

TVA

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

APPLICATION OF COG OPERATING
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO

Case No. 20863

SELF-AFFIRMED STATEMENT OF
GRANT BOHLS

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am a landman for COG Operating, LLC ("COG"). I have had direct involvement with COG's development of the 640-acre, more or less, standard horizontal spacing unit ("HSU") that is the subject of COG's application in this case.
3. The HSU is comprised of the W/2 of Section 22 and the W/2 of Section 27, Township 22 South, Range 34 East in Lea County.
4. COG seeks to pool all uncommitted interests in the Bone Spring formation underlying the HSU. A listing of the uncommitted interests and their respective working interests is attached hereto as Exhibit A. 79.86% of the working interests are committed to the proposed wells.
5. The HSU will be dedicated to the following wells: (1) the Squints Federal Com #7H well, which will be horizontally drilled from a surface location in Unit N in Section 27 to a bottom hole location in Unit C in Section 22; and (2) the Squints Federal Com #8H well, which will be horizontally drilled from a surface location in Unit M in Section 27 to a bottom hole location in Unit D in Section 22. The completed intervals for the wells will be orthodox. The C-102s for the wells are attached as Exhibit B.

Case No. 20863
COG OPERATING
Exhibit 1

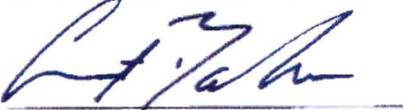
6. There are no depth exceptions in the Bone Spring formation.
7. COG sent well proposal letters to Alpha Energy Partners and Larry T. Long on August 1, 2019 and to Aleyna N. Pace and Tara N. Pace, through their parent and guardian Nuray K. Pace, on September 11, 2019. They all received the letter. Subsequently, I had follow-up communications with them. A sample of my well proposal letter is attached as Exhibit C.
8. In my opinion, COG has made a good faith effort to obtain the voluntary joinder of uncommitted interests in the proposed well.
9. Notice of COG's application and the Division hearing was provided to the uncommitted interests, overriding royalty interests, and production payment interests by certified mail. A sample of the notice letter and associated green cards are attached as Exhibit D.
10. Notice of COG's application and the Division hearing was also published. The affidavit of publication is attached as Exhibit E.
11. COG has the right to pool the overriding royalty owners and production payment interest owners in the HSU.
12. The AFEs for the proposed wells are attached hereto as Exhibit F. The estimated cost of the wells is fair and reasonable and is comparable to the cost of other wells of similar depth and length drilled in Lea County.
13. COG requests overhead and administrative rates of \$7,000 per month while the wells are being drilled and \$700 per month while the wells are producing. These rates are fair and are comparable to the rates charged by COG and by other operators in the vicinity. They are also the rates set forth in the Joint Operating Agreement for the HSU. COG further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.
14. COG requests that it be designated the operator of the wells.

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

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

17. In my opinion, the granting of COG's application would serve the interests of conservation and the prevention of waste.

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


Grant Bohls

11/13/19
Date

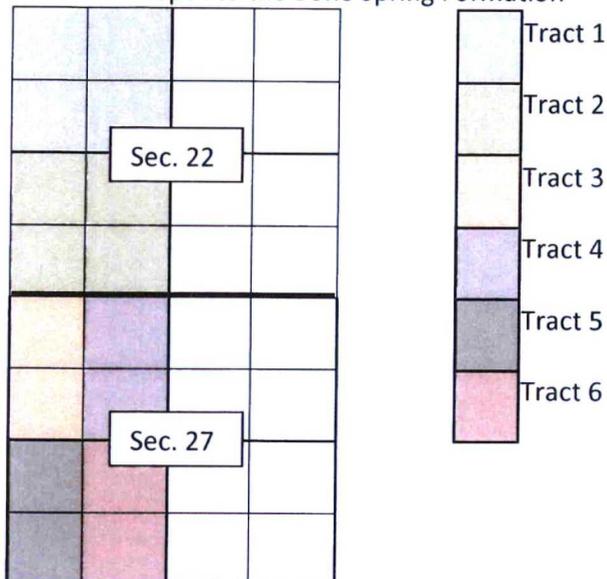
Ex. A

COG Operating, LLC – Squints Fed Com 7H & 8H

W2 Section 22, T22S-R34E

W2 Section 27, T22S-R34E

Limited in depth to the Bone Spring Formation



Tract 1: Section 22: NW (160 acres, all depths)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Alpha Energy Partners, LLC	13.14583000%
Larry T. Long	6.25000000%
Axis Energy Corporation	3.12500000%
Wildcat Energy, LLC	0.31250000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
TOTAL:	100.00000000%

Tract 2: Section 22: SW (160 acres, all depths)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	10.00000000%
Alpha Energy Partners, LLC	16.52083000%
Larry T. Long	13.75000000%
Axis Energy Corporation	6.87500000%
Wildcat Energy, LLC	0.68750000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
TOTAL:	100.00000000%

Uncommitted Working interest Owners

Tract 3: Section 27: E2NW (80 acres, all depths)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Alpha Energy Partners, LLC	13.14583000%
Larry T. Long	6.25000000%
Axis Energy Corporation	3.12500000%
Wildcat Energy, LLC	0.31250000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
TOTAL:	100.00000000%

Tract 4: Section 27: W2NW, SW (80 acres, all depths)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Alpha Energy Partners, LLC	13.14583000%
Larry T. Long	6.25000000%
Axis Energy Corporation	3.12500000%
Wildcat Energy, LLC	0.31250000%
Clinton Pace	0.54166800%
Ryan Pace	0.54166800%
Tara N. Pace	0.54166700%
Aleyna N. Pace	0.54166700%
TOTAL:	100.00000000%

Tract 5: Section 27: W2SW (80 acres, surface to 12,880')

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	40.00000000%
Alpha Energy Partners, LLC	6.04375000%
Larry T. Long	1.87500000%
Axis Energy Corporation	0.93750000%
Wildcat Energy, LLC	0.93750000%
Clinton Pace	0.16250000%
Ryan Pace	0.16250000%
Tara N. Pace	0.16250000%
Aleyna N. Pace	0.16250000%
TOTAL:	100.00000000%

 Uncommitted Working interest Owners

Tract 6: Section 27: E2SW (80 acres, surface to 12,880')

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	40.00000000%
Alpha Energy Partners, LLC	6.04375000%
Larry T. Long	1.87500000%
Axis Energy Corporation	0.93750000%
Wildcat Energy, LLC	0.93750000%
Clinton Pace	0.16250000%
Ryan Pace	0.16250000%
Tara N. Pace	0.16250000%
Aleyna N. Pace	0.16250000%
TOTAL:	100.00000000%

Unit Working Interest (640 acres)

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.10000000%
Alpha Energy Partners, LLC	12.21406000%
Larry T. Long	7.03125000%
Axis Energy Corporation	3.51562500%
Wildcat Energy, LLC	0.35156250%
Clinton Pace	0.44687600%
Ryan Pace	0.44687600%
Tara N. Pace	0.44687530%
Aleyna N. Pace	0.44687530%
TOTAL:	100.00000000%

Record Title Owner Tract 1

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Axis Energy Corporation	12.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
TOTAL	100.00000000%

Record Title Owner Tract 2

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	10.00000000%
Axis Energy Corporation	27.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
TOTAL	100.00000000%

Record Title Owner Tract 3

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Axis Energy Corporation	12.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
TOTAL	100.00000000%

Record Title Owner Tract 4

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Hunt Oil Company	12.50000000%
Joe Reynolds	10.33333000%
David H. Pace	2.16667000%
TOTAL	100.00000000%

Record Title Owner Tract 5

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Axis Energy Corporation	12.50000000%
Joe Reynolds	12.50000000%
TOTAL	100.00000000%

Record Title Owner Tract 6

COG Operating, LLC	50.00000000%
BTA Oil Producers, LLC	25.00000000%
Hunt Oil Company	12.50000000%
Joe Reynolds	12.50000000%
TOTAL	100.00000000%

 Uncommitted Working interest Owners

ORRI Interests to be pooled

JJR, Inc.

Misty Morning Partnership, Ltd.

Douglas Investments, Inc,

Panther City Exploration Company, LLC

Robert E. Landreth

Production Payment Interests to be pooled

Norton LLC

Alan Jochimsen

Monty D. McLane

States Royalty Limited Partnership

Robert E. Landreth

Deborah Fedric

George H. Hunker, III

Margaret Hunker Tsui, as Trustee of the Margaret Hunker Tsui Trust

McMullen Minerals, LLC

Pegasus Resources, LLC



Uncommitted Working interest Owners

Ex. B

DISTRICT I
1800 N. FRANCIS DR., ROSA, NM 87540
Phone: (505) 893-0101 Fax: (505) 893-0780

DISTRICT II
911 S. FIRST ST., ARTESIA, NM 86810
Phone: (505) 748-1800 Fax: (505) 748-0780

DISTRICT III
1000 N. BRAZOS RD., ABTEC, NM 87410
Phone: (505) 834-0170 Fax: (505) 834-0170

DISTRICT IV
1200 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3400 Fax: (505) 476-3400

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-43167	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code 316103	Property Name SQUINTS FEDERAL COM	Well Number 7H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3404.1'

Surface Location

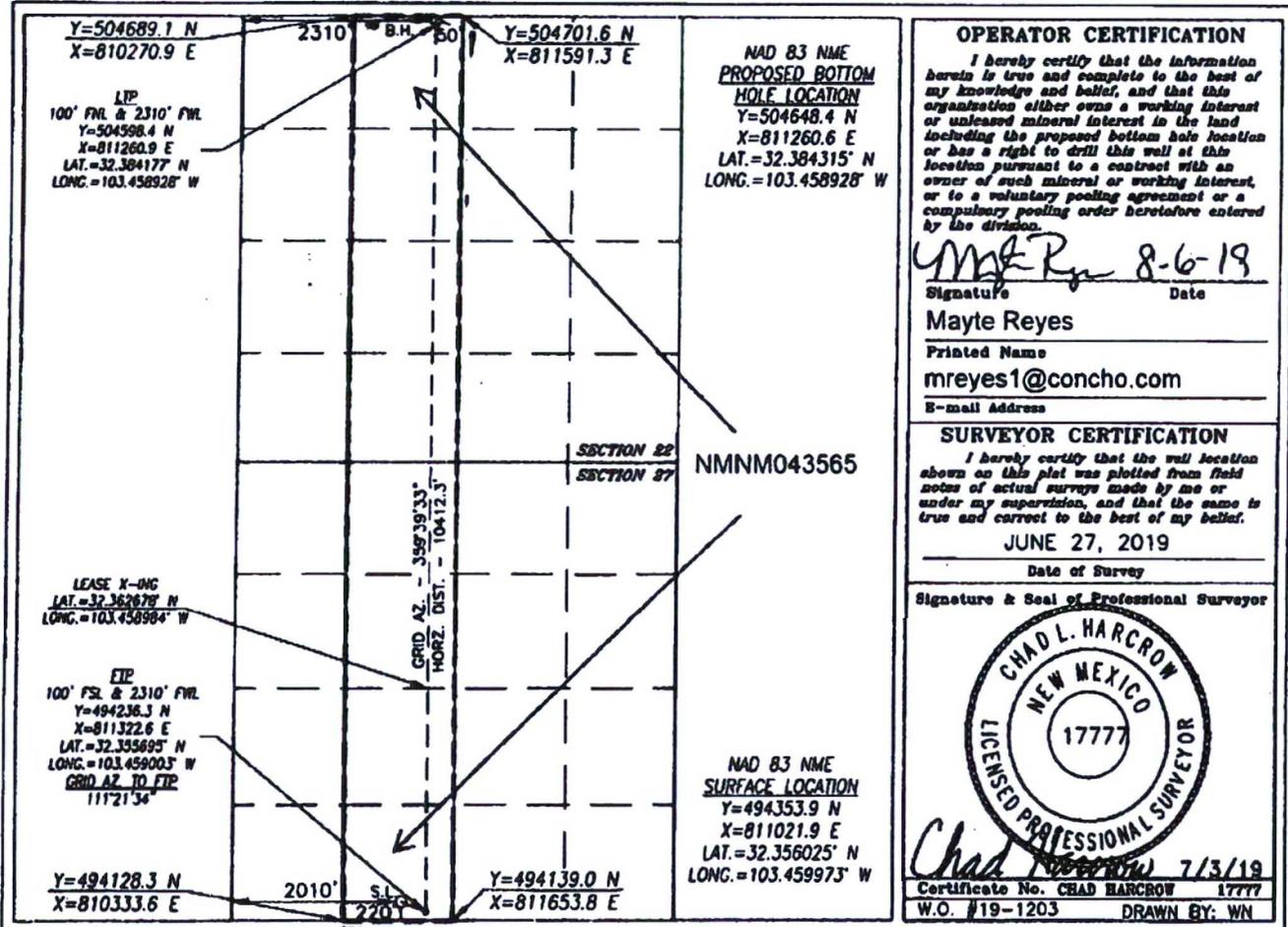
UL or lot No.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
N	27	22-S	34-E		220	SOUTH	2010	WEST	LEA

Bottom Hole Location if Different From Surface

UL or lot No.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
C	22	22-S	34-E		50	NORTH	2310	WEST	LEA

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



DISTRICT I
1625 N. FRANKS DR., HUDSB, NM 88240
Phone: (575) 283-4181 Fax: (575) 283-0720

DISTRICT II
511 E. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1523 Fax: (575) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AUSTIN, NM 87410
Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87503
Phone: (505) 476-3460 Fax: (505) 476-3468

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-43168	Pool Code 96553	Pool Name Ojo Chiso; Bone Spring
Property Code 316103	Property Name SQUINTS FEDERAL COM	Well Number 8H
UGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3404.0'

Surface Location

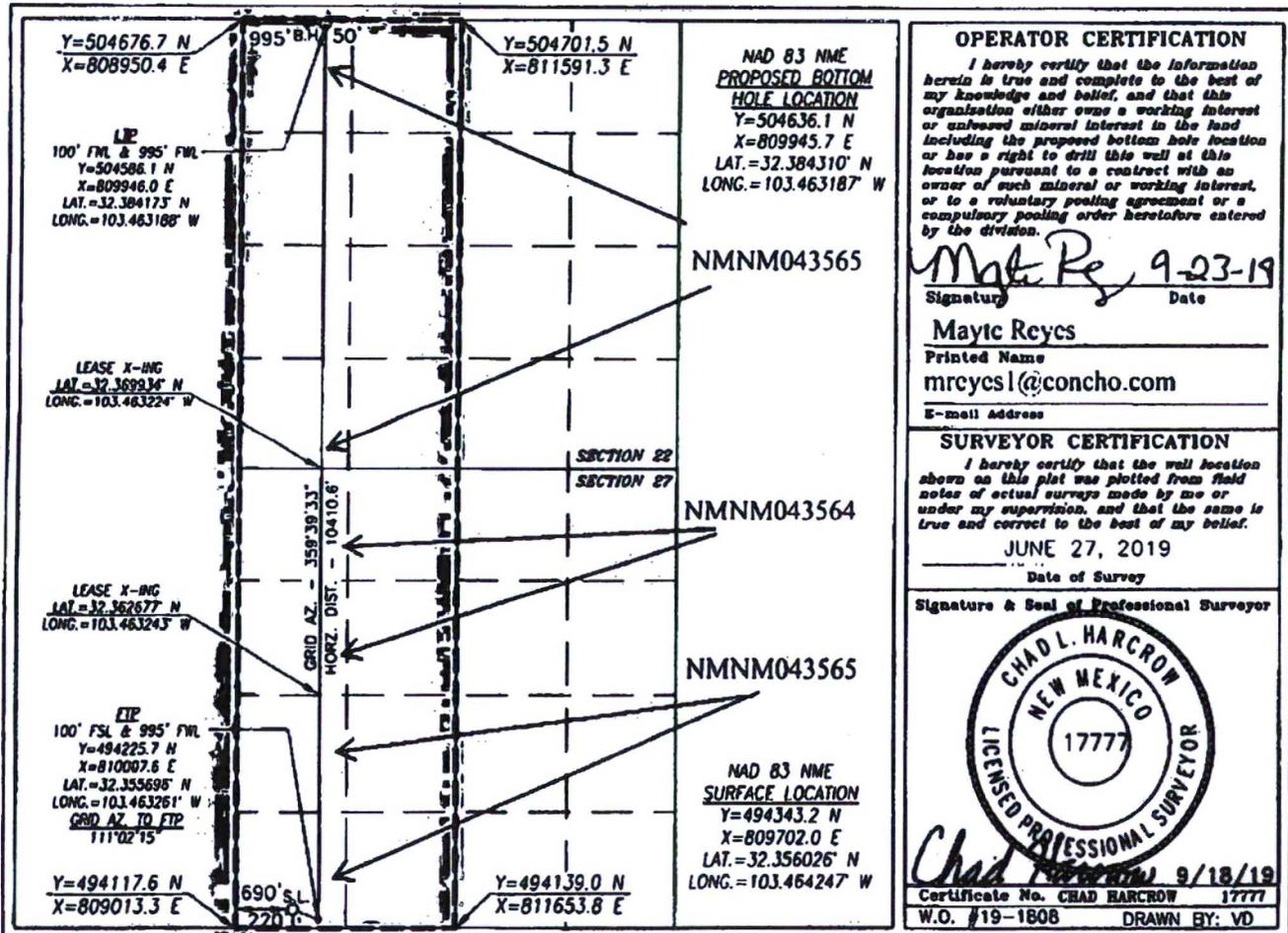
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	27	22-S	34-E		220	SOUTH	690	WEST	LEA

Bottom Hole Location if Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	22	22-S	34-E		50	NORTH	995	WEST	LEA

Dedicated Acres 640	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



Ex. C



DANNY KIDWELL
SENIOR STAFF LANDMAN

August 1, 2019

Via Certified USPS – 9414 8149 0246 9822 0206 29

Alpha Energy Partners
PO BOX 10701
Midland, TX 79702

Re: Well Proposal – Squints Federal Com 3H

Sec 27: E/2W/2

Sec 22: E/2W/2

Township 22 South, Range 34 East, N.M.P.M.

SHL: 220' FSL and 1980' FWL, or a legal location in Sec 27 (Unit N)

BHL: 50' FNL and 1485' FWL, or a legal location in Sec 22 (Unit C)

Lea County, New Mexico

Well Proposal – Squints Federal Com 7H

Sec 27: E/2W/2

Sec 22: E/2W/2

Township 22 South, Range 34 East, N.M.P.M.

SHL: 220' FSL and 2010' FWL, or a legal location in Sec 27 (Unit N)

BHL: 50' FNL and 2310' FWL, or a legal location in Sec 22 (Unit C)

Lea County, New Mexico

Well Proposal – Squints Federal Com 8H

Sec 27: W/2W/2

Sec 22: W/2W/2

Township 22 South, Range 34 East, N.M.P.M.

SHL: 220' FSL and 690' FWL, or a legal location in Sec 27 (Unit M)

BHL: 50' FNL and 660' FWL, or a legal location in Sec 22 (Unit D)

Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the **Squints Federal Com 3H** well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately **10,150’** and a MD of approximately **15,430’** to test the **Bone Spring** Formation (“Operation”). The total cost of the Operation is estimated to be **\$12,070,960.00**, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG Operating LLC (“COG”), as Operator, hereby proposes to drill the **Squints Federal Com 7H** well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately **10,385’** and a MD of approximately **15,665’** to test the **Bone Spring** Formation (“Operation”). The total cost of the Operation is estimated to be **\$12,070,960.00**, and a detailed description of the cost is set out in the enclosed Authority for Expenditure (“AFE”).

COG Operating LLC ("COG"), as Operator, hereby proposes to drill the **Squints Federal Com 8H** well as a horizontal well at the above-captioned location, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately **10,375'** and a MD of approximately **15,655'** to test the **Bone Spring** Formation ("Operation"). The total cost of the Operation is estimated to be **\$12,070,960.00**, and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill this well under the terms of the modified 1989 AAPL form of Operating Agreement, a completed executable copy is enclosed for your review and execution. Please sign and return the additional signature pages included. The Operating Agreement covers W/2 of Section 22 and the W/2 of Section 27 - T22S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$7,000/\$700 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation election in the space provided on page 2, sign and return this letter, along with a signed copy of the enclosed AFE and a copy of your geologic well requirements. Also enclosed, are one (1) copy of the referenced wells Communitization Agreements for your records and four (4) additional sets of signature pages with notary blocks for said Agreements. Please execute and notarize the four (4) additional sets of signature pages for each Agreement and return them. A self-addressed, postage paid envelope is enclosed for your convenience.

If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$750 per net acre bonus consideration

The Term Assignment offer terminates October 1, 2019 and is subject to the approval of COG's management and verification of title.

If an agreement cannot be reached within 30 days of the date of this letter, COG will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well if uncommitted at such time.

If you have any questions, please do not hesitate to contact the undersigned at (432) 685-2535 or dkidwell@concho.com.

Respectfully,



Danny Kidwell
Senior Staff Landman
Delaware Basin East – New Mexico

_____ I/We hereby elect to participate in the **Squints Federal Com 3H.**

_____ I/We hereby elect ***not*** to participate in the **Squints Federal Com 3H.**

_____ I/We hereby elect to participate in the **Squints Federal Com 7H.**

_____ I/We hereby elect ***not*** to participate in the **Squints Federal Com 7H.**

_____ I/We hereby elect to participate in the **Squints Federal Com 8H.**

_____ I/We hereby elect ***not*** to participate in the **Squints Federal Com 8H.**

Company: ALPHA ENERGY PARTNERS

By: _____

Name: _____

Title: _____

Date: _____

Ex. D



HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Gary W. Larson,
Partner

glarson@hinklelawfirm.com

hinklelawfirm.com

October 23, 2019

VIA CERTIFIED MAIL

Larry T. Long
P.O. Box 1777
Kilgore, TX 75663

Re: COG Operating LLC NMOC D Application

Dear Mr. Long:

Enclosed is a copy of an application for compulsory pooling that COG Operating LLC ("COG") has filed with the New Mexico Oil Conservation Division ("the Division"). COG's application requests an order pooling all uncommitted mineral interests in the Bone Spring formation in a standard 640-acre horizontal spacing unit comprised of the of the W/2 of Section 22 and the W/2 of Section 27, Township 22 South, Range 34 East, NMPM, in Lea Count, New Mexico.

This matter (Division Case No. 20863) is scheduled for hearing at 8:15 a.m. on Thursday, November 14, 2019 in Porter Hall at the Division's offices located at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by COG's application, you may appear at the hearing and present testimony. If you do not appear at that time and become a party of record, you will be precluded from contesting the matter at a later date.

A party appearing in a Division case is required by the Division's Rules to file a Pre-Hearing Statement, which in this matter must be filed no later than Thursday, November 7, 2019. The Pre-Hearing Statement must be filed with the Division's Santa Fe office at the address above, and should include: the name of the party and the party's attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate amount of time the party will need to present the party's case; and an identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to me.

Thank you for your attention to this matter.

Very truly yours,

Gary W. Larson

GWL/lk
Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>			
1. Article Addressed to:		B. Received by (Printed Name) <i>Taylor McJannet</i>	C. Date of Delivery <i>10/28/19</i>		
BTA Oil Producers, LLC 104 S. Pecos Midland, TX 79701		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
9590 9402 4582 8278 5983 23		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"/> Mail Restricted Delivery (00)		<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	
7018 3090 0001 4741 6773		PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB - Squints</i> Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>			
1. Article Addressed to:		B. Received by (Printed Name) <i>Wilgoe</i>	C. Date of Delivery		
Larry T. Long P.O. Box 1777 Kilgore, TX 75663		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
9590 9402 4582 8278 5983 30		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 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) 7018 2290 0000 3426 9384		PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB Squints</i> Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>			
1. Article Addressed to:		B. Received by (Printed Name) <i>Jared Forisha</i>	C. Date of Delivery		
Alpha P.O. Box 10701 Midland, TX 9702		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>10701</i>			
9590 9402 4582 8278 5983 47		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 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) 7018 3090 0001 4741 8739		PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB - Squints</i> Domestic Return Receipt			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Nayk Pace</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Tara N. Pace c/o Nuray Pace, Parent/Guardian 258 Cape Jasmine Ct. The Woodlands, TX 77381</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>9590 9402 4582 8278 5983 54</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 8746</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>006 - Signets</i> Domestic Return Receipt</p>		

Certified Mail

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Nayk Pace</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Aleyna N. Pace c/o Nuray Pace, Parent/Guardian 258 Cape Jasmine Ct. The Woodlands, TX 77381</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>9590 9402 4582 8278 5983 61</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 8753</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>006 - Signets</i> Domestic Return Receipt</p>		

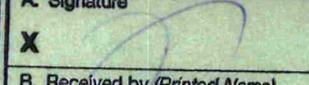
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Noah Klaus</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Hunt Oil Company 1900 N. Akard St. Dallas, TX 75201</p>	<p>B. Received by (Printed Name) <i>Noah Klaus</i></p>	<p>C. Date of Delivery 10/29/19</p>
<p>9590 9402 4582 8278 5983 78</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>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 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>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Tiffany Mahy P.O. Box 3598 Roswell, NM 88202		B. Received by (Printed Name) C. Date of Delivery Justin Crum	
2. Article Number (Transfer from service label) 9590 9402 4582 8278 5984 15		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 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"/> Insured Mail		<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	

PS Form 3811, July 2015 PSN 7530-02-000-9053 *006 - Sports* Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Justin T. and Tiffany L. Crum, husband & wife P.O. Box 3598 Roswell, NM 88202		B. Received by (Printed Name) C. Date of Delivery Justin Crum	
2. Article Number (Transfer from service label) 9590 9402 4821 9032 2146 77		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 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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053 *006 - Sports* Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Madison M. Hinkle P.O. Box 2292 Roswell, NM 88202		B. Received by (Printed Name) C. Date of Delivery Madison M. Hinkle	
2. Article Number (Transfer from service label) 9590 9402 4582 8278 5983 85		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 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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Rolla R. Hinkle III P.O. Box 2292 Roswell, NM 88202</p> <p>9590 9402 4582 8278 5983 92</p>	<p>B. Received by (Printed Name) <i>Amal Woody</i></p> <p>C. Date of Delivery </p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 4741 8784</p>	<p>3. Service Type</p> <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"/> Insured Mail® <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	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>Squats</i> Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Justin T. Crum P.O. Box 3598 Roswell, NM 88202</p> <p>9590 9402 4582 8278 5984 08</p>	<p>B. Received by (Printed Name) <i>Justin Crum</i></p> <p>C. Date of Delivery </p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 4741 8791</p>	<p>3. Service Type</p> <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"/> Insured Mail® <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	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OC6 - Squats</i> Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Douglas Investments, Inc. P.O. Box 79148 Saginaw, TX 76179</p> <p>9590 9402 4821 9032 2145 61</p>	<p>B. Received by (Printed Name) <i>DAVID SORIANO</i></p> <p>C. Date of Delivery <i>10-26-19</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>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 4741 6483</p>	<p>3. Service Type</p> <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"/> Insured Mail® <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	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OC6 - Squats</i> Domestic Return Receipt</p>		

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:

Wood W. Wall & Maria L. Wall
 P.O. Box 278
 Alto, NM 88312

9590 9402 4821 9032 2144 86

2. Article Number (Transfer from service label)

7018 3090 0001 4741 8814

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marla Wall* Agent
 Addressee

B. Received by (Printed Name)

Marla Wall

C. Date of Delivery

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

(over \$500)

Ocb - Squints

Domestic Return Receipt

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:

McMullen Minerals, LLC
 2821 W. 7th St., Suite 515
 Fort Worth, TX 76107

9590 9402 4821 9032 2144 93

2. Article Number (Transfer from service label)

7018 3090 0001 4741 8821

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Merle Leon* Agent
 Addressee

B. Received by (Printed Name)

MERLE LEON

C. Date of Delivery

10/28/19

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

(over \$500)

Ocb - Squints

Domestic Return Receipt

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:

Pegasus Resources, LLC
 P.O. Box 123610
 Fort Worth, TX 76121

9590 9402 4821 9032 2145 09

2. Article Number (Transfer from service label)

7018 3090 0001 4741 6438

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Merle Leon* Agent
 Addressee

B. Received by (Printed Name)

Merle Leon

C. Date of Delivery

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

(over \$500)

Ocb - Squints

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>MI</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <i>Mark Sany</i></p>	<p>C. Date of Delivery </p>
<p>1. Article Addressed to:</p> <p>GGM Exploration, Inc. P.O. Box 123610 Fort Worth, TX 76121</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 4821 9032 2145 16</p>	<p>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</p>	
	<p><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</p>	
	<p>7018 3090 0001 4741 6445 restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB Sports</i> Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Sammy Morrison</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <i>Sammy Morrison</i></p>	<p>C. Date of Delivery 10/28/15</p>
<p>1. Article Addressed to:</p> <p>Sammy L. Morrison, Trustee Sammy & Sibyl Morrison Mineral Trust 4617 Breezeway Ct. Midland, TX 79707</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 4821 9032 2145 23</p>	<p>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</p>	
	<p><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</p>	
	<p>7018 3090 0001 4741 6452 (over \$500) icted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB Sports</i> Domestic Return Receipt</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Deanna Reynolds</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) </p>	<p>C. Date of Delivery 10-26-19</p>
<p>1. Article Addressed to:</p> <p>Misty Morning Partnership, Ltd. 2310 Christopher Dr. Abilene, TX 79602</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 4821 9032 2145 54</p>	<p>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</p>	
	<p><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</p>	
	<p>7018 3090 0001 4741 6476 icted Delivery</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Linda Carter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
	<p>B. Received by (Printed Name) LINDA CARTER</p>	<p>C. Date of Delivery 10-25-19</p>												
<p>1. Article Addressed to:</p> <p>Robert E. Landreth 110 W. Louisiana, Suite 404 Midland, TX 79701</p>	<p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 6506</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 type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™													
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery													
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise													
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB - Signatures</i> Domestic Return Receipt</p>														

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Joe Pumphrey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p>JJR, Inc. 2406 Irving Blvd. Dallas, TX 75207</p>	<p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>													
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 6469</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 type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™													
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery													
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise													
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB - Signatures</i> Domestic Return Receipt</p>														

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Scott Tanberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>													
	<p>B. Received by (Printed Name) Scott Tanberg</p>	<p>C. Date of Delivery 11/30/19</p>												
<p>1. Article Addressed to:</p> <p>Scott W. Tanberg 2509 Legacy Oaks Midland, TX 79705</p>	<p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>													
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 6513</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 type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™													
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery													
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise													
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>OCB - Signatures</i> Domestic Return Receipt</p>														

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Deborah Fedric P.O. Box 1837 Roswell, NM 88202		B. Received by (Printed Name) Dawn	C. Date of Delivery OCT 28 2019 88201
2. Article Number (Transfer from service label) 9590 9402 4821 9032 2146 39 7018 3090 0001 4741 6551		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	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Norton, LLC 60 Beach Avenue South Dartmouth, MA 02748		B. Received by (Printed Name) Judith Norton	C. Date of Delivery 10/26
2. Article Number (Transfer from service label) 9590 9402 4821 9032 2146 08 7018 3090 0001 4741 6520		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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: States Royalty Limited Partnership P.O. Box 911 Breckenridge, TX 76424		B. Received by (Printed Name) [Signature]	C. Date of Delivery OCT 28 2019 76424
2. Article Number (Transfer from service label) 9590 9402 4821 9032 2146 46 7018 3090 0001 4741 6568		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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	B. Received by (Printed Name) <i>Alan Johnson</i>	C. Date of Delivery <i>10-28-11</i>
1. Article Addressed to: <i>Monty McLane</i> P.O. Box 9451 Midland, TX 79708	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	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 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) 9590 9402 4821 9032 2146 22	7018 3090 0001 4741 6544 <small>(over \$500) Restricted Delivery</small>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<i>Oct Squirt</i> Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Paula Hunker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	B. Received by (Printed Name) <i>Paula Hunker</i>	C. Date of Delivery <i>10-28-11</i>
1. Article Addressed to: George H. Hunker, III P.O. Box 524 Lander, WY 82502	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	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 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) 9590 9402 4821 9032 2146 60	7018 3090 0001 4741 6575 <small>(over \$500) Restricted Delivery</small>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<i>Oct Squirt</i> Domestic Return Receipt

Ex. E

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
October 27, 2019
and ending with the issue dated
October 27, 2019.



Publisher

Sworn and subscribed to before me this
27th day of October 2019.



Business Manager

My commission expires
January 29, 2023



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGAL NOTICE
October 27, 2019

This is to notify all interested parties, including BTA Oil Producers, LLC, Larry T. Long, Alpha Energy Partners, Tara N. Pace c/o Nuray Pace, as parent & Guardian, Aleyna N. Pace, c/o Nuray Pace, as parent & Guardian, Hunt Oil Company, Madison M. Hinkle, Rolla R. Hinkle III, Justin T. Crum, Tiffany Mahy, Woody Wall, Maria L. Wall, McMullen Minerals, LLC, Pegasus Resources, LLC, GGM Exploration, Inc., Sammy L. Morrison, Trustee of the Sammy & Sibyl Morrison Mineral Trust, JJR, Inc., Misty Morning Partnership, Ltd., Douglas Investments, Inc., Panther City Exploration Company, LLC, Robert E. Landreth, Scott W. Tanberg, Norton, LLC, Alan Jochimesen, Monty D. McLane, States Royalty Limited Partnership, Deborah Fedric, George H. Hunker, III, Margaret Hunker Tsui, as Trustee of the Margaret Hunker Tsui Trust, McMullen Minerals, LLC, Pegasus Resources, LLC, and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating (Case No. 20863) at 8:15 a.m. on November 14, 2019 in Porter Hall at 1220 South St. Francis Drive, Santa Fe, New Mexico. Applicant COG Operating LLC seeks an order pooling all uncommitted mineral interests in the Bone Spring formation in a 840-acre standard horizontal spacing unit comprised of the W/2 of Section 22 and the W/2 of Section 27, Township 22 South, Range 34 East, NMPM in Lea County, New Mexico. The horizontal spacing unit will be dedicated to the following wells: (1) the Squints Federal Com #7H well, which will be horizontally drilled from a surface location in Unit N in Section 27 to a bottom hole location in Unit C in Section 22; and (2) the Squints Federal Com #8H well, which will be horizontally drilled from a surface location in Unit M in Section 27 to a bottom hole location in Unit D in Section 22. The completed intervals for the wells will be orthodox. Also to be considered will be the costs of drilling and completing the wells and the allocation of the costs, the designation of COG Operating, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately 20 miles southwest of Eunice, New Mexico.
#34789

02107475

00235070

HINKLE,HENSLEY,SHANOR & MARTIN,LLP
PO BOX 2068
SANTA FE, NM 87504

Ex. F

