ 9.04

Heyco Development Corporation  
P.O. Box 1933  
Roswell, NM 88202

For Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Heyco Development Corporation  
P.O. Box 1933  
Roswell, NM 88202

**COMPLETE THIS SECTION ON DELIVERY**

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

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

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7015 1730 0000 9813 2647

7015 1730 0000 9813 2678

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 & 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	\$ 9.09

SANTA FE NM  
Postmark  
Here  
DEC 15 2018  
USPO 87504

David Hoy Harrison Endowed Music  
Scholarship at Midland College  
3600 N. Garfield Street  
Midland, TX 79705-6397

See for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

David Hoy Harrison Endowed Music  
Scholarship at Midland College  
3600 N. Garfield Street  
Midland, TX 79705-6397

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> <i>Sean Jones</i>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
	12-27-18

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

3. Service Type
<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2 7015 1730 0000 9813 2678

7015 1730 0000 9813 2654

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 & 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

\$

Tot

\$

Set

Str

City

PS

Jalapeno Corporation  
P.O. Box 1608  
Albuquerque, NM 87103-1608

SANTA FE NM

DEC 19 2018

USPO 87504

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jalapeno Corporation  
P.O. Box 1608  
Albuquerque, NM 87103-1608

2. Article Number

7015 1730 0000 9813 2654

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julie A Pascal*  Agent  Addressee

B. Received by (Printed Name)

*Julie A Pascal*

C. Date of Delivery

*21 Dec 18*

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

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

7015 1730 0000 9813 2661

**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 & 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	\$ _____

**SANTA FE NM**  
Postmark  
**DEC 1<sup>st</sup> 2018**  
**USPO 87504**

Postage \$ 9.09  
To James J. Crafts, Jr., Trustee of Adolph P.  
Schuman Trust  
2701 16<sup>th</sup> Street  
San Francisco, CA 94104


Instructions

Returned  
envelope  

---

1/3/19



**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

7015 1730 0000 9813 2692

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	\$ 9.09

**SANTA FE NM**  
Postmark  
**DEC 19 2018**  
**USPO 87504**

Shinnery Investment Co., A General Partnership  
P.O. Box 1608  
Albuquerque, NM 87103-1608

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:**

Shinnery Investment Co., A General Partnership  
P.O. Box 1608  
Albuquerque, NM 87103-1608



9590 9402 3493 7275 4786 90

7015 1730 0000 9813 2692

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*Julie A Pascal*  Agent  
 Addressee

**B. Received by (Printed Name)**

*Julie A Pascal*

**C. Date of Delivery**

*21 Dec 18*

**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 checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" 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"/> Restricted Delivery                     |   |

(over \$500)

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

**SANTA FE NM**  
 Postmark  
**DEC 1 11 2018**  
**USPO 87504**

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

Total \$ **Spiral, Inc.**  
 Sent \$ **P.O. Box 1933**  
**Roswell, NM 88202**

Street \_\_\_\_\_  
 City \_\_\_\_\_

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

7015 1730 0000 9813 2708

909

**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:  
 Spiral, Inc.  
 P.O. Box 1933  
 Roswell, NM 88202



9590 9402 3493 7275 4786 83

2. Article Number (Transfer from service label)  
 7015 1730 0000 9813 2708

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *SM Saunders*  Agent  
 Addressee

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

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



3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Mail Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7015 1730 0000 9813 2715

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 & 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	\$ 9.69

SANTA FE NM  
DEC 19 2018  
USPO 87504

Foundation Energy Fund V-A LP  
5057 Keller Springs Road, Suite 650  
Addison, TX 75001-6583

PS Form 3811, July 2015 PSN 7530-02-000-9053 See back 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Cecelia E. Lang</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>CECELIA E. LANG</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>Article Addressed to:</p> <p>Foundation Energy Fund V-A LP 5057 Keller Springs Road, Suite 650 Addison, TX 75001-6583</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</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>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 9813 2715</p>		<p>Domestic Return Receipt</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

7015 1730 0000 9813 2722

# 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 & 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	\$

SANTA FE NM  
DEC 20 2018  
USPO 87504  
Postmark Here

Postage 9.09

Foundation Energy Fund V-B Holding LLC  
5057 Keller Springs Road, Suite 650  
Addison, TX 75001-6583

PS Form 3800, April 2015 PSN 7530-02-000-9053 See back 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:  
Foundation Energy Fund V-B Holding LLC  
5057 Keller Springs Road, Suite 650  
Addison, TX 75001-6583



7015 1730 0000 9813 2722

## COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Cecilia E. Lang  Addressee

B. Received by (Printed Name)  Agent  
CECELIA E. LANG  Addressee

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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

7515 1.730 0000 9813 2739

**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 & 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	9.07

**SANTA FE NM**  
DEC 19 2018  
Postmark Date  
**USPO 87504**

Isaac A Kawasaki, heirs  
1232 S. King Street  
Honolulu, HI 96814-1918


Returned  
envelope  
12/28/18



7015 1730 0000 9813 2746

**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 & Fees (check box, add fee as appropriate)

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

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

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

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

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

**SANTA FE NM**  
 Here  
**DEC 19 2018**  
**USPO 87504**

Postage **909**

Southwest Royalties, Inc.  
 P.O. Box 53570  
 Midland, TX 79710-3570

PS Form 3800, April 2015 PSN 7530-02-000-9053 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 type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Debra Dunn</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Debra Dunn</i></p> <p>C. Date of Delivery <i>12-26-18</i></p>	
<p>1. Article Addressed to:          Southwest Royalties, Inc.          P.O. Box 53570          Midland, TX 79710-3570</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>9590 9402 3493 7275 4787 20</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</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>2. <b>7015 1730 0000 9813 2746</b></p>	<p>stricted Delivery</p>	

7015 1730 0000 9813 2760

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 & 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	\$ _____

**SANTA FE NM**  
DEC 19 2018  
Postmark  
**USPO 87504**

Postage	\$ <u>9.09</u>
---------	----------------

George M. O'Brien  
P.O. Box 1743  
Midland, TX 79702

For Instructions

Returned  
Envelope  
1/24/19

CARLSBAD  
**CURRENT-ARGUS**

**AFFIDAVIT OF PUBLICATION**

**Ad No.**  
**0001273164**

MONTGOMERY & ANDREWS P.A.  
PO BOX 2307

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:

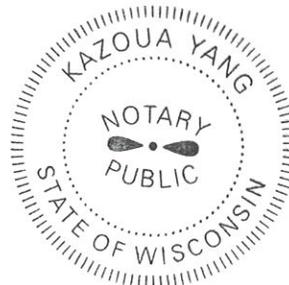
01/04/19

  
\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this  
4th of January 2019.

  
\_\_\_\_\_  
State of WI, County of Brown  
NOTARY PUBLIC

11/9/22  
\_\_\_\_\_  
My Commission Expires



Ad#:0001273164  
P O : Lone Tree Draw  
# of Affidavits :0.00

**EXHIBIT B**

3MG Corporation; Adolph P. Schuman Trust  
James J Crafts Jr., TTEE; Agnes Cluthe Oliver  
Foundation TR Turtle Creek Trust Company  
LTA Successor TTEE; Betsy H. Keller; Brian  
Woehler Trust UWO William B Oliver Steve  
Fillenwarth Succ TTEE; Chi Energy, Inc.; Cole-  
man O'Brien Martin; CWM 2000-B, Ltd.; David  
H Essex; E G Holden Testamentary Trst; Ernie  
Bello; Estate of David Goodnow Edward B  
Goodnow Executor, James Corrie; Frances B  
Bunn TTEE Frances B Bunn Rev. Lt. Dtd. 5-18-  
82; Hayes Revocable Trust Michael D Hayes &  
Kathryn A Hayes Ttees; Isaac A Kawasaki; J  
Frederick Van Vranken, Jr; Jami Huber Owen;  
Judith C Devine Trust Uwo William B Oliver  
Turtle Creek Trust Company Lta Successor  
Trustee; Locker Brothers, a Texas General  
Partnership; Mccombs Energy Ltd., a Texas  
Limited Partnership Mccombs Energy Gp LLC  
Gen Ptnr. Larry Wyont Vice President;  
Mewbourne Development Corporation;  
Mewbourne Oil Company; Milestone Energy  
Corp.; Morris E. Schertz & Wife Holly K.  
Schertz; Penroc Oil Corporation M Y Mer-  
chant, President; Robert A Oliver Trust Uwo  
William B Oliver Turtle Creek Trust Company  
Lta. Successor Ttee; Sanford J. Hodge, III;  
Slash Exploration Limited Partnership; South-  
west Royalties, Inc; Tenison Oil Company;  
Yates Energy Corp.; Andrew Don Fry; State of  
New Mexico Commission of Public Lands;  
Butkin Investment Company LLC; C. Mark  
Wheeler, And Wife, Jlyn Wheeler; Chisos Min-  
erals LLC; Cornerstone Family Trust John Kyle  
Thoma Succ TTEE; Crownrock Minerals LP;  
Curtis W. Mewbourne, Trustee; David H. Es-  
sex; Dynasty Partners LLC, Bill Cagle, Manag-  
er; Elouise H. Justice; Hayes Revocable Trust  
Michael D. Hayes & Kathryn A. Hayes Ttees;  
High Sky Childrens Ranch in Memory of David  
Hoy Harrison; Hoy B. Harrison Endowed Schol-  
arship Texas Christian University c/ o Finance  
& Administration; Jami Huber Owen; Jareed  
Partners Ltd., a Texas Limited Partnership;  
Kimbell Royalty Holdings LLC Duncan Man-  
agement LLC Agent; Lowe Royalty Partners  
LP; Midland College Foundation Inc FBO David  
Hoy Harrison Endowed Music Scholarship at  
Midland College in Memory of David Hoy; Mid-  
land Memorial Foundation in Memory of David  
Hoy Harrison; Mizel Resources a Trust; NBL  
Permian, LLC; NM & T Resources LLC; Paul R.  
Barwis c/ o Dutton Harris & Co.; Paula Scott  
Campbell, Trustee of Paula Scott Campbell  
Revocable Trust U/ T/ A 10/ 27/ 15; Penwell Em-  
ployee Royalty Pool; Richard W. Schmidt and  
Wife, Amanda Schmidt; Robin Oil & Gas Cor-  
poration; Rusk Capital Management LLC; T.K.  
Campbell, II; Texas Christian University Dept.  
of Athletics in Memory of Hoy B Harrison &  
David Hoy Harrison; Todd M. Kringen and Kar-  
la R. Kringen; Tom E. Johnson; William R. Berg-  
man; Yosemite Creek Oil & Gas LLLP; Blue  
Ridge Royalties, LLC; George M. O'Brien, Deal-  
ing in his Sole and Separate Property; Grace  
M. Redwine, Dealing in her Sole and Separate  
Property; Joseph N. Scott, Dealing in his Sole  
and Separate Property; KCK Resources, Inc.;  
Linda F. Lyons & Monte L. Lyons JT; Martin &  
Martin LLLP; Nuevo Seis LP; Panhandle Prop-  
erties LLC; Unicorn Energy LLC c/ o Gannaway  
& Associates; Watts Properties LLC; William F  
Brainerd and Wife, Connie Jean Brainerd;  
Branex Resources Inc; Cibola Energy Corpora-  
tion; Doug J. Schutz; George M. Yates; Harvey  
E. Yates, Jr.; Heyco Development Corporation;

**Jalapeno Corporation; James J. Crafts, Jr., Trustee of Adolph P. Schuman Trust; Sam L. Shackelford; Shinnery Investment Co., A General Partnership; Spiral, Inc.; Foundation Energy Fund V-A LP; Foundation Energy Fund V-B Holding LLC**

Devon Energy Production Company, L.P. has filed applications with the New Mexico Oil Conservation Division that are set for hearing on January 10, 2019, and will be continued for notice purposes to January 24, 2019, as follows:

**Case No. 20 157: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 332H** well, to be horizontally drilled from an approximate surface hole location 1715' FNL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FNL and 230' FEL of Section 13. This well defines the HSU. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 331H** well, to be horizontally drilled from an approximate surface hole location 925' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. The completed intervals and first and last take points for the Lone Tree Draw 14-13 State Com 332H well and the Lone Tree Draw 14-13 State Com 331H well meet statewide setback requirements for horizontal oil wells. 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 and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

**Case No. 20 158: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the S/2 N/2 of Section 13 and the S/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 333H** well, to be horizontally drilled from an approximate surface hole location 1730' FNL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FNL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 333H well meet statewide setback requirements for horizontal oil wells. 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 and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

**Case No. 20 159: Second Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation (Carlsbad; Bone Spring, East pool [pool code 91944]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 335H** well, to be horizontally drilled from an approximate surface hole location 396' FSL and 195' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 20' FEL of Section 13. This well defines the HSU. Also to be drilled are the following infill wells: (1) the **Lone Tree Draw 14-13 State Com 336H** well, to be horizontally drilled from an approximate surface hole location 377' FSL and 172' FWL of Section 14 to an approximate bottom hole location 330' FSL and 20' FEL of Section 13, and (2) the **Lone Tree Draw 14-13 State Com 334H** well, to be horizontally drilled from an approximate surface hole location 2040' FSL and 240' FWL of Section 14 to an approximate bottom hole location 2200' FSL and 230' FEL of Section 13. The completed intervals and first and last take points for the Lone Tree Draw 14-13 State Com 335H well, the Lone Tree Draw 14-13 State Com 336H well and the Lone Tree Draw 14-13 State Com 334H well meet statewide setback requirements for horizontal oil wells. 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 and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

**Case No. 20 160: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the N/2 N/2 of Section 13 and the N/2 N/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed **Lone Tree Draw 14-13 State Com 621H** well, to be horizontally drilled from an approximate surface hole location 940' FNL and 225' FWL of Section 14 to an approximate bottom hole location 440' FNL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 621H well meet statewide setback requirements for hori-

zontal oil wells. 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 and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

**Case No. 20161: Amended Application of Devon Energy Production Company LP for a Standard Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 640-acre, more or less, horizontal spacing and proration unit comprised of the S/2 of Section 13 and the S/2 of Section 14, Township 21 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Wolfcamp formation (Alacran Hills Wolfcamp Gas Pool [70070]) underlying the standard unit. Said horizontal spacing unit is to be dedicated to the proposed Lone Tree Draw 14-13 State Com 623H well, to be horizontally drilled from an approximate surface hole location 2025' FSL and 240' FWL of Section 14 to an approximate bottom hole location 1310' FSL and 230' FEL of Section 13. This well defines the HSU. The completed interval and first and last take points for the Lone Tree Draw 14-13 State Com 623H well meet statewide setback requirements for horizontal oil wells. 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 and lands are located approximately 6 miles northeast of Carlsbad, New Mexico.

Hearing on these applications is scheduled at 8:15 a.m. on Thursday, January 10, 2019 at the Oil Conservation Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. For further information, contact the applicant's attorney, Seth C. McMillan, Montgomery and Andrews, P.A., 325 Paseo de Peralta, Santa Fe, New Mexico 87501 (505) 982-3873.

Jan. 4, 2019