

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

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

**Case No. 22474
(De Novo)
OCD Case No. 22294**

COG OPERATING LLC’S PRE-HEARING STATEMENT

COG Operating LLC (“Applicant”) submits its Pre-Hearing Statement pursuant to the rules of the Oil Conservation Commission.

I. APPEARANCES

APPLICANT

COG Operating LLC

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INTERESTED PARTY

New Mexico Oil Conservation Division

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II. STATEMENT OF THE CASE

In Case No. 22294, COG filed an application (“Application”) with the Oil Conservation Division (“Division”) seeking an order pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098) underlying a standard 960.16-acre, more or less, horizontal

spacing unit (“Unit”) comprised of all of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico. COG sought to dedicate the Unit to the following wells (“Wells”):

- **Green Eyeshade Fed Com #601H** to be drilled from a surface location in the NW/4SE/4 (Unit J) of Section 12 to a bottom hole location in the NE/4NE/4 (Lot 1) of Section 1;
- **Green Eyeshade Fed Com #602H** and **Green Eyeshade Fed Com #702H** to be drilled from a surface location in the NW/4SE/4 (Unit J) of Section 12 to a bottom hole location in the NW/4NE/4 (Lot 2) of Section 1;
- **Green Eyeshade Fed Com #603H** and **Green Eyeshade Fed Com #703H** to be drilled from a surface location in the NE/4SW/4 (Unit K) of Section 12 to a bottom hole location in the NE/4NW/4 (Lot 3) of Section 1; and
- **Green Eyeshade Fed Com #704H** to be drilled from a surface location in the NW/4SW/4 (Unit L) of Section 12 to a bottom hole location in the NW/4NW/4 (Lot 4) of Section 1.

COG’s Application included three proximity tract wells. Specifically, the completed interval of the Green Eyeshade Fed Com #601H well would be within 330’ of the quarter-quarter line separating the E/2E/2 from the W/2E/2 of Section 1 and the W/2NE/4 from the E/2NE/4 of Section 12; the completed interval of the proposed Green Eyeshade Fed Com #602H would be within 330’ of the quarter-quarter line separating the E/2W/2 from the W/2E/2 of Section 1 and the W/2NE/4 from the E/2NW/4 of Section 12, and the completed interval of the proposed Green Eyeshade Fed Com #603H well would be within 330’ of the quarter-quarter line separating the E/2W/2 from the W/2W/2 of Section 1 and the W/2NW/4 from the E/2NW/4 of Section 12. These

three proximity tract wells allow for inclusion of the 960 acres into one standard horizontal well spacing unit (“COG’s Unit”).

The Division held a hearing on COG’s application on November 4, 2021. No party opposed the application, no questions were asked at the hearing, and COG’s undisputed evidence established that granting the application would protect correlative rights and prevent waste. Despite those facts, the Division subsequently issued Order No. R-21930 (“Order”) dismissing COG’s application because the proposed spacing unit includes proximity tract acreage from three wells – instead of one well – to form a standard 960-acre horizontal spacing unit.¹ The Division determined that the use of multiple proximity tract wells within a horizontal spacing unit renders the unit non-standard because 19.15.16.15(B) NMAC, which defines standard horizontal spacing units, refers to “*the well*” instead of multiple wells. Thus, the Division would require COG to seek approval of a non-standard spacing unit and provide notice to parties in the surrounding tracts even though COG’s wells are at orthodox locations within its proposed unit and do not impact the surrounding tracts.² As discussed below, the Division’s decision was incorrect and should be reversed.

III. ARGUMENT

The Division’s narrow construction of 19.15.16.15(B)(1)(b) NMAC (“Proximity Well Rule”) is inconsistent with the Oil and Gas Act’s fundamental requirement that the Division prevent waste and protect correlative rights. The Division’s interpretation of the rule is also inconsistent with the purpose and language of the Horizontal Well Rule, 19.15.16.15 NMAC, which was designed to allow operators to choose how to best develop acreage to prevent waste and protect correlative rights, and with the Division’s interpretation of other provisions of the rule.

¹ See Division Order No. R-21930, ¶¶ 5 – 7.

² *Id.*

Further, the Division's decision conflicts with prior precedent approving the use of multiple proximity wells to create a standard horizontal spacing unit. Accordingly, Order No. R-21930 should be reversed and COG's Unit should be approved.

A. The Division's narrow construction of Rule 19.15.16.15(B)(1)(b) is inconsistent with the Oil and Gas Act's fundamental requirement that the Division prevent waste and protect correlative rights.

In this case, the Division concluded that 19.15.16.15(B) NMAC limits standard horizontal spacing units to those that include one proximity tract defining well. Specifically, the Division concluded that because 19.15.16.15(B) NMAC states that a standard horizontal spacing unit includes tracts penetrated by "*the* horizontal oil well," only one proximity tract well can be used to define a spacing unit. Thus, the Division would require COG to seek approval of a non-standard spacing unit anytime a proposed development involves more than one defining proximity tract well. This narrow construction of the rule ignores that the Division's regulations must be construed in light of the Oil and Gas Act and the Division's overarching obligation to prevent waste and protect correlative rights.

Under New Mexico law, statutes and regulations must be construed as a whole to effectuate their purpose and avoid an absurd result.³ In essence, statutes and regulations must be construed in accordance with their "obvious spirit or reason."⁴

The Oil and Gas Act requires the Division to prevent waste and protect correlative rights. Specifically, the Act provides:

The division shall have, and is hereby given, jurisdiction and authority over all matters relating to the conservation of oil and gas and the prevention of waste of potash as a result of oil or gas operations in this state. It shall have jurisdiction,

³ See *Quynh Truong v. Allstate Ins. Co.*, 2010-NMSC-009, ¶ 29, 147 N.M. 583; *Tolley v. Assoc. Elec. & Gas Ins. Services, Ltd (AEGIS)*, 2010-NMSC-029, ¶ 8, 148 N.M. 436.

⁴ See *Baker v. Hedstrom*, 2013-NMSC-043, ¶¶ 11, 34-36, 309 P.3d 1047; *Alb. Bernalillo Co. Water Util. Auth. v. NMPRC*, 2010-NMSC-013, ¶ 51, 148 N.M. 21 (New Mexico's canons of statutory construction also govern the interpretations of administrative regulations).

authority and control of and over all persons, matters or things necessary or proper to enforce effectively the provisions of this act or any other law of this state relating to the conservation of oil or gas and the prevention of waste of potash as a result of oil or gas operations.⁵

Consistent with the Act's purpose, Section 70-2-11 states that it is the Division's duty to prevent waste and protect correlative rights. To this end, Section 70-2-17(C) of the Act requires the Division to pool interests when owners have not agreed to do so.

The Division's narrow construction of the Proximity Well Rule ignores that the rule must be construed in accordance with the Oil and Gas Act's mandate that the Division prevent waste and protect correlative rights. In the Order, the Division did not cite any reason that granting COG's application or construing the Proximity Well Rule to allow COG's proposed 960-acre spacing unit would violate correlative rights or result in waste. Rather, the Division relied entirely on the fact that the Proximity Well Rule refers to "the well" instead of multiple wells. This restrictive construction of the rule is unfounded because it ignores the Division's fundamental obligation to prevent waste and protect correlative rights.

In this case, COG presented undisputed evidence that granting its application would protect correlative rights and prevent waste, and no party opposed the application or presented evidence to the contrary. The Division's rejection of COG's application, when there was no evidence that granting the application would result in waste or violate correlative rights, was erroneous.

Further, allowing operators to include acreage from multiple proximity wells within a single standard horizontal spacing unit *prevents* waste. As COG's reservoir engineering witness will explain, the inclusion of acreage from multiple proximity wells in a standard horizontal spacing unit enables operators to use less surface infrastructure to develop the underlying acreage, which: (1) prevents environmental waste by protecting surface resources and air quality; and (2)

⁵ NMSA 1978, § 70-2-6.

prevents economic waste by reducing costs. COG's evidence will further establish that its Unit will conserve resources and prevent waste by allowing COG to optimally develop its resources. The use of these units also reduces the resources necessary for operators and the Division to file, review and monitor commingling applications and for operators to obtain surface use agreements. The Division's narrow construction of the Proximity Well Rule causes – rather than prevents – waste.

The Division's narrow interpretation of the rule also fails to protect correlative rights. An applicant seeking to form a standard horizontal spacing unit consisting of multiple proximity wells must provide notice of its application to all affected interest owners pursuant to 19.15.4.12(A)(1) NMAC. Therefore, affected parties are afforded the opportunity to oppose or address any concerns they may have regarding the size of the proposed unit at a hearing. Additionally, when a spacing unit involves multiple state and/or federal leases, an operator must obtain an approved communitization agreement from the New Mexico State Land Office and/or the Bureau of Land Management. Thus, those agencies are afforded an opportunity to raise any concerns. In the absence of specific concerns regarding correlative rights – which were not presented here – there is no reason for the Division to preclude operators from utilizing spacing units that include multiple proximity tract wells.

The Division's determination that COG should seek approval of a non-standard spacing unit, which requires notice to parties in all surrounding tracts, also fails to protect correlative rights.⁶ In this case, that notice would not serve any legitimate purpose because COG's wells are at orthodox locations within its proposed 960-acre unit, being located within 330 feet from the outer boundary of COG's Unit. Thus, COG's proposed wells comply with the Division's

⁶ See Order at ¶¶ 7-8.

requirement to prevent offset drainage of surrounding tracts and have no meaningful impact on those tracts. As COG's land witness will explain, notifying parties in the surrounding tracts – when they are not actually impacted by COG's application – harms COG's correlative rights by allowing those parties to object, and cause delay, when they have no legitimate basis to do so. Notifying parties in all surrounding tracts also consumes considerable resources because it requires operators to obtain title information regarding those tracts. COG should not be required to expend those resources here, where the surrounding tracts are not impacted by COG's proposed development and would not benefit from the notice anyway. It does not make sense for the Division to require notice to surrounding interests because a unit includes more than one proximity tract well, when no such notice would be required when a unit includes a single proximity tract well. If wells are at orthodox locations within a unit, neither scenario impairs correlative rights in the surrounding tracts. The Division's narrow construction of the rule elevates form over substance, is inconsistent with the Oil and Gas Act, and should be reversed.

B. The Division's narrow construction of Rule 19.15.16.15(B)(1)(b) is inconsistent with the purpose of the Horizontal Well Rule, which is to modernize and facilitate horizontal well development.

As discussed above, statutes and regulations must be construed as a whole to effectuate their purpose and avoid an absurd result.⁷ The Division's narrow construction of the Rule would impede horizontal well development and result in waste, which is inconsistent with the purpose and language of the rule.

In 2018, the Commission modernized its horizontal well rules in response to the current and expanding technological advancements in horizontal drilling and completion operations.⁸ In

⁷ See *Quynh Truong v. Allstate Ins. Co.*, 2010-NMSC-009, ¶ 29, 147 N.M. 583; *Alb. Bernalillo Co. Water Util. Auth. v. NMPRC*, 2010-NMSC-013, ¶ 51, 148 N.M. 21.

⁸ See, e.g., *Jalapeno Corp. v. N.M. Oil Conservation Comm'n*, 2020 WL 5743659 at *6 (N.M. Ct. App., Sept. 23, 2020) (unpublished) (“In taking both [the prevention of waste and the protection of correlative rights] into

particular, the Commission recognized the production optimization and operational efficiencies achieved from the adoption of multi-well development practices such as batch drilling, pad drilling and zipper fracking.⁹ The Commission intended to “further the goals of the [Oil and Gas] Act” of reducing waste and protecting correlative rights by providing operators the opportunity to simultaneously propose, drill and complete multiple wells dedicated to a spacing unit.¹⁰ As recognized during the rulemaking, the Division proposed to amend the rule to afford operators flexibility with respect to well spacing and the drilling of horizontal wells to more efficiently produce reserves.¹¹ The rulemaking testimony further recognized that larger and larger units are being developed to efficiently produce reserves and that “the more the rules work in that direction, the more we’re actually going to be preventing waste in a way that protects correlative rights.”¹²

As part of its effort to modernize its horizontal well rules, the Commission adopted the Proximity Well Rule, which states:

[i]n addition to tracts the horizontal oil well penetrates, the operator may include quarter-quarter sections or equivalent tracts in the standard horizontal spacing unit that are located within 330 feet of the proposed horizontal oil well’s completed interval (measured along a line perpendicular to the proposed completed interval or its tangent).

19.15.16.15(B)(1)(b) NMAC. This rule incorporates the Commission’s recognition of the additional efficiencies achieved from larger-scale, multi-well developments driven by modern drilling and completion innovations.

consideration, members of the Commission acknowledged the need to ‘adopt a horizontal rule that is designed for the 21st century,’ requiring that the Commission ‘consider these factory mining techniques [of drilling multiple wells simultaneously] that people are doing in other parts of the country’”).

⁹ *Id.*

¹⁰ *See id.*

¹¹ Commission Case No. 15957, *Application of the New Mexico Oil Conservation Division to Amend Rules of the Commission Concerning the Drilling, Spacing, and Operation of Horizontal Wells and Related Matters*, April 17, 2018 Hearing Tr. at 12:12-19 (D. Brooks), attached as Exh. A.

¹² *Id.*, April 18, 2018 Hearing Tr. at 123:19-125:19 (R. Foppiano).

The revised horizontal well rules provide flexibility to adapt to current and future technological innovations and no longer limit development with arbitrary impediments like internal setbacks. In conjunction with one another, the revised horizontal well rules further the goals of the Oil and Gas Act by affording operators the ability to choose how to best develop the underlying acreage based on technology-driven operations, thereby enhancing the protection of correlative rights and the conservation of resources. The Division's restrictive interpretation of the rule is inconsistent with the rule's goals of modernizing development and allowing operators to choose the best development plan and should be reversed.

C. The Division's narrow interpretation of Rule 19.15.16.15(B)(1)(b) is inconsistent with its construction of other portions of the Horizontal Well Rule.

The Division has consistently construed other provisions of the Horizontal Well Rule that refer to one well as pertaining to multiple wells. For example, 19.15.16.15(A)(2) NMAC states: "*Each* horizontal well shall be dedicated to *a* standard horizontal spacing unit or an approved non-standard horizontal spacing unit, except for infill horizontal wells and multi-lateral horizontal wells . . ." Similarly, 19.15.16.15(B)(1) NMAC states, "the operator shall dedicate to *each* horizontal oil well *a* standard horizontal spacing unit. . . ." Although a literal application of these provisions would require an operator to dedicate one spacing unit to each well, the Division has frequently approved horizontal spacing units that include multiple batch-drilled wells.¹³ Thus, the Division has not construed these provisions in a manner that would require an operator to designate one well to each spacing unit.

Likewise, the Proximity Well Rule at 19.15.16.15(B)(1)(b) NMAC states, "the operator may include quarter-quarter sections or equivalent tracts in the standard horizontal spacing unit that are located within 330 feet of the proposed horizontal oil well's completed interval." It would

¹³ See, e.g., Division Order Nos. R-21089, R-21949, R-22070, R-22071.

not make sense to narrowly construe this provision as allowing only one proximity tract well within a spacing unit when the Division construes the other provisions to allow multiple wells. Further, nothing in the rule expressly prohibits the inclusion of proximity acreage from multiple wells into a standard horizontal spacing unit. And as discussed above, interpreting the rule in that manner does not protect correlative rights or prevent waste. The Division’s restrictive interpretation of the rule ignores the language and purpose of the rule and should be reversed.

D. Order No. R-21930 conflicts with Division precedent that allows the use of multiple proximity wells to create a standard horizontal spacing unit.

On February 12, 2020, the Division issued Order No. R-21089 in Case No. 20836, which approved a 1280-acre standard horizontal spacing unit that incorporated acreage from three proximity wells dedicated to the unit. Order No. R-21089 demonstrates that the Division’s interpretation of the Proximity Well Rule originally conformed with its construction of the other provisions of the Horizontal Well Rule as applying to one or more wells dedicated to a spacing unit. The Division’s interpretation of the rule in that case was correct, and COG’s application in this case should similarly be approved.

IV. PROPOSED EVIDENCE

<u>Witness</u>	<u>Occupation</u>	<u>Time</u>	<u>Exhibits</u>
Matt Solomon	Landman	30 minutes	11
Ira Bedford	Geologist	30 minutes	5
Eric Angelos	Reservoir Engineer	30 minutes	2

V. PROCEDURAL MATTERS

COG has not identified any procedural issues at this time.

VI. REQUEST FOR RELIEF

COG Operating LLC respectfully requests that the Commission issue an order approving COG’s application. The Division’s narrow construction of the Proximity Well Rule is inconsistent with the Oil and Gas Act, ignores the purpose and language of the rule, is contrary to the Division’s interpretation of other portions of the rule, and is inconsistent with prior precedent that allows operators to include multiple proximity tract wells within a horizontal spacing unit.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on April 7, 2022, I caused a true and correct copy of the foregoing pleading to be electronically served on the following:

Jesse Tremaine
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Attorney for the Oil Conservation Division

/s/ Dana S. Hardy
Dana S. Hardy

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

APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION TO AMEND RULES OF THE COMMISSION CONCERNING THE DRILLING, SPACING, AND OPERATION OF HORIZONTAL WELLS AND RELATED MATTERS BY AMENDING VARIOUS SECTIONS OF RULES 19.15.2, 19.15.4, 19.15.14, 19.15.15, AND 19.15.16 NMAC; STATEWIDE. CASE NO 15957

REPORTER'S TRANSCRIPT OF PROCEEDINGS

COMMISSIONER HEARING

Volume 1 of 4

April 17, 2018

Santa Fe, New Mexico

BEFORE: HEATHER RILEY, CHAIRPERSON
ED MARTIN, COMMISSIONER
DR. ROBERT S. BALCH, COMMISSIONER
BILL BRANCARD, ESQ.

This matter came on for hearing before the New Mexico Oil Conservation Commission on Tuesday, April 17 through Friday, April 20, 2018, at the New Mexico Energy, Minerals and Natural Resources Department, Wendell Chino Building, 1220 South St. Francis Drive, Porter Hall, Room 102, Santa Fe, New Mexico.

REPORTED BY: Mary C. Hankins, CCR, RPR
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EXHIBIT A

1 was hired by the New Mexico Energy, Minerals and Natural
2 Resources Department on behalf of the Oil Conservation
3 Division. I worked there until 2013.

4 At the end of 2013, I retired, returned to
5 Durango, practiced with Mr. Duggan for a while, and then
6 in 2016, I returned to the New Mexico Oil Conservation
7 Division.

8 Q. And turning to the rules, are you familiar with
9 the current Commission rules for horizontal wells?

10 A. Yes, ma'am, I am. I have the rule book right
11 here in case I forget anything.

12 Q. Okay. Will you explain why the OCD is
13 proposing amendments to the current rules?

14 A. Well, the perception of the industry appears to
15 be that operators can produce the reserves more
16 efficiently in many parts of the state if they have more
17 flexibility in the spacing and drilling of horizontal
18 wells, especially longer-length horizontal wells and
19 different shapes.

20 Q. How are the proposed amendments developed?

21 A. Well, the first person who first submitted
22 proposed amendments to the OCD was Ms. Ocean Munds-Dry,
23 who is sitting in the front row over there. Hers were
24 very limited in scope. It got the ball rolling. And
25 David Catanach, who is somewhere in the audience, the

1 former director of the Oil Conservation Division,
 2 decided to appoint an industry advisory work group to
 3 work with the OCD personnel to develop improved groups.
 4 I was appointed, along with Ms. Munds-Dry, to be
 5 co-chairs of that group. However, Mr. Rick Foppiano
 6 actually took it over, and he is going to testify later.

7 (Laughter.)

8 MR. FOPPIANO: Objection.

9 (Laughter.)

10 Q. (BY MS. BADA) Can you refer to OCD Exhibit 2?

11 A. OCD Exhibit 2.

12 Q. And can you describe what OCD Exhibit 2 is?

13 A. OCD Exhibit 2 is the proposed revisions to the
 14 horizontal well rule and certain related rules. It
 15 includes a revision of 19.15.2, which revises the
 16 general definitions applicable throughout the rules;
 17 19.15.4, which is the procedural rules for adjudicatory
 18 proceedings, with amendments related to certain notice
 19 issues of the proposed amendments; 19.15.14, which is
 20 only cross-references; 19.15.15, which is only
 21 cross-references; and the main event, 19.15.16, which is
 22 the proposed new rules to horizontal wells.

23 Q. Can you describe the amendments that are being
 24 proposed to 19.15.2 to the general provisions and
 25 definitions?

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

APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION TO AMEND RULES OF THE COMMISSION CONCERNING THE DRILLING, SPACING, AND OPERATION OF HORIZONTAL WELLS AND RELATED MATTERS BY AMENDING VARIOUS SECTIONS OF RULES 19.15.2, 19.15.4, 19.15.14, 19.15.15, AND 19.15.16 NMAC; STATEWIDE. CASE NO 15957

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COMMISSIONER HEARING

Volume 2 of 4

April 18, 2018

Santa Fe, New Mexico

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ED MARTIN, COMMISSIONER
DR. ROBERT S. BALCH, COMMISSIONER
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1 through the hoops of downhole commingling and everything
 2 else, however it's handled. I'm unclear. I would have
 3 to go back and review how the production is handled in
 4 the downhole commingling with two pools situation,
 5 however, that's handled. Seems like it could be handled
 6 the same way going forward. This just exempts that from
 7 being an application and notice and all that sort of
 8 stuff.

9 Q. I think I agree with Marathon, that there needs
 10 to be some sort of explicit statement somewhere that
 11 horizontal spacing units can overlap all around within
 12 the limits of offset restrictions. That's the fork in
 13 the rule. So I think I would be a little more happy
 14 with the rule if there was an explicit statement
 15 somewhere in that list of horizontal well constraints.

16 A. I don't think there would be any problem with
 17 that statement, and we may be able to offer a suggestion
 18 about the appropriate place to put that.

19 Q. And then similarly with multiple wells
 20 completed at once, the zipper frac is a really good
 21 example of that. I suspect that communitization would
 22 be one way to work around that, just turn the whole
 23 thing into a unit.

24 A. My understanding is -- and it's limited about
 25 the force pooling, but because the force pooling is

1 linked to spacing units and we're defining spacing units
2 here, the ability to create larger and larger units with
3 these rules -- with these proposed rules, it's easier
4 than it is today, but it's still limited.

5 In my investigation in other states, in my
6 opinion, I think the more appropriate way of going
7 forward is actually to allow -- have rules that allow
8 for bigger and bigger units to be developed because, as
9 you're going to hear in subsequent testimony, of this
10 multiwell nature of how this resource is accessed now,
11 and even now where it is accessed simultaneously. So I
12 think the more the rules work in that direction, the
13 more we're actually going to be preventing waste in a
14 way that protects correlative rights.

15 Q. Well, I think you can certainly run into a
16 situation where you're trying to zipper frac and your
17 well spacing is going to be -- you want it to be
18 infill --

19 A. Yes.

20 Q. -- or within a unit so you don't have those
21 offset restrictions. Maybe you want the wells 400 feet
22 apart --

23 A. Yes.

24 Q. -- instead of the 660. So I think that that
25 does have to be addressed somehow in here, perhaps as

1 another category of drilling or completion.

2 A. And we're actually -- NMOGA is actually
3 considering some language that I proposed this morning
4 to make a slight change to the infill well definition
5 that might alleviate the issue and make it clear that
6 you can have an initial well with a proposed spacing
7 unit and infill wells, and they could all be drilled
8 simultaneously. And there wouldn't be this restriction
9 around having to have this previous unit in place before
10 you can have infill wells.

11 And as I said, in my opinion, there seems
12 to be a lot of value in trying to make sure there are no
13 artificial barriers to providing for simultaneous
14 development.

15 Q. So maybe just a note, if it's okay, with the
16 indulgence of the Chair, kind of in the past with
17 rulemaking, a lot of times we'll get to the end of
18 testimony, and then we won't close the record. We'll
19 wait for some issues to be resolved. We may have
20 follow-up questions that come up from those. For
21 example, this would be Marathon and OCD and NMOGA
22 getting together and coming up with language that
23 addresses something like this.

24 A. Yes.

25 Q. It does extend the proceeding.

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DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.**

DE NOVO CASE NO. 22474

COG OPERATING, LLC'S EXHIBIT INDEX

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

IN THE MATTER OF APPLICATION FOR
COMPULSORY POOLING SUBMITTED BY
COG OPERATING, LLC

CASE NO. 22294
ORDER NO. R-21930

ORDER

The Director of the New Mexico Oil Conservation Division (“OCD”), having heard this matter through a Hearing Examiner on November 4, 2021, and after considering the testimony, evidence, and recommendation of the Hearing Examiner, issues the following Order.

FINDINGS OF FACT

1. COG Operating, LLC (“COG”) submitted an application (“Application”) to compulsory pool the uncommitted oil and gas interests underlying irregular Section 1 and the N/2 of Section 12, Township 25 South Range 34 East, Lea County, New Mexico (“Unit”).
2. COG seeks to dedicate the well(s) described below (“Well(s)”) to the Unit:
 - Green Eyeshade Federal Com Well No. 601H
 - Green Eyeshade Federal Com Well No. 602H
 - Green Eyeshade Federal Com Well No. 603H
 - Green Eyeshade Federal Com Well No. 702H
 - Green Eyeshade Federal Com Well No. 703H
 - Green Eyeshade Federal Com Well No. 704H
3. The Application was heard by the Hearing Examiner on the date specified above, during which COG presented evidence through affidavits in support of the Application. No other party presented evidence at the hearing.
4. COG provided testimony that the Unit would be a standard 960 acre horizontal well spacing unit with quarter-quarter section building blocks or tracts.
5. A standard horizontal spacing unit for horizontal oil wells is defined by 19.15.16.15(B) NMAC as:
 - (a) The horizontal spacing unit shall comprise one or more contiguous tracts that the horizontal oil well’s completed interval penetrates, each of which consists of a governmental quarter-quarter section or equivalent.
 - (b) In addition to tracts the horizontal oil well penetrates, the operator may include quarter-quarter sections or equivalent tracts in the standard horizontal spacing unit that are located within 330 feet of the proposed horizontal oil well’s completed interval (measured along a line perpendicular to the proposed completed interval or its tangent).
6. The proposed spacing unit does not have one well that can create a 960 acre standard horizontal spacing unit. Instead, COG proposes three wells within the

Application that would be within 330 feet of nearby tracts and would create three separate overlapping 480 acre standard horizontal spacing units.

- 7. Creating a single 960-acre horizontal spacing unit would require an application for a non-standard horizontal spacing unit. 19.15.16.15(B)(5) NMAC. That application would require notice of additional parties. 19.15.16.15(B)(5)(b) (notice "to affected persons in all tracts that...adjoin the non-standard horizontal spacing unit").
- 8. The notice requirements for a nonstandard spacing unit differ from the notice required for a standard horizontal spacing unit:
 - (a) The applicant shall give notice to each owner of an interest in the mineral estate of any portion of the lands the applicant proposes to be pooled ... An applicant seeking compulsory pooling of a standard horizontal spacing unit need not give notice to affected persons in adjoining spacing units or tracts unless the division so directs. 19.15.4.12(A)(1) NMAC.
- 9. COG identified the owners of uncommitted interests in oil and gas minerals in the Unit and provided evidence that notice was given to them.

CONCLUSIONS OF LAW

- 10. OCD has jurisdiction to issue this Order pursuant to NMSA 1978, Section 70-2-17.
- 11. COG is the owner of an oil and gas working interest within the Unit.
- 12. The Unit proposed by COG does not meet the requirements for a standard horizontal spacing unit.
- 13. COG failed to apply for a non-standard horizontal spacing unit and failed to satisfy the notice requirements for a non-standard horizontal spacing unit.

ORDER

- 14. It is hereby **ORDERED** that the Application is dismissed without prejudice. COG may reapply for a non-standard horizontal spacing unit with compulsory pooling or for multiple compulsory pooling cases utilizing standard horizontal spacing units.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION



ADRIENNE SANDOVAL
DIRECTOR
AES/jag

Date: 12/07/2021

CASE NO. 22294
ORDER NO. R-21930

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. 22294

SELF-AFFIRMED STATEMENT
OF MATT SOLOMON

1. I am a landman at COG Operating LLC ("COG") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division") and my qualifications as an expert in petroleum land matters were accepted and made a matter of record.

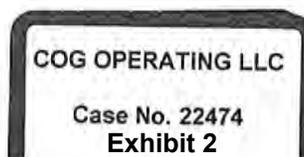
2. I am familiar with the land matters involved in the above-referenced case. Copies of COG's application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. COG seeks an order pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying a standard 960.16-acre, more or less, horizontal spacing unit ("Unit") comprised of all of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico.

5. The Unit will be dedicated to following wells ("Wells"):

- **Green Eyeshade Fed Com #601H** to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NE/4 NE/4 (Lot 1) of Section 1,



- **Green Eyeshade Fed Com #602H** and **Green Eyeshade Fed Com #702H** to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NW/4 NE/4 (Lot 2) of Section 1;
- **Green Eyeshade Fed Com #603H** and **Green Eyeshade Fed Com #703H** to be drilled from a surface location in the NE/4 SW/4 (Unit K) of Section 12 to a bottom hole location in the NE/4 NW/4 (Lot 3) of Section 1; and
- **Green Eyeshade Fed Com #704H** to be drilled from a surface location in the NW/4 SW/4 (Unit L) of Section 12 to a bottom hole location in the NW/4 NW/4 (Lot 4) of Section 1.

6. The completed interval for the Green Eyeshade Fed Com #601H will be within 330' of the quarter-quarter line separating the E/2 E/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NE/4 of Section 12; the completed interval for the Green Eyeshade Fed Com #602H will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NW/4 of Section 12, and the completed interval for the Green Eyeshade Fed Com #603H will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 W/2 of Section 1 and the W/2 NW/4 from the E/2 NW/4 of Section 12 to allow inclusion of this acreage into a standard horizontal well spacing unit.

- 7. The completed interval of the Wells will be orthodox.
- 8. **Exhibit A-2** contains C-102s for the Wells.
- 9. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests COG seeks to pool highlighted in yellow.

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

11. COG has conducted a diligent search of all county public records including phone directories and computer databases.

12. Most, but not all, interest owners COG seeks to pool are locatable.

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

14. COG requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by COG and other operators in the vicinity.

15. Notice of this application and the Division hearing was timely provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letters and associated green cards are attached as Exhibit A-6.

16. Notice of this application and the Division hearing was published more than ten business days prior to the hearing date. The affidavit of publication is attached as Exhibit A-7.

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

18. In my opinion, the granting of COG's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

19. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 18 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.



Matt Solomon

11.1.21
Date

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

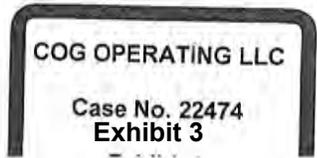
APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

CASE NO. 22294

APPLICATION

COG Operating LLC ("COG" or "Applicant") (OGRID No. 229137), 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 pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying a standard 960.16-acre, more or less, horizontal spacing unit comprised of all of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico. In support of this application, COG states:

1. Applicant is a working interest owner in the proposed horizontal spacing unit and has the right to drill thereon.
2. Applicant seeks to dedicate the above-referenced horizontal spacing unit to the following proposed wells:
 - (1) the **Green Eyeshade Fed Com Fed Com #601H well**, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NE/4 NE/4 (Lot 1) of Section 1;
 - (2) the **Green Eyeshade Fed Com #602H well**, and (3) the **Green Eyeshade Fed Com #702H well**, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NW/4 NE/4 (Lot 2) of Section 1;



- (4) the **Green Eyeshade Fed Com #603H well**, (5) the **Green Eyeshade Fed Com #703H well**, to be drilled from a surface location in the NE/4 SW/4 (Unit K) of Section 12 to a bottom hole location in the NE/4 NW/4 (Lot 3) of Section 1; and
- (6) the **Green Eyeshade Fed Com Fed Com #704H well**, to be drilled from a surface location in the NW/4 SW/4 (Unit L) of Section 12 to a bottom hole location in the NW/4 NW/4 (Lot 4) of Section 1.

3. The completed interval for the proposed **Green Eyeshade Fed Com #601H well** will be within 330' of the quarter-quarter line separating the E/2 E/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NE/4 of Section 12; the completed interval for the proposed **Green Eyeshade Fed Com #602H** will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NW/4 of Section 12, and the completed interval for the proposed **Green Eyeshade Fed Com #603H well** will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 W/2 of Section 1 and the W/2 NW/4 from the E/2 NW/4 of Section 12 to allow inclusion of this acreage into a standard horizontal well spacing unit.

4. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all the interest owners in the subject spacing unit.

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

6. In order to permit Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in this horizontal spacing unit should be

pooled and Applicant should be designated the operator of the proposed horizontal wells and spacing unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on November 4, 2021, and, after notice and hearing as required by law, the Division enter an order:

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

Received by OGD: 10/3/2021 6:36:01 PM

Page 1 of 1

Respectfully submitted,
HOLLAND & HART LLP



By: _____

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ATTORNEYS FOR COG OPERATING LLC

Case No. 22294 - Application of COG Operating LLC for Compulsory Pooling, Lea County, New Mexico. Applicant applies for an order pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying a standard 960.16-acre, more or less, horizontal spacing unit ("Unit") comprised of all of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico. Applicant seeks to dedicate the above-referenced horizontal spacing unit to the following proposed wells ("Wells"): the Green Eyeshade Fed Com Fed Com #601H well, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NE/4 NE/4 (Lot 1) of Section 1; the Green Eyeshade Fed Com #602H well, and the Green Eyeshade Fed Com #702H well, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NW/4 NE/4 (Lot 2) of Section 1; the Green Eyeshade Fed Com #603H well, the Green Eyeshade Fed Com #703H well, to be drilled from a surface location in the NE/4 SW/4 (Unit K) of Section 12 to a bottom hole location in the NE/4 NW/4 (Lot 3) of Section 1; and the Green Eyeshade Fed Com Fed Com #704H well, to be drilled from a surface location in the NW/4 SW/4 (Unit L) of Section 12 to a bottom hole location in the NW/4 NW/4 (Lot 4) of Section 1. The completed interval for the proposed Green Eyeshade Fed Com #601H well will be within 330' of the quarter-quarter line separating the E/2 E/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NE/4 of Section 12; the completed interval for the proposed Green Eyeshade Fed Com #602H will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NW/4 of Section 12, and the completed interval for the proposed Green Eyeshade Fed Com #603H well will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 W/2 of Section 1 and the W/2 NW/4 from the E/2 NW/4 of Section 12 to allow inclusion of this acreage into a standard horizontal well spacing unit. 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 the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located 13.6 miles West of Jal, New Mexico.

DISTRICT I
1050 N. FRECHER DR., HOHNS, NM 80240
Phone: (978) 393-0101 Fax: (978) 393-0220

DISTRICT II
611 S. FIRST ST., ARTESIA, NM 06210
Phone: (505) 740-1243 Fax: (505) 740-9250

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

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 470-3400 Fax: (505) 470-3402

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	Pool Code	Pool Name
Property Code	Property Name GREEN EYESHAD FEDEAL COM	Well Number 601H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 3381.2'

Surface Location

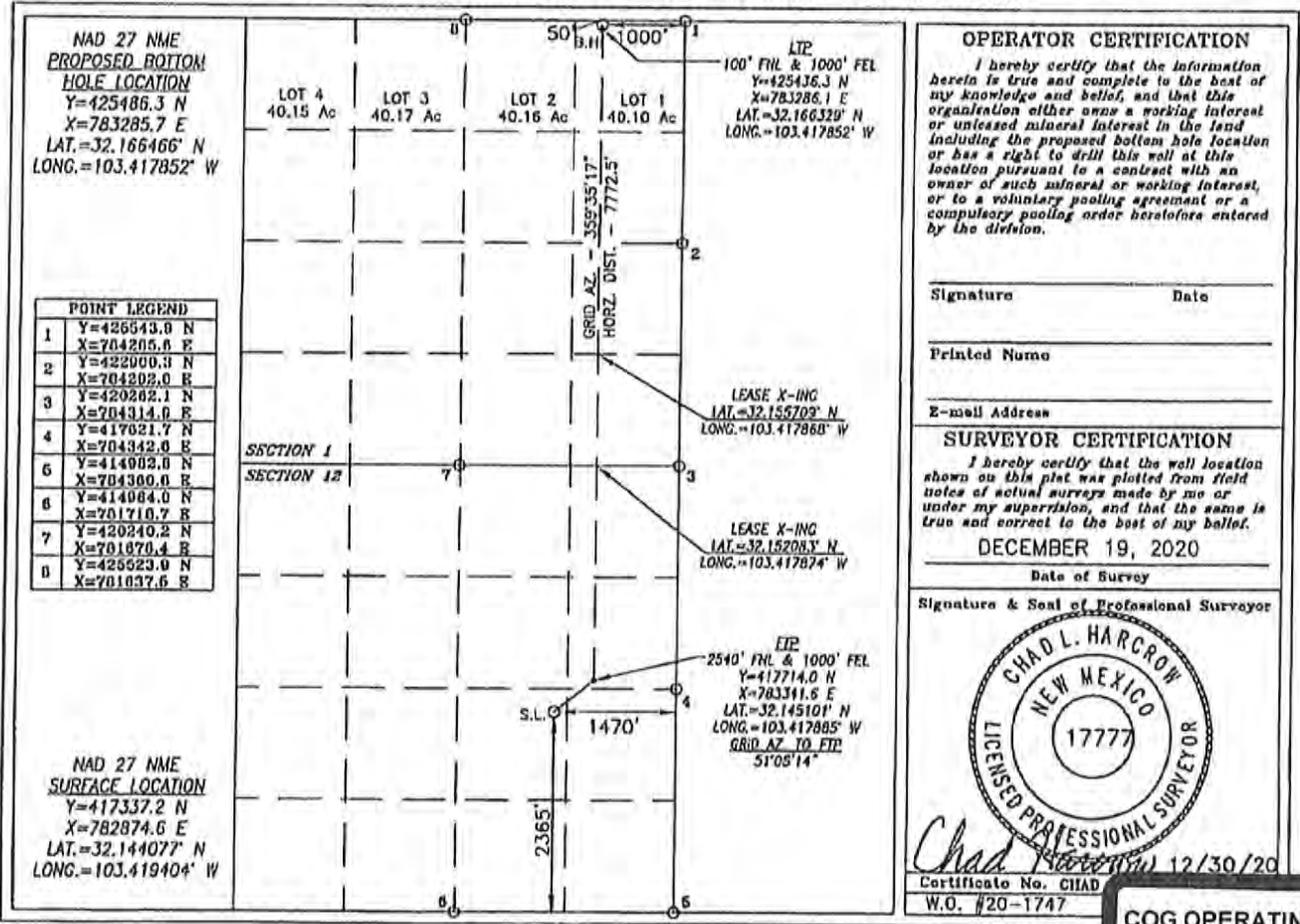
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	12	25-S	34-E		2365	SOUTH	1470	EAST	LEA

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
1	1	25-S	34-E		50	NORTH	1000	EAST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
-----------------	-----------------	--------------------	-----------

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. FRANCHIS DR., BOHOL, NM 87540
Phone: (505) 893-8101 Fax: (505) 893-0728

DISTRICT II
811 S. FIRST ST., ARTHESIA, NM 80210
Phone: (505) 743-1203 Fax: (505) 748-0720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-0170 Fax: (505) 334-0170

DISTRICT IV
1210 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3400 Fax: (505) 478-3462

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 3, 2011
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District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
Property Code	Property Name GREEN EYESHAD E FEDERAL COM	Well Number 602H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 3384.4'

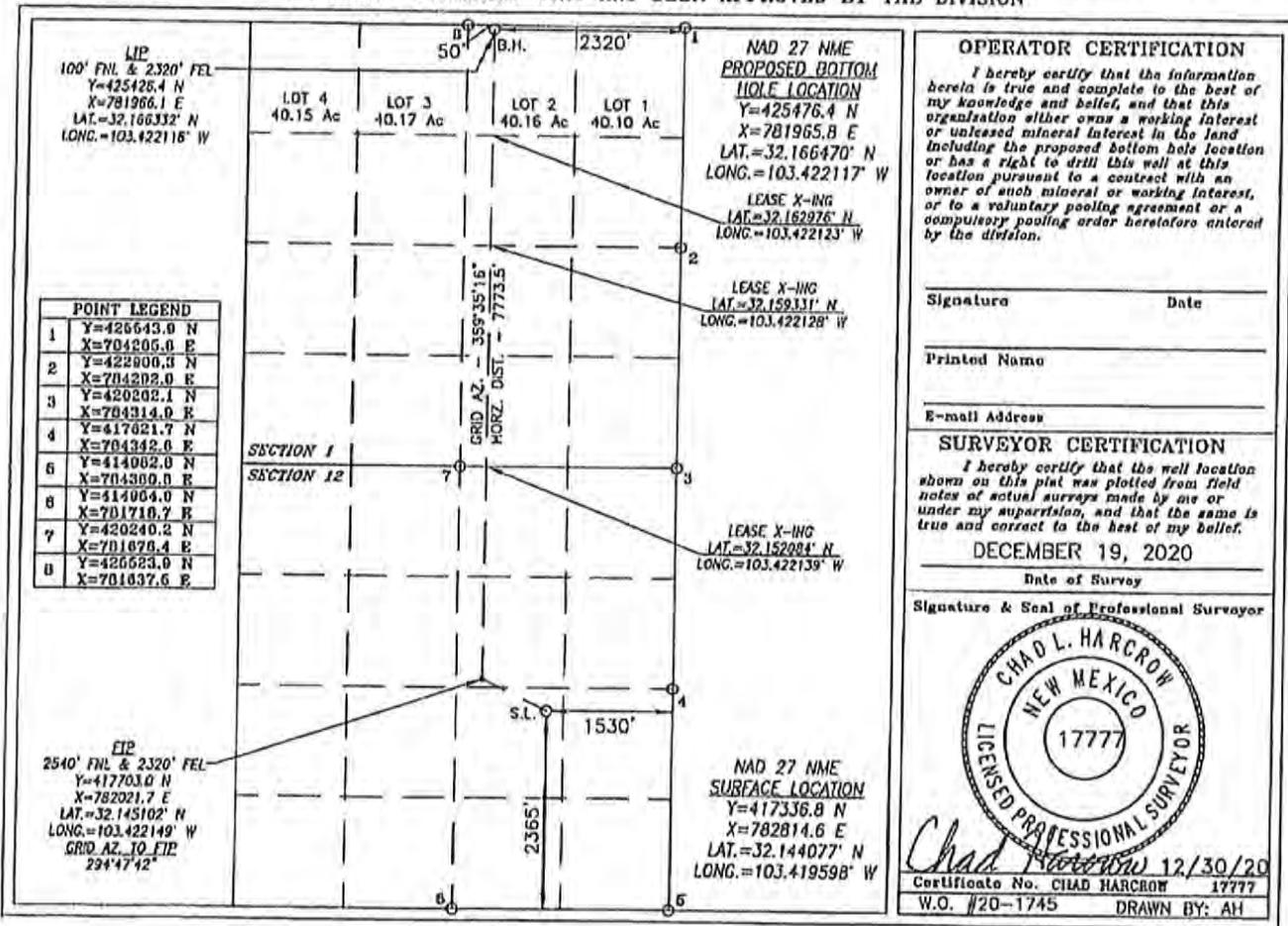
Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	12	25-S	34-E		2365	SOUTH	1530	EAST	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
2	1	25-S	34-E		50	NORTH	2320	EAST	LEA
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.						

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
1026 N. FRANCIS DR., ALBUQUERQUE, NM 80740
Phone: (505) 393-8101 Fax: (505) 505-0726

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 80210
Phone: (505) 740-1283 Fax: (505) 740-9250

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-0170 Fax: (505) 334-0170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 470-3400 Fax: (505) 470-3182

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	Pool Code	Pool Name
Property Code	Property Name GREEN EYESHADDE FEDERAL COM	Well Number 603H
GRID No.	Operator Name COG OPERATING, LLC	Elevation 3400.5'

Surface Location

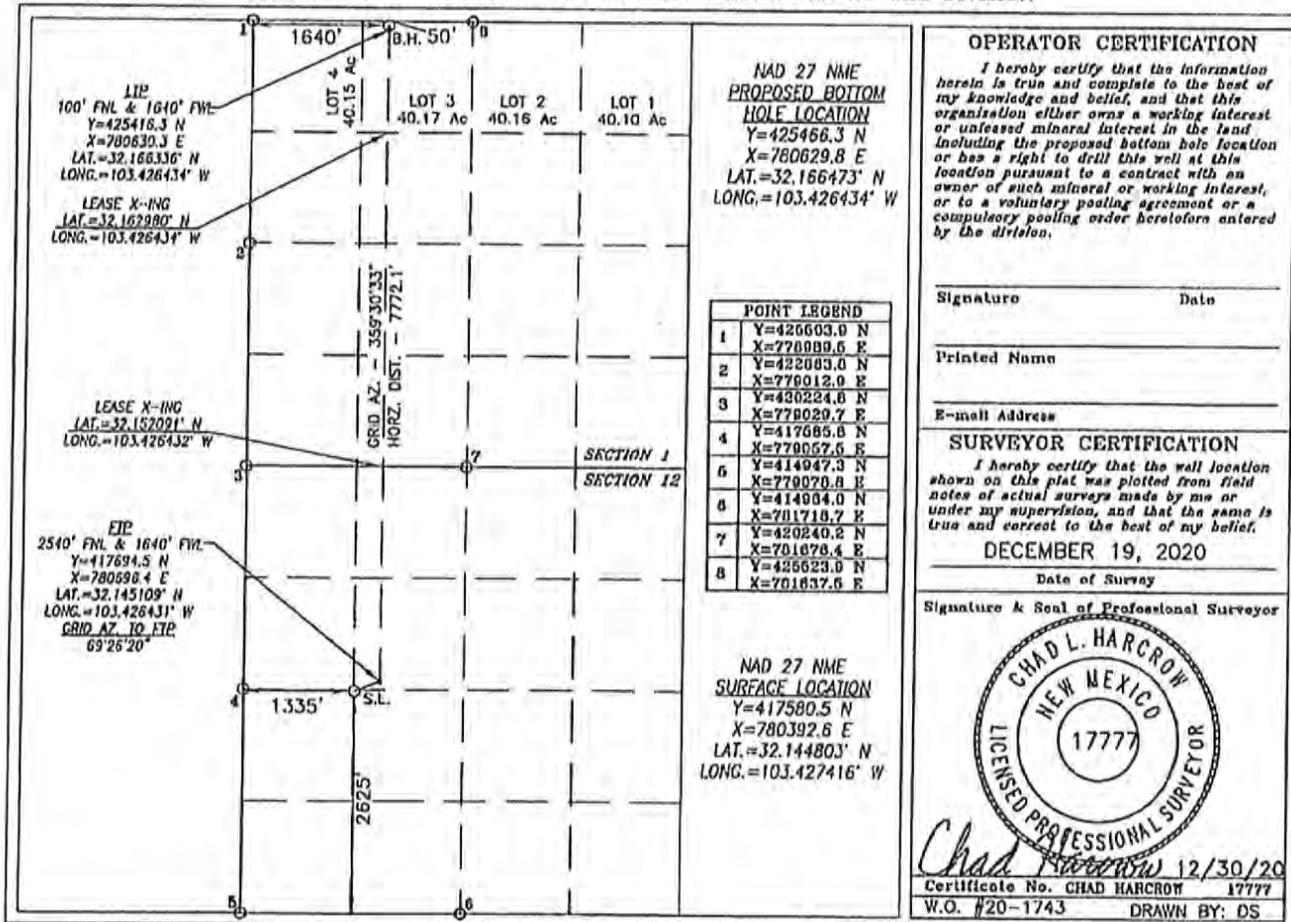
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	12	25-S	34-E		2625	SOUTH	1335	WEST	LEA

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
3	1	25-S	34-E		50	NORTH	1640	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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
1020 N. BRUGH DR., HOBBS, NM 88240
Phone: (505) 893-8181 Fax: (505) 333-5725

DISTRICT II
041 S. FIRST ST., ARTESIA, NM 06210
Phone: (505) 748-1282 Fax: (505) 748-2920

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1320 S. ST. FRANCIS DR., SANTA FE, NM 87506
Phone: (505) 476-3480 Fax: (505) 476-3488

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
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
Property Code	Property Name GREEN EYESHAD E FEDERAL COM	Well Number 702H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 3381.6'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	12	25-S	34-E		2365	SOUTH	1500	EAST	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
2	1	25-S	34-E		50	NORTH	1640	EAST	LEA

Dedicated Acre	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

NAD 27 NME PROPOSED BOTTOM HOLE LOCATION
Y=425481.5 N
X=782645.7 E
LAT.=32.166468' N
LONG.=103.419920' W

POINT LEGEND	
1	Y=426643.9 N X=784295.6 E
2	Y=422000.3 N X=784292.0 E
3	Y=420262.1 N X=784314.0 E
4	Y=417621.7 N X=784342.0 E
5	Y=414902.8 N X=784380.0 E
6	Y=414904.0 N X=781710.7 E
7	Y=420240.2 N X=781878.4 E
8	Y=426623.9 N X=781837.6 E

NAD 27 NME SURFACE LOCATION
Y=417337.0 N
X=782844.6 E
LAT.=32.144077' N
LONG.=103.419501' W

LOT 4 40.15 Ac, LOT 3 40.17 Ac, LOT 2 40.16 Ac, LOT 1 40.10 Ac

GRID AZ. = 359°35'1.6"
HORZ. DIST. = 7773.0

50' B.H. 1640'

100' FTL & 1640' FEL
Y=425431.5 N
X=782646.1 E
LAT.=32.166331' N
LONG.=103.419920' W

LEASE X-ING
LAT.=32.162874' N
LONG.=103.419925' W

LEASE X-ING
LAT.=32.152325' N
LONG.=103.419931' W

LEASE X-ING
LAT.=32.152083' N
LONG.=103.419942' W

2540' FTL & 1640' FEL
Y=417708.7 N
X=782701.7 E
LAT.=32.145102' N
LONG.=103.419952' W
GRID AZ. TO FTL
J38°58'05"

S.L. 1500'

2365'

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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

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

DECEMBER 19, 2020
Date of Survey

Signature & Seal of Professional Surveyor

CHAD L. HARGROW
NEW MEXICO
17777
LICENSED PROFESSIONAL SURVEYOR

Chad Hargrow 12/30/20
Certificate No. CHAD HARGROW 17777
W.O. #20-1746 DRAWN BY: AH

DISTRICT I
 2020 N. FRANCIS DR., HOBBS, NM 88240
 Phone: (505) 843-6101 Fax: (505) 293-5760

DISTRICT II
 011 S. FIRST ST., ARTESIA, NM 00210
 Phone: (505) 749-1283 Fax: (505) 749-9720

DISTRICT III
 1000 RIO BRAZOS RD., AZTEC, NM 87410
 Phone: (505) 334-6170 Fax: (505) 334-6170

DISTRICT IV
 1320 S. ST. FRANCIS DR., SANTA FE, NM 87506
 Phone: (505) 476-3100 Fax: (505) 476-3100

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	Pool Code	Pool Name
Property Code	Property Name GREEN EYESHADDE FEDERAL COM	Well Number 703H
DEIRD No.	Operator Name COG OPERATING, LLC	Elevation 3400.8'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	12	25-S	34-E		2625	SOUTH	1365	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
3	1	25-S	34-E		50	NORTH	2320	WEST	LEA
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.						

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

LOT 4 40.15 Ac
LOT 3 40.17 Ac
LOT 2 40.16 Ac
LOT 1 40.10 Ac

SECTION 1
SECTION 12

GRID AZ. - 359°30'33"
HORIZ. DIST. - 7773.2

LIP
 100' FNL & 2320' FWL
 Y=425421.4 N
 X=781310.2 E
 LAT.=32.166334' N
 LONG.=103.424237' W

LEASE X-ING
 LAT.=32.162970' N
 LONG.=103.424237' W

LEASE X-ING
 LAT.=32.152086' N
 LONG.=103.424235' W

EIP
 2540' FNL & 2320' FWL
 Y=417698.5 N
 X=781376.4 E
 LAT.=32.145105' N
 LONG.=103.424234' W
 GRID AZ. TO EIP
 82°57'57"

MAD 27 NME
PROPOSED BOTTOM
HOLE LOCATION
 Y=425471.4 N
 X=781309.8 E
 LAT.=32.166471' N
 LONG.=103.424237' W

POINT LEGEND	
1	Y=426603.0 N X=770089.6 E
2	Y=422063.0 N X=779012.0 E
3	Y=420224.8 N X=779029.7 E
4	Y=417685.8 N X=779057.6 E
5	Y=414047.3 N X=779079.8 E
6	Y=414084.0 N X=781719.7 E
7	Y=420240.2 N X=781878.4 E
8	Y=426523.0 N X=781837.6 E

MAD 27 NME
SURFACE LOCATION
 Y=417580.8 N
 X=780422.6 E
 LAT.=32.144803' N
 LONG.=103.427319' W

OPERATOR CERTIFICATION

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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

SURVEYOR CERTIFICATION

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

DECEMBER 19, 2020
 Date of Survey

Signature & Seal of Professional Surveyor

CHAD L. HARCROW
 NEW MEXICO
 LICENSED PROFESSIONAL SURVEYOR
 17777

Chad Harcrow 12/30/20
 Certificate No. CHAD HARCROW 17777
 W.O. #20-1744 DRAWN BY: DS

DISTRICT I
1020 N. WATKINS DR., HOHNS, NM 87410
Phone: (505) 893-8181 Fax: (505) 893-0950

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (505) 740-1165 Fax: (505) 740-0720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-8170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3480

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	Pool Code	Pool Name
Property Code	Property Name GREEN EYESHAD FEDERAL COM	Well Number 704H
OCRID No.	Operator Name COG OPERATING, LLC	Elevation 3401.8'

Surface Location

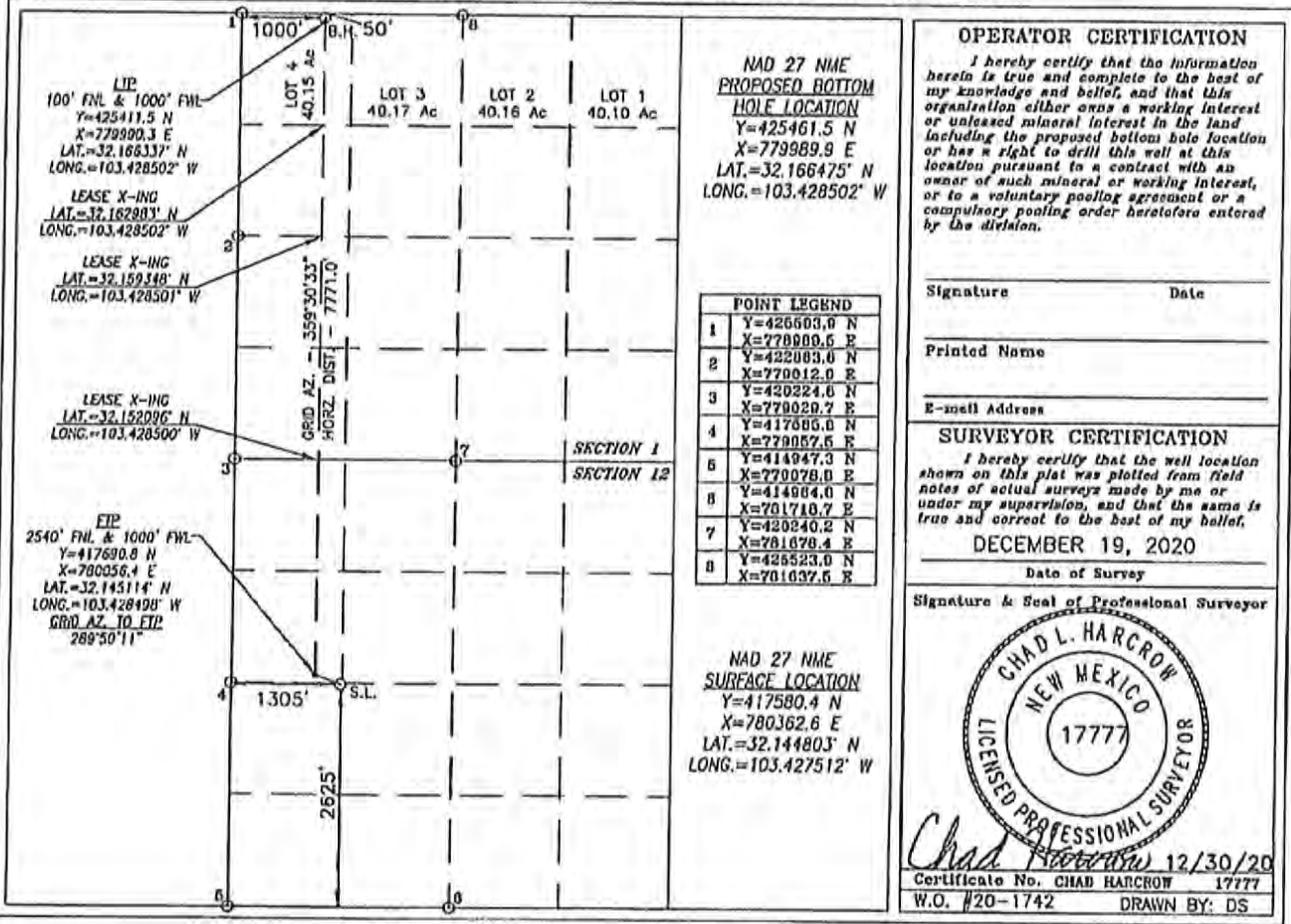
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	12	25-S	34-E		2625	SOUTH	1305	WEST	LEA

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
4	1	25-S	34-E		50	NORTH	1000	WEST	LEA

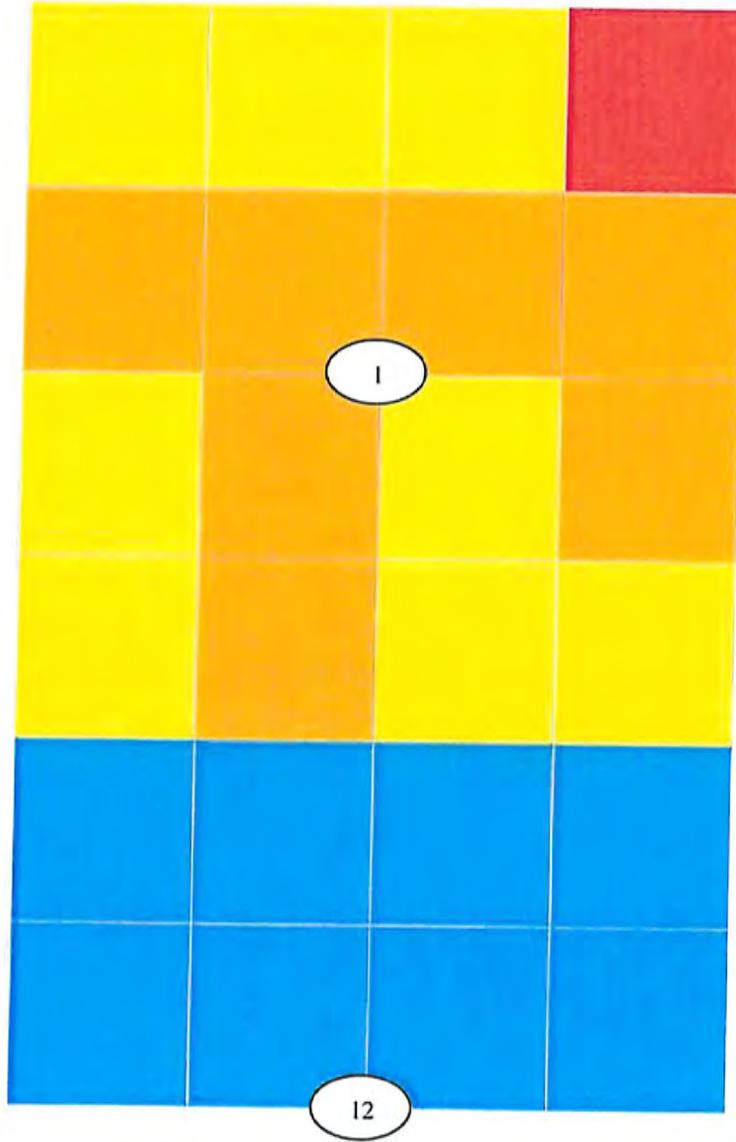
Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

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



Green Eyeshade Unit
T25S-R34E-Section 1: ALL & Section 12: N2
LEA COUNTY, NM

- Tract 1
- Tract 2
- Tract 3
- Tract 4



COG OPERATING LLC
Case No. 22474
Exhibit 5

**Green Eyeshade Unit
T25S-R34E-Section 1: ALL & Section 12: N2
LEA COUNTY, NM**

Unit Working Interest

COG Operating, LLC	73.239453%
COG Acreage LP	11.807698%
Oxy Y-1 Company	8.189752%
Marathon Oil Permian LLC	2.666306%
MRC Permian Company	2.370049%
Chief Capital (O&G) II LLC	0.901630%
BEXP I, LP	0.790015%
Yates Industries, LLC	0.035097%
Total	100.000000%

Tract 1 – N2NW, NWSE, W2SW, W2SE, SESE – T25S-R34E

COG Operating, LLC	75.332905%
Oxy Y-1 Company	24.561837%
Yates Industries, LLC	0.105258%
Total	100.000000%

Tract 2 – NENE of Section 1 – T25S-R34E

COG Operating, LLC	57.325633%
COG Acreage LP	3.555555%
Chief Capital (O&G) II LLC	21.637333%
Marathon Oil Permian LLC	8.000000%
MRC Permian Company	7.111111%
BEXP I, LP	2.370368%
Total	100.000000%

Tract 3 – S2N2, E2SW, NESE of Section 1 – T25S-R34E

COG Operating, LLC	42.536299%
COG Acreage LP	39.982222%
Marathon Oil Permian LLC	8.000000%
MRC Permian Company	7.111111%
BEXP I, LP	2.370368%
Total	100.000000%

Tract 4 – N2 of Section 12 - T25S-R34E

COG Operating LLC	100.000000%
-------------------	-------------

Pooling Notification List

Working Interest Owners

Oxy Y-I Company
5 Greenway Plaza, Ste 100
Houston, TX 77046

Marathon Oil Permian LLC
5555 San Felipe Street
Houston, TX 77056

MRC Permian Company
One Lincoln Center
5400 LBJ Freeway, Ste 1500
Dallas, TX 75240

Chief Capital (O&G) II LLC
8111 Westchester Drive, Ste 900
Dallas, TX 75225

Yates Industries, LLC
403 W. San Francisco Street
Santa Fe, NM 87501

Pooled parties
highlighted in
yellow.

Unmarketable Title

Terry Davis Holt
122 Vintage Drive
Corinth TX 76210

Allen Clay Davis
P.O. Box 962
Ardmore OK 73402

Shawn Freck
816 E. Centre Avenue
Buckeye AZ 85326

Jerry Nick Cappadonna
P.O. Box 56
La Ward TX 77970

Sandra Lee Broman Powers a/k/a Sandra Lee Powers, Personal Representative of the Estate of Mildred Broman
2596 Calle Delfino
Santa Fe NM 87505

Willie Margaret Baird Estate
305 E. 15th Street
Littlefield TX 79339

Gerald Lain
4209 San Saba Ct
Plano TX 75074

Garren Lain
534 Arawe Cir W
Irving TX 75060

Garlon Lain
4209 San Saba Ct
Plano TX 75074

Chance Lain
1051 Kenny Fort Xing Unit 60
Round Rock TX 78665

Annie Lain
2325 Arroyo Ct
Plano TX 75074

Haydon Lain
150 Ethan Drive
Weatherford TX 76087

Betty Ruth Patterson
43195 Fringewood Drive, Apt 36
Whitney TX 76692

Charlotte McGehee
305 E. 18th Street
Littlefield TX 79339

Estate of Ruth S. Marion
79 Apache Drive
Kerrville TX 78028

Norma Baird Loving
2009 Crocket Court
Irving TX 75038

Page Stephanie Baird
736 Mulberry Lane
Desoto TX 75115

Georgia Davis Griffith
941 Bois d Arc St
Whitesboro TX 76273

Donna David Hammack
2911 Sable Crossing
San Antonio TX 78232

James M. Davis
P.O. Box 4251
Midland TX 75692

The Lee and Judy Davis Revocable Trust
1625 9th Avenue, SE
St. Cloud MN 56304

Charlotte S.E. Garza
324 Heneretta Drive
Hurst TX 76054

Jerry Wayne Billington
P.O. Box 1994
Amarillo TX 79105

Michael Hall Medlin
223 FM 474
Boerne TX 78006

Robert Freck
6020 Manila
El Paso TX 79924

Karen Freck
7931 Presidio
Boerne TX 78015

Michael Freck
P.O. Box 5121
Sam Rayburn TX 75951

Jeanene Hollis
P.O. Box 888
Socorro NM 87801

William K. Hollis
1610 Heritage
Mission TX 78572

Shamrock Royalty LP
200 W. Highway 6, Suite 320
Waco TX 76712

James M. Davis, Independent Executor of the Estate of James Hall Medlin
705 West 11th Street
Austin TX 78701

Jerry D Billington, PR of the Estate of Jamie Ann Billington
4433 S. Lipscomb Street
Amarillo TX 79110

Barbara K. Medlin, PR of the Estate of Kenneth Wayne Medlin
4819 E. Libby
Scottsdale AZ 85254

Barbara K. Medlin
4819 E. Libby
Scottsdale AZ 85254

Sue Ann Medlin Rowley
9942 E. Desert Aire Drive
Tucson AZ 85730

Lisa Beth Hogan Campbell
6887 Valley Brook Drive
Frisco TX 75035

Richard Hogan
6887 Valley Brook Drive
Frisco TX 75035

Cathy Cappadonna
35 County Road 2531
Ganado TX 77962

Mitchell Cappadonna
522 Hancock Ave

Corpus Christi TX 78404

Mark Cappadonna
26 Shearwater
Irvine CA 92604

Bo Cappadonna
11206 Hunters Break #6
Helotes TX 78023

Carol Cappadonna
P.O. Box 56
La Ward TX 77970

Elizabeth Mosely Hogan
1300 Neighborhood Place
Seminole OK 74868

Sheila Shirley Hosford
1528 Shady Oaks Circle
Glen Rose TX 76043

Tessa Manke
13229 Moonlake Way
Haslet TX 76052

Matthew Hosford
1528 Shady Oaks Circle
Glen Rose TX 76043

Jacob Hosford
7954 Belladonna Drive
Fort Worth TX 76123

Bevin Hosford
1528 Shady Oaks Circle
Glen Rose TX 76043

Greg Vaughn
1405 Glasier Drive
Carlsbad NM 88220

Roger Vaughn
3203 Leaf Lane #B
Austin TX 78759

Charles Hosford
1523 Neal Road
Tomball TX 77375

Viper Energy Partners
500 West Texas, Suite 1200
Midland TX 79701

William Joseph Mosely, Jr., deceased
5447 Vickery Boulevard
Dallas TX 75206

Peggy Neal Pool
306 NE 35th Street
Grand Prairie TX 75050

Estate of Louise B. Thompson
P.O. Box 1197
Kermit TX 79745

Thompson Family Trust
1856 Bugtussle
West TX 76691

Tilden Capital Minerals, LLC
P.O. Box 470857
Fort Worth TX 76147

GGM Exploration, Inc.
P.O. Box 123610
Fort Worth TX 76121

Pegasus Resources
2821 W 7th Street, #500
Fort Worth TX 76107

TD Minerals LLC
8111 Westchester Drive, Ste 900
Dallas TX 75225



Via Federal Express

July 23, 2021

BEXPI, LP
5914 W. Courtyard Drive, Ste 340
Austin, TX 78730

Re: Green Eyeshade Fed Com 601H, 602H, 603H, 702H, 703H, 704H
Sec 1: ALL - T25S-R34E
Sec 12: N/2 - T25S-R34E
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC ("COG"), as Operator, hereby proposes to drill the following wells located in Section 1, 25S-34E and N/2 of Section 12, 25S-34E, Lea County, New Mexico:

The **Green Eyeshade Fed Com #601H** well has a surface hole location of 2365' FSL and 1470' FEL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1000' FEL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,650' and a MD of approximately 20,600' to test the Bone Spring formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The **Green Eyeshade Fed Com #602H** well has a surface hole location of 2365' FSL and 1530' FEL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 2320' FEL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,650' and a MD of approximately 20,600' to test the Bone Spring formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The **Green Eyeshade Fed Com #603H** well has a surface hole location of 2625' FSL and 1335' FWL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1640' FWL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,650' and a MD of approximately 20,600' to test the Bone Spring formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The **Green Eyeshade Fed Com #702H** well has a surface hole location of 2365' FSL and 1500' FEL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1640' FEL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,915' and a MD of approximately 20,850' to test the Wolfcamp formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG OPERATING LLC
Case No. 22474
Exhibit 6

The **Green Eyeshade Fed Com #703H** well has a surface hole location of 2625' FSL and 1365' FWL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 2320' FWL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,915' and a MD of approximately 20,850' to test the Wolfcamp formation within the Wolfbone Pool("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The **Green Eyeshade Fed Com #704H** well has a surface hole location of 2625' FSL and 1305' FWL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1000' FWL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,915' and a MD of approximately 20,915' to test the Wolfcamp Formation within the Wolfbone Pool("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill these wells under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 1: T25S-R34E and Sec 12: N/2 - T25S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$8,000/\$800 Drilling and Producing Rate
- COG Operating LLC named as Operator
-

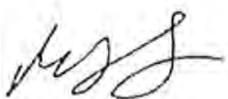
Please indicate your participation elections in the spaces provided below, sign and return this letter, along with a signed copy of the enclosed AFEs and a copy of your geologic well requirements. If you do not wish to participate, COG proposes to acquire your interest via term assignment. It has the following general provisions:

- 3 year primary term
- Delivering a 75% NRI, proportionately reduced
- \$2,000 per net acre bonus consideration

The Term Assignment offer terminates September 1, 2021 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.

I can be reached at (432) 685-4352 or matt.solomon@conocophillips.com

Respectfully,



Matt Solomon
Staff Land Negotiator

Green Eyeshade Fed Com 601H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 601H.

_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 601H.

Green Eyeshade Fed Com 602H

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Green Eyeshade Fed Com 603H

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Green Eyeshade Fed Com 702H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 702H.

_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 702H.

Green Eyeshade Fed Com 703H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 703H.

_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 703H.

Green Eyeshade Fed Com 704H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 704H.

_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 704H.

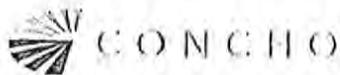
Company: _____

By: _____

Name: _____

Title: _____

Date: _____



Via Certified Mail

July 23, 2021

Allen Clay Davis
P. O. Box 962
Ardmore OK 73402

Re: Green Eyeshade Fed Com 601H, 602H, 603H, 702H, 703H, 704H
Sec 1: All - T25S-R34E
Sec 12: N/2 - T25S-R34E
Lea County, New Mexico

Dear Sir/Madam:

COG Operating LLC ("COG"), as Operator, hereby proposes to drill the following wells located in Section 1, 25S-34E and N/2 of Section 12, 25S-34E, Lea County, New Mexico:

The Green Eyeshade Fed Com #601H well has a surface hole location of 2365' FSL and 1470' FEL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1000' FEL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,650' and a MD of approximately 20,600' to test the Bone Spring formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The Green Eyeshade Fed Com #602H well has a surface hole location of 2365' FSL and 1530' FEL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 2320' FEL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,650' and a MD of approximately 20,600' to test the Bone Spring formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The Green Eyeshade Fed Com #603H well has a surface hole location of 2625' FSL and 1335' FWL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1640' FWL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,650' and a MD of approximately 20,600' to test the Bone Spring formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The Green Eyeshade Fed Com #702H well has a surface hole location of 2365' FSL and 1500' FEL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1640' FEL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,915' and a MD of approximately 20,850' to test the Wolfcamp formation within the Wolfbone Pool ("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The Green Eyeshade Fed Com #703H well has a surface hole location of 2625' FSL and 1365' FWL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 2320' FWL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,915' and a MD of approximately 20,850' to test the Wolfcamp formation within the Wolfbone Pool("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

The Green Eyeshade Fed Com #704H well has a surface hole location of 2625' FSL and 1305' FWL of Section 12, 25S-34E, and a bottom hole location of 50' FNL and 1000' FWL of Section 1, 25S-34E, or at a legal location as approved by the governing regulatory agency, to a TVD of approximately 12,915' and a MD of approximately 20,915' to test the Wolfcamp Formation within the Wolfbone Pool("Operation"). The total cost of the Operation is estimated to be \$7,016,705 and a detailed description of the cost is set out in the enclosed Authority for Expenditure ("AFE").

COG is proposing to drill these wells under the terms of the modified 1989 AAPL form of Operating Agreement which is enclosed for your review and approval. The Operating Agreement covers Sec 1: T25S-R34E and Sec 12: N/2 - T25S-R34E. It has the following general provisions:

- 100/300 Non-Consenting Penalty
- \$8,000/\$800 Drilling and Producing Rate
- COG Operating LLC named as Operator

Please indicate your participation elections in the spaces provided below, sign and return this letter, along with a signed copy of the enclosed AFEs and a copy of your geologic well requirements. If you do not wish to participate, COG would like to lease your minerals under the following general terms:

- Bonus of \$2000/Net Mineral Acre
- 3 Year Primary Term
- 25% Royalty Interest

The Lease offer 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.

I can be reached at (432) 685-4352 or matt.solomon@conocophillips.com

Respectfully,



Matt Solomon
Staff Land Negotiator

Green Eyeshade Fed Com 601H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 601H.
_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 601H.

Green Eyeshade Fed Com 602H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 602H.
_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 602H.

Green Eyeshade Fed Com 603H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 603H.
_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 603H.

Green Eyeshade Fed Com 702H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 702H.
_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 702H.

Green Eyeshade Fed Com 703H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 703H.
_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 703H.

Green Eyeshade Fed Com 704H

_____ I/We hereby elect to participate in the Green Eyeshade Fed Com 704H.
_____ I/We hereby elect not to participate in the Green Eyeshade Fed Com 704H.

Company: _____
By: _____
Name: _____
Title: _____
Date: _____

COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING

WELL NAME:	GREEN EYESHAD FED COM 601H	PROSPECT NAME:	Buildog 2534 (717039)
SHL:	Sec 12: 2365 FSL & 1470 FEL	STATE & COUNTY:	New Mexico, Lea
BHL:	Sec 1: 50 FNL & 1000 FEL	OBJECTIVE:	Drill and Complete
FORMATION:	Bone Spring	DEPTH:	20,600
LEGAL:	Sec 12: 25S 34E	TVD:	12,650

	Drig - Rln Release(D)	Completion(C)	Tank Qty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
Time/Creative/Permit	201	20,000			20,000
Insurance	202	2,500	302		2,500
Damages/Fight of Way	203	20,000	303		20,000
Survey/State Location	204	7,000	304	40,000	54,000
Locator/Path/Road Expense	205	165,000	305	5,000	170,000
Drilling / Completion Overhead	206	5,700	306	12,500	18,200
Turnkey Contract	207		307	571,000	571,000
Footage Contract	208		308	218,000	218,000
Daywork Contract	209	421,000	309	193,000	614,000
Directional Drilling Services	210	248,000	310	234,000	482,000
Fuel & Power	211	120,000	311	28,000	148,000
Water	212	40,000	312	273,000	313,000
Bits	213	85,000	313		85,000
Mud & Chemicals	214	194,750	314		194,750
Oil Stem Test	215		315		225,000
Coring & Analysis	216				0
Cement Surface	217	20,000			20,000
Cement Intermediate	218	79,000			79,000
Cement 2nd Intermediate/Production	219	82,500			82,500
Cement Squeeze & Other (Kickoff Plug)	220				0
Flam. Equipment & Centralizers	221	50,000			50,000
Casing Crews & Equipment	222	55,000			55,000
Logging Tools & Service	223		323		0
Geologic/Engineering	224		324		0
Contract Labor	225	8,500	325		8,500
Company Supervision	226	34,250	326		34,250
Contract Supervision	227	76,000	327		76,000
Testing Casing/Tubing	228	40,000	328		40,000
Mud Logging Unit	229	34,000	329		34,000
Logging	230				0
Perforating/Wireline Services	231	10,000	331		10,000
Stimulation/Treating			332		0
Completion Unit			333		0
Swabbing Unit			334		0
Rentals-Surface	235	128,250	335		128,250
Rentals-Subsurface	236	114,000	336		114,000
Trucking/Facility/Log Mobilization	237	200,000	337		200,000
Welding Services	238	6,000	338		6,000
Water Disposal	239		339		0
Plug to Abandon	240		340		0
Seismic Analysis	241		341		0
Miscellaneous	242		342		0
Contingency	243	65,000	343		65,000
Closed Loop & Environmental	244	194,750	344		194,750
Fuel - Diesel	245		345		0
Coil Tubing			346		0
Flowback Crews & Equip			347		0
Offset Directional/Frac	248		348		0
TOTAL INTANGIBLES	2,625,910	2,706,560	101,343	40,000	5,463,753

Surface Casing	401	32,000			32,000
Intermediate Casing	402	280,000			280,000
Production Casing/Liner	403	334,000			334,000
Tubing		504	52,000		52,000
Wellhead Equipment	405	70,000	505	28,000	98,000
Pumpjack Unit				500	0
Prime Mover				507	0
Roads				508	0
Pumps-Sub Surface (BH)		509			0
Tanks			510	44,381	44,381
Flowlines			511	80,856	80,856
Heater Treater/Separator			512	184,000	184,000
Electrical System			513	39,018	39,018
Packers/Anchors/Hangers	414	514	60,000		60,000
Couplings/Fittings/Valves	415		515	117,778	117,778
Gas Lift/Compression			516		0
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Pumps-Surface			521	24,693	24,693
Instrumentation/SCADA/POC			522	16,722	16,722
Miscellaneous	419	519	523		0
Contingency	420	520	524		0
Meters/ACT			525	75,514	75,514
Flares/Combustors/Emission			526		0
Gas Lift/Compression		527	20,000		20,000
TOTAL TANGIBLES		716,000	160,000	582,952	1,552,952
TOTAL WELL COSTS		3,341,910	2,866,560	684,295	7,016,705

COG Operating LLC	% of Total Well Cost	48%	42%	10%	2%
Date Prepared: 7/22/21					
COG Operating LLC					
AW-JV,PS,RM					
We approve _____					
_____% Working Interest					
Company _____					
By _____					
Printed Name _____					
Title _____					
Date _____					
This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.					

COG OPERATING LLC
 AUTHORITY FOR EXPENDITURE
 DRILLING

WELL NAME	GREEN EYESHAD FEED COM 602H	PROSPECT NAME	Buildlog 2534 (717039)
SHL	Sec 12: 2365 FSL & 1530 FEL	STATE & COUNTY	New Mexico Lea
BHL	Sec 1: 50 FNL & 2320 FEL	OBJECTIVE	Drill and Complete
FORMATION	Bone Spring	DEPTH	20,600
LEGAL	Sec 12: 25S 34E	TVD	12,650

	Orig - Rig Release(D)	Completion(C)	Tank Btry Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Total/Initial/Permit	20,600				20,600
Insurance	2,500	303			2,500
Damages/Right of Way	20,000	303			20,000
Survey/Stake Location	7,000	304	88,000	352	67,000
Location/Road Expense	105,000	305	5,000	353	197,728
Drilling/Completion Overhead	5,700	306			18,292
Turnkey Contract		307	571,000		571,000
Fouling Contract		308	218,000		218,000
Daywork Contract	421,000	309	193,000		614,000
Directional Drilling Services	248,000	310	294,000		542,000
Fuel & Power	120,000	311	28,000	354	148,000
Water	40,000	312	273,000		313,000
Bits	85,000	313			85,000
Mud & Chemicals	184,750	314			184,750
Drill Stem Test		315	225,000		225,000
Coring & Analysis					0
Cement Surface	20,900				20,900
Cement Intermediate	79,800				79,800
Cement 2nd Intermediate/Production	82,500				82,500
Cement Squeeze & Other (Kickoff Plug)					0
Float Equipment & Contractors	90,000			371	90,000
Casing Crews & Equipment	55,000				55,000
Fishing Tools & Service		323			0
Geologic/Engineering		324			0
Contract Labor	6,500	325	355		6,500
Company Supervision	24,200	326	15,000	356	52,000
Contract Supervision	78,000	327	91,000	358	167,000
Testing Casing/Tubing	40,000	328			40,000
Mud Logging Unit	34,000	329	48,000		82,000
Logging					0
Perforating/Wireline Services	10,000	331	170,000		180,000
Stimulation/Treating		332			0
Completion Unit		333			0
Swabbing Unit		334			0
Rentals-Surface	128,250	335	259		128,250
Rentals-Subsurface	114,000	336			114,000
Trucking/Forklift/Mobilization	200,000	337	10,000	260	210,000
Welding Services	8,000	338			8,000
Water Disposal		339	20,000	262	20,000
Plug to Abandon		340			0
Seismic Analysis		341			0
Miscellaneous		342	3,000		3,000
Contingency	65,000	343	57,000	363	122,000
Closed Loop & Environmental	184,750	344		364	184,750
Fuel - Diesel		345	258,000		258,000
Coil Tubing		346	200,000		200,000
Flowback Crews & Equip		347	10,000		10,000
Offset Directional/Flat		348			0
TOTAL INTANGIBLES	2,525,910	2,706,500	101,343	40,000	5,463,753
TANGIBLE COSTS					
Surface Casing	32,600				32,600
Intermediate Casing	280,000				280,000
Production Casing/Liner	334,000				334,000
Tubing		504	52,000	530	52,000
Wellhead Equipment	70,000	505	28,000	531	130,000
Pumping Unit				506	0
Prime Mover				507	0
Reels				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510		44,361
Flowlines			511		80,800
Heater Treater/separator			512		184,000
Electrical System			513		49,018
Packers/Anchors/Hangers		514	89,000	533	60,000
Couplings/Fittings/Valves			515		117,778
Gas Lift/Compression			516		0
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Pumps Surface			521		24,693
Instrumentation/SCADA/POC			522		16,722
Miscellaneous		519		529	15,000
Contingency		520		535	0
Meters/ACT		524		530	0
Flares/Combustors/Emission		525		525	75,514
Gas Lift/Compression		527	20,000	528	0
TOTAL TANGIBLES	716,800	160,000	582,952	94,000	1,552,252
TOTAL WELL COSTS	3,242,710	2,866,500	684,295	134,000	7,016,005

COG Operating LLC % of Total Well Cost

46% 42% 10% 2%

Date Prepared 7/2/21

We approve _____
 % Working Interest

COG Operating LLC
 AW-JV,PS,RM

Company _____
 By _____

Printed Name _____
 Title _____
 Date _____

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

COG OPERATING LLC
 AUTHORITY FOR EXPENDITURE
 DRILLING

WELL NAME	GREEN EYESHAD FEED COM 603H	PROSPECT NAME	Buldog 2534 (717039)
SHL	Sec 12, 2025 FSL & 1335 FWL	STATE & COUNTY	New Mexico, Lea
BHL	Sec 1, 50 FNL & 1640 FWL	OBJECTIVE	Drill and Complete
FORMATION	Bone Spring	DEPTH	20,000
LEGAL	Sec 12: 25S 34E	TVD	12,650

INTANGIBLE COSTS	Drln - Rllq Release(D)	Completion(C)	Tank Btty Constrcn(TR)	Pmpq Equipment(PEQ)	TOTAL
File/Curtain/Permit	201 20,000				20,000
Insurance	202 2,500	302			2,500
Dan aggs/Right of Way	203 20,000	303	351	903	20,903
Survey/Blake Location	204 7,000	304 60,000	352		67,000
Locations/Plat/Road Expense	205 165,000	305 5,000	353 25,779	366 4,000	197,779
Drilling / Completion Overhead	206 5,709	306 12,500			18,209
Turnkey Contract	207	307 571,000			571,000
Footage Contract	208	308 218,000			218,000
Daywork Contract	209 421,000	309 193,000			614,000
Directional Drilling Services	210 248,000	310 294,000			542,000
Fuel & Power	211 120,000	311 26,000	354	367	146,000
Water	212 40,000	312 273,000		358	313,000
Gas	213 85,000	313		359	85,000
Mud & Chemicals	214 194,750	314		370	194,750
Drill Stem Test	215	315 325,000			325,000
Coring & Analysis	216				0
Cement Surface	217 20,900				20,900
Cement Intermediate	218 79,660				79,660
Cement 2nd Intermediate/Production	219 42,500				42,500
Cement Squeeze & Other (Kickoff Plug)	220			371	0
Frost Equipment & Contractors	221 50,000				50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323		372	0
Design/Engineering	224 225	324	355	373	0
Contract Labor	225 6,500	325 2,000	356 73,713	374 18,000	100,213
Company Supervision	226 34,200	326 15,000	357 2,685	375	52,048
Contract Supervision	227 76,000	327 91,000	358	376	167,000
Testing Casing/Tubing	228 40,000	328		377	40,000
Mud Logging Unit	229 24,000	329 48,000			92,000
Logging	230			378	0
Perforating/Wireline Services	231 10,000	331 179,000		379	189,000
Stimulation/Treating	232			380	0
Completion Unit	233			381	0
Swabbing Unit	234			382	0
Rentals - Surface	235 128,250	335	359	383	128,250
Rentals - Subsurface	236 114,000	336		384	114,000
Trucking/Forklift/Big Mobilization	237 200,000	337 10,000	360	385	210,000
Working Services	238 9,000	338	361	386	9,000
Water Disposal	239 339	339 20,000	362	387	20,000
Plug to Abandon	240	340			0
Seismic Analysis	241	341			0
Miscellaneous	242	342 3,000		389	3,000
Contingency	243 65,000	343 57,000	363	390	122,000
Closed Loop & Environmental	244 194,750	344	364	388	194,750
Fuel - Diesel	245	345 258,000			258,000
Coal Tubing	246	346 206,000		392	206,000
Flowback Crews & Equip	247	347 10,000		391	10,000
Offset Directional/Frac	248	348			0
TOTAL INTANGIBLES	2,525,910	2,798,500	101,343	40,000	5,465,753

TANGIBLE COSTS					
Surface Casing	401 32,000				32,000
Intermediate Casing	402 280,000				280,000
Production Casing/Liner	403 534,000				534,000
Tubing	404 52,000	504 52,000		530	52,000
Wellhead Equipment	405 70,000	505 28,000		531 32,000	130,000
Pumping Unit				506	0
Pneum Mover				507	0
Rods				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510 44,351		44,351
Flowlines			511 80,850		80,850
Heater Treater/Separator			512 184,000		184,000
Electrical System			513 30,618	533 10,000	40,618
Packages/Anchors/Hangers	414 60,000	514 60,000		534	60,000
Couplings/Fittings/Valves	415 117,778	515 117,778			117,778
Gas Lift/Compression		516			0
Dehydration		517			0
Injection Plant/CO2 Equipment		518			0
Pumps-Surface		521 24,693			24,693
Instrumentation/SCADA/PLC		522 18,722	529 15,000		31,722
Miscellaneous	419 523	519 523		535	0
Contingency	420 524	520 524		536	0
Meters/LACT		525 75,514			75,514
Flares/Combusters/Emission		526			0
Gas Lift/Compression		527 20,000		528 37,000	57,000
TOTAL TANGIBLES	718,000	163,000	582,952	94,000	1,557,952
TOTAL WELL COSTS	3,243,910	2,961,500	684,295	134,000	7,016,705

COG Operating LLC	% of Total Well Cost	46%	42%	10%	2%
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Date Prepared: 7/22/21
 COG Operating LLC
 We approve: _____
 % Working Interest: _____
 Company: _____
 By: _____
 AW-JV.PS-RM

Printed Name: _____
 Title: _____
 Date: _____
 This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING

WELL NAME: GREEN EYESHAD FED COM 702H	PROSPECT NAME: Buldog 2534 (717039)
SHL: Sec 12: 2305 FSL & 1500 FEL	STATE & COUNTY: New Mexico, Lea
BHL: Sec 1: 50 FNL & 1040 FEL	OBJECTIVE: Drill and Complete
FORMATION: Wolfcamp	DEPTH: 20,850
LEGAL: Sec 12: 25S 34E	TVD: 12,915

	Orig - Rig Release(D)	Completion(C)	Tank Bldg Concrete(TB)	Pmpg Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Tax/Curative/Permit	201 20,000				20,000
Insurance	202 2,500	302			2,500
Damages/Right of Way	203 20,000	303			20,000
Survey/Slake Location	204 7,000	304	80,000	351	87,000
Location/Plat/Road Expense	205 165,000	305	5,000	23,779	193,779
Drilling / Completion Overhead	206 5,700	306	12,500		18,200
Turkey Contract	207	307	571,000		571,000
Footage Contract	209	308	218,000		218,000
Daywork Contract	209 421,000	309	193,000		614,000
Directional Drilling Services	210 248,000	310	294,000		542,000
Fuel & Power	211 120,800	311	26,000	354	146,800
Water	212 40,000	312	273,000		313,000
Bits	213 85,000	313		369	85,000
Mud & Chemicals	214 194,750	314		370	194,750
Drill Stem Test	215	315	225,000		225,000
Coring & Analysis	216				0
Cement Surface	217 20,000				20,000
Cement Intermediate	218 79,800				79,800
Cement 2nd Intermediate/Production	219 82,500				82,500
Cement Squeeze & Other (Kickoff Plug)	220				0
Float Equipment & Centralizers	221 50,000			371	50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323			0
Geologic/Engineering	224	324	355		355
Contract Labor	225 6,500	325	2,000	73,713	82,213
Company Supervision	226 24,200	326	15,000	2,888	42,088
Contract Supervision	227 78,000	327	91,000	358	169,000
Testing Casing/Tubing	228 40,000	328			40,000
Mud Logging Unit	229 34,000	329	48,000		82,000
Logging	230				0
Perforating/Wireline Services	231 10,800	331	178,000		188,800
Stimulation/Treating		332			0
Completion Unit		333			0
Swabbing Unit		334			0
Rentals-Surface	235 128,250	335	359	263	128,250
Rentals-Subsurface	236 114,000	336		284	114,000
Trucking/Forklifting/Mobilization	237 200,000	337	10,000	380	210,000
Welding Services	238 6,000	338	361		6,000
Water Disposal	239	339	20,000	352	20,000
Plug to Abandon	240	340			0
Seismic Analysis	241	341			0
Miscellaneous	242	342	3,000	369	3,000
Contingency	243 65,000	343	57,000	303	122,000
Closed Loop & Environmental	244 194,750	344		304	194,750
Fuel - Diesel	245	345	258,000		258,000
Cat Tubing		346	206,000		206,000
Flowback Crews & Equip		347	10,500		10,500
Offset Directional/Flat	248	348		18,000	18,000
TOTAL INTANGIBLES	2,525,910	2,706,560	101,343	40,000	5,453,753
TANGIBLE COSTS					
Surface Casing	401 32,000				32,000
Intermediate Casing	402 280,000				280,000
Production Casing/Liner	403 334,000				334,000
Tubing		504 52,000		530	52,000
Wellhead Equipment	405 20,000	505 28,000		531 32,000	130,000
Pumping Unit				506	0
Prime Mover				507	0
Rails				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510 44,361		44,361
Flowers			511 80,866		80,866
Heater/Treater/Separator			512 184,000		184,000
Electrical System			513 39,018	533 10,000	49,018
Packers/Anchors/Hangers	414	514 60,000		534	60,000
Couplings/Fittings/Valves	415		515 117,778		117,778
Gas Lift/Compression			516		0
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Pumps-Surface			521 24,693		24,693
Instrumentation/SCADA/POC			522 10,722	529 15,000	31,722
Miscellaneous	419	519	523	535	0
Contingency	420	520	524	536	0
Meters/ACT			525 75,514		75,514
Flares/Combusters/Emission			526		0
Gas Lift/Compression		527 20,000		528 37,000	57,000
TOTAL TANGIBLES	716,000	160,000	562,652	94,000	1,552,652
TOTAL WELL COSTS	3,241,910	2,956,560	664,205	134,000	7,016,705

COG Operating LLC	% of Total Well Cost	46%	42%	10%	2%
Date Prepared: 7/22/21					
COG Operating LLC					
AW-JV-PS-RM					
We approve: _____					
By: _____					
Printed Name: _____					
Title: _____					
Date: _____					

COG OPERATING LLC
AUTHORITY FOR EXPENDITURE
DRILLING

WELL NAME:	GREEN EYESHAD FEED COM 703H	PROSPECT NAME:	Bulldog 2534 (717039)
SHL:	Sec 12: 2025 FSL & 1365 FWL	STATE & COUNTY:	New Mexico, Lea
BHL:	Sec 1: 50 FNL & 2320 FWL	OBJECTIVE:	Drill and Complete
FORMATION:	Wolfcamp	DEPTH:	20,650
LEGAL:	Sec 12: 25S 34E	TVD:	12,915

	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Take/Carative/Permit	201 29,000				29,000
Insurance	202 2,500	302			2,500
Damages/Right of Way	203 20,000	303			20,000
Survey/State Location	204 7,000	304	80,000	351 063	20,963
Location/Trail/Road Expense	205 165,000	305	5,000	353 23,770	193,770
Drilling / Completion Overhead	206 5,700	306	12,500		18,200
Turkey Contract	207	307	571,000		571,000
Forstige Contract	208	308	218,000		218,000
Daywork Contract	209 421,000	309	193,000		614,000
Directional Drilling Services	210 748,000	310	284,000		1,032,000
Fuel & Power	211 120,000	311	26,000	354 357	146,000
Water	212 40,000	312	273,000	356	313,000
Bits	213 85,000	313		360	85,000
Mud & Chemicals	214 194,750	314		370	194,750
Oil Stem Test	215	315	225,000		225,000
Coring & Analysis	216				0
Cement Surface	217 20,000				20,000
Cement Intermediate	218 79,650				79,650
Cement 2nd Intermediate/Production	219 82,500				82,500
Cement Squeeze & Other (Kickoff Plug)	220			371	0
Float Equipment & Containers	221 50,000				50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323		372	0
Geology/Engineering	224	324	355		0
Contract Labor	225 6,500	325	7,000	374 73,713	107,213
Company Supervisor	226 34,200	326	15,000	375 2,688	51,888
Contract Supervisor	227 70,000	327	91,000	376 310	161,000
Testing Casing/Tubing	228 40,000	328		377	40,000
Mud Logging Unit	229 34,000	329	48,000		82,000
Logging	230			378	0
Perforating/Wireline Services	231 10,000	331	179,000		189,000
Sandshaker/Trading		332		380	0
Completion Unit		333		381	0
Swabbing Unit		334		382	0
Rentals-Surface	235 128,250	335	359		128,250
Rentals-Subsurface	236 114,000	336		383	114,000
Trucking/Forfeiting Mobilization	237 200,000	337	10,000	384	210,000
Welding Services	238 6,000	338		385	6,000
Water Disposal	239	339	20,000	386	20,000
Plug to Abandon	240	340		387	0
Seismic Analysis	241	341			0
Miscellaneous	242	342	3,000		3,000
Contingency	243 65,000	343	57,000	388	122,000
Closed Loop & Environmental	244 194,750	344		389	194,750
Exp - Diesel	245	345	258,000	390	258,000
Coil Tubing		346	206,000		206,000
Flowback Crews & Equip		347	10,000	391	10,000
Offset Directional/Frac	246	346			0
TOTAL INTANGIBLES	2,525,910	2,795,500	101,343	40,000	5,463,753

TANGIBLE COSTS					
Surface Casing	401 32,000				32,000
Intermediate Casing	402 280,000				280,000
Production Casing/Liner	403 334,000				334,000
Tubing		504 52,000		530	52,000
Wellhead Equipment	405 70,000	505 28,000		531 32,000	130,000
Pumping Unit				506	0
Prime Mover				507	0
Roads				508	0
Pumps-Sub Surface (BHI)		509		532	0
Tanks			510 44,361		44,361
Flowlines			511 80,800		80,800
Heater-Treater/Separator			512 184,000		184,000
Electrical System			513 39,016	533 10,000	49,016
Packers/Anchors/Hangers	414 514	514 60,000		534	60,000
Couplings/Tripods/Waves	415		515 117,778		117,778
Gas Lift/Compression			516		0
Dehydration			517		0
Injection Plant/CO2 Equipment			518		0
Pumps-Surface			521 24,693		24,693
Instrumentation/CADA/POC			522 16,722	529 15,000	31,722
Miscellaneous	419 519	523		535	0
Contingency	420 520	524		536	0
Metest/ACT		525 75,514			75,514
Flare/Combustion/Emission		526			0
Gas Lift/Compression		527 20,000		528 37,000	57,000
TOTAL TANGIBLES	718,000	160,000	582,952	84,000	1,552,952
TOTAL WELL COSTS	3,243,910	2,955,500	684,295	134,000	7,016,705

COG Operating LLC % of Total Well Cost 49% 42% 10% 2%

Date Prepared: 7/27/21
COG Operating LLC
We approve: _____
% Working Interest: _____
By: _____
Company: _____
Printed Name: _____
Title: _____
Date: _____

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

COG OPERATING LLC
 AUTHORITY FOR EXPENDITURE
 DRILLING

WELL NAME: GREEN EYESHAD FEED COM 704H	PROSPECT NAME: Bulldog 2534 (717039)
SHL: Sec 12: 2625 FSL & 1305 FWL	STATE & COUNTY: New Mexico, Lea
BHL: Sec 1: 50 FNL & 1000 FWL	OBJECTIVE: Drill and Complete
FORMATION: Wolfcamp	DEPTH: 20,850
LEGAL: Sec 12: 25S 34E	TVD: 12,915

	Drill - Rln Release(D)	Completion(C)	Tank Bity Constrctn(TB)	Pmng Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Tax/Curtailment	201 20,000				20,000
Insurance	202 2,500	302			2,500
Damages/Right of Way	203 20,000	303			20,000
Survey/Stake Location	204 7,000	304 80,000	352		87,000
Location/Path/Road Expense	205 165,000	305 5,000	353	23,779	197,779
Drilling / Completion Overhead	206 5,700	306 12,500			18,200
Turnkey Contract	207	307 571,000			571,000
Footage Contract	208	308 218,000			218,000
Daywork Contract	209 421,000	309 193,000			614,000
Directional Drilling Services	210 248,000	310 294,000			542,000
Fuel & Power	211 170,000	311 26,000	354	367	196,367
Water	212 40,000	312 273,000			313,000
Bits	213 85,000	313		369	85,369
Mud & Chemicals	214 194,750	314		370	194,750
Drill Stem Test	215	315 225,000			225,000
Coring & Analysis	216				0
Cement Surface	217 20,000				20,000
Cement Intermediate	218 79,450				79,450
Cement 2nd Intermediate/Production	219 62,500				62,500
Cement Squeeze & Other (Kickoff Plug)	220				0
Float Equipment & Centralizers	221			371	0
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323			0
Geology/Engineering	224	324			0
Contract Labor	225 6,500	325 7,000	356	73,713	100,213
Company Supervision	226 34,200	326 15,000	357	2,888	52,088
Contract Supervision	227 76,000	327 91,000	358		167,000
Testing Casing/Tubing	228 40,000	328		377	40,000
Mud Logging Unit	229 34,000	329 48,000			82,000
Logging	230				0
Perforating/Wireline Services	231 10,000	331 179,000			189,000
Simulation/Treating		332			0
Complexes Unit		333			0
Swabbing Unit		334			0
Rentals Surface	235 128,250	335	359		128,250
Rentals-Subsurface	236 114,000	336			114,000
Trucking/Perforating/Mobilization	237 200,000	337 10,000	390		210,000
Welding Services	238 6,000	338	351		6,000
Water Disposal	239	339 20,000	352		20,000
Plug to Abandon	240	340			0
Seismic Analysis	241	341			0
Miscellaneous	242	342 3,000		349	3,000
Contingency	243 65,000	343 57,000	363		122,000
Closed Loop & Environmental	244 194,750	344	364		194,750
Fuel - Diesel	245	345 258,000			258,000
Coil Tubing		346 208,000			208,000
Flowback Crews & Equip		347 10,000		391	10,000
Offset Directional/Frac	246	348			0
TOTAL INTANGIBLES	2,525,910	2,796,500	101,343	40,000	5,463,753
TANGIBLE COSTS					
Surface Casing	401 32,000				32,000
Intermediate Casing	402 280,000				280,000
Production Casing/Liner	403 334,000				334,000
Tubing		504 52,000		530	52,000
Wellhead Equipment	405 70,000	505 28,000		531 32,000	130,000
Pumping Unit				506	0
Prime Mover				507	0
Rads				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510 44,361		44,361
Flowlines			511 80,850		80,850
Heater Treater/Separator			512 184,000		184,000
Electrical System			513 39,018	533 10,000	49,018
Packers/Anchors/Hangers	414 514	60,000		534	60,000
Couplings/Fittings/Valves	415		515 117,778		117,778
Gas Lift/Compression			516		0
Dehydration			517		0
Injecton Plant/CO2 Equipment			518		0
Pumps-Surface			521 24,693		24,693
Instrumentation/SCADA/FQC			522 10,722	523 15,000	31,222
Miscellaneous	419 519	523		525	0
Contingency	420 520	524		526	0
Meters/LACT		525 75,514			75,514
Files/Computers/Emission		526			0
Gas Lift/Compression		527 20,000		528	20,000
TOTAL TANGIBLES	710,000	160,000	387,952	94,000	1,552,952
TOTAL WELL COSTS	3,241,910	2,956,500	684,295	134,000	7,018,705

COG Operating LLC % of Total Well Cost 48% 42% 10% 2%

Date Prepared 7/27/21

COG Operating LLC

We approve _____
 % Working Interest _____
 Company _____
 By _____
 Printed Name _____
 Title _____
 Date _____

AW, JV, DS, RM

This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

Date	Company	Discussion
7/30/2021	Chief Capital	JOA negotiations
8/4/2021	Chief Capital	JOA negotiations
8/19/2021	Oxy Y-1	JOA negotiations
8/19/2021	Chief Capital	JOA negotiations
8/20/2021	Chief Capital	JOA negotiations
8/23/2021	Oxy Y-1	JOA negotiations
8/23/2021	Oxy Y-1	JOA negotiations
8/25/2021	Chief Capital	JOA negotiations
8/25/2021	Yates Industries	Assignment/Farmout negotiations
8/31/2021	Matador	JOA negotiations
9/7/2021	Matador	JOA negotiations
9/8/2021	Chief Capital	JOA negotiations
9/9/2021	Matador	JOA negotiations
9/15/2021	Matador	JOA negotiations
9/17/2021	Matador	JOA negotiations
9/23/2021	Yates Industries	Assignment/Farmout negotiations
10/7/2021	Chief Capital	JOA negotiations
10/8/2021	Chief Capital	JOA negotiations
10/11/2021	Yates Industries	Assignment/Farmout negotiations
11/1/2021	Matador	JOA negotiations

COG OPERATING LLC
Case No. 22474
Exhibit 7



hinklelawfirm.com

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

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

October 12, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22294 - Application of COG Operating LLC for Compulsory Pooling, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that COG Operating LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **November 4, 2021** beginning at 8:15 a.m.

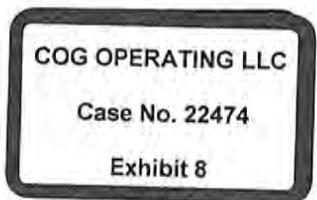
During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/oed/oedpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Matt Solomon at 432-685-4352 or at Matt.Solomon@conocophillips.com if you have any questions about this matter.

Sincerely,
/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



038
PO BOX 10
HOSWELL, NEW MEXICO 88202
575-622-6510
(FAX) 575-623-9332

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

7601 JEFFERSON ST NE - SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320

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7020 0640 0000 0304 2170

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Page Stephanie Baird
Street and Ap 736 Mulberry Lane
Desoto, TX 75115
City, State, Zi

Postmark
OCT 12 2021
USPS SANTA NM EE 87501
SANTA FE NM MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete Items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.		A. Signature X COVID 19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. NOTIFY SENDER OF NEW MAIL BAIRD PAGE S 736 MULBERRY DR IRVING TX 75062-4421 RL: 75062442100 705		B. Received by (Printed Name) SH 6290	C. Date of Delivery 10/16/21
2. Article Number (Transfer from service label) 7020 0640 0000 0304 2170		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"/> Mail 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	

7020 0640 0000 0304 2064

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Certified Mail Fee: \$

Extra Services (check box, add fee if applicable):
 Return Receipt (hardcopy) \$
 Restricted Delivery \$
 Certified Mail Restricted Delivery \$
 Signature Required \$
 Signature Restricted Delivery \$

Postage: \$

Total Postage and Fees: \$

Sent to:
 Street and City, State: Willie Margaret Baird Estate, 305 E. 15th Street, Littlefield, TX 79339

PS Form 3800, April 2015 PSN 7500-02-000-9017 See Reverse for Instructions

SANTA FE NM FE 87501
SANTA FE NM MAIN POST OFFICE
OCT 12 2021

CERTIFIED MAIL

INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
NTA FE, NEW MEXICO 87504



0304 2064

ALBUQUERQUE NM 870

OCT 20 2021 PM 2 L

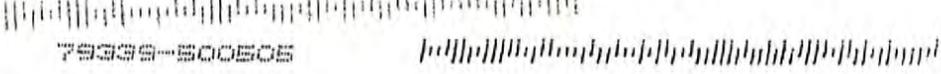


Willie Margaret Baird Estate
305 E. 15th Street
Littlefield, TX 79339

^D NIXTE 750 FE 1 0010/23/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87304206868 1882-05404-23-25



79339-500505

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee to total)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
<input type="checkbox"/> Insured Mail (over \$500)	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Jerry D. Billington, Personal Representative
Estate of Jamie Ann Billington
4433 S. Lipscomb Street
Amarillo, TX 79110

PS Form 3800, April 2015 (PSN 7530-02-002-901) See Reverse for Instructions

7020 2450 0002 1363 7091



PLACE STICKER ABOVE OR TO THE RIGHT OF THE RETURN ADDRESS FOR MAIL TO THE RIGHT

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 X <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>Jerry D. Billington, Personal Representative Estate of Jamie Ann Billington 4433 S. Lipscomb Street Amarillo, TX 79110</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"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 7091</p>																	

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

Domestic Return Receipt

042

7020 0640 0000 0304 2231
 7 3 441202 JCO 21
 RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD
 8750426688 SC: 8750426688 *0968-06661-12-42
 8750426688
 ALBUQUERQUE NM 870
 8750426688

RECEIVED
 NOV 12 2021
 Kinkie Shanor LLP
 Santa Fe NM 87504
 10-15
 VACANT

Jerry Wayne Billington
 P.O. Box 1994
 Amarillo, TX 79105

7020 0640 0000 0304 2231



KLF SHANOR LLP
 ATTORNEYS AT LAW
 DST OFFICE BOX 2068
 A FE, NEW MEXICO 87504

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

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

Total Postage and Fees \$
 Sent to
 Jerry Wayne Billington
 P.O. Box 1994
 Amarillo, TX 79105
 Street and, City, State, ZIP+4®

PS Form 3800, April 2016 ESN 750-00-000-007
 See Reverse for Instructions



TE22 40E0 0000 0640 0304 2231

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7020 2450 0002 1363 6841

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Lisa Beth Hogan Campbell
Street # 6887 Valley Brook Drive
City, Sta Frisco, TX 75035

USPS SANTA FE, NM FEB 87 501
OC 12 2021
Postmark Here
SANTA FE, NM MAIN POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-009-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Lisa Beth Hogan Campbell 6887 Valley Brook Drive Frisco, TX 75035</p>	<p>A. Signature X C19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">  9590 9402 6746 1074 2245 95 </p> <p>2. Article Number (Transfer from service label) 7020 2450 0002 1363 6841</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7020 2450 0002 1363 6896

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Bo Cappadona
Street address: 11206 Hunters Break, #6
City/State: Helotes, TX 78023

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"> 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"/> MAILMAN <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) COVID 19</p> <p>C. Date of Delivery 10.15.21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>FR13</p>
<p>1. Article Addressed to:</p> <p>Bo Cappadona 11206 Hunters Break, #6 Helotes, TX 78023</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery (9)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2219 45</p> <p>7020 2450 0002 1363 6896</p>	

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

Domestic Return Receipt

7020 2450 0002 1363 6889

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

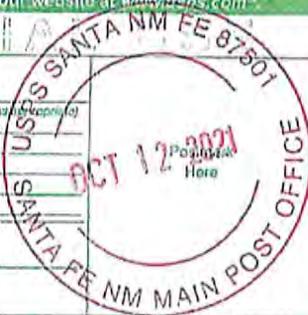
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Mark Cappadonna
Street and 26 Shearwater
City, State, Irvine, CA 92604

PS Form 3800, April 2016 PSN 7530-02-000-9053 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/></p> <p>X <input checked="" type="checkbox"/> <input type="checkbox"/> A</p> <p>B. Received by (Printed Name) _____ C. Date of _____</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>Mark Cappadonna 26 Shearwater Irvine, CA 92604</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2219 52</p> <p>7020 2450 0002 1363 6889</p>	

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7020 0640 0000 0304 2026

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. Chief Capital O&G II LLC
8111 Westchester Drive, Ste. 900
City, State, & Zip Dallas, TX 75255

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p><input type="checkbox"/> Complete Items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Chief Capital O&G II LLC 8111 Westchester Drive, Ste. 900 Dallas, TX 75255</p> <div style="text-align: center;">  9590 9402 5712 9346 7873 93 </div> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2026</p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p><i>Gas Jamis</i></p> <p>C. Date of Delivery</p> <p><i>10-15-21</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>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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												

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

7020 0640 0000 0304 2736

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
 Street and P.O. Box 962
 Ardmore, OK 73402
 City, State

PS Form 3800, April 2016 PSN 7530-02-000-9047 See Reverse for Instructions

USPS SANTA NM, FE 87501
 OCT 1 2021
 IN POST OFFICE

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>Clay Davis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Clay Davis</i> C. Date of Delivery <i>10-22-21</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>														
<p>1. Article Addressed to:</p> <p>Allen Clay Davis P.O. Box 962 Ardmore, OK 73402</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> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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"/> Mail 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														
<input type="checkbox"/> Mail Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2736</p>															

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

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
James M. Davis
Street and P.O. Box 4251
Midland, TX 75692
City, State

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

USPS SANTA NM FE 87501
 OCT 12 2021
 SANTA FE NM MAIN POST OFFICE

7020 0640 0000 0304 2200

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>James M. Davis P.O. Box 4251 Midland, TX 75692</p>	<p>A. Signature X <i>James Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James Davis</i></p> <p>C. Date of Delivery <i>10-18-21</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 <i>James Davis</i></p>												
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 2200</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												
 9590 9402 5712 9346 7872 18													
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt												

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 0640 0000 0304 2217

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: The Lee and Judy Davis Revocable Trust
Street an: 1625 9th Avenue, SE
City, State: St. Cloud, MN 56304

Postmark
OCT 12 2021

USPS SANTA NM FE 87501
SANTA FE NM MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>The Lee and Judy Davis Revocable Trust 1625 9th Avenue, SE St. Cloud, MN 56304</p> <p style="text-align: center;">  9590 9402 5712 9346 7872 01 </p> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 2217</p>	<p>A. Signature * <i>Leland E Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Leland Davis</i></p> <p>C. Date of Delivery <i>10-15</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>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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"/> Mail 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														
<input type="checkbox"/> Mail Restricted Delivery															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 0640 0000 0304 2262

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Street and Apt. Karen Freck
 7931 Presidio
 Boerne, TX 78015
 City, State, ZIP

Postmark Here
 OCT 12 2021
 SANTA FE, NM MAIN POST OFFICE

RS Form 3800, April 2018 PSN 7530-02-000-9047 See Reverse for Instructions

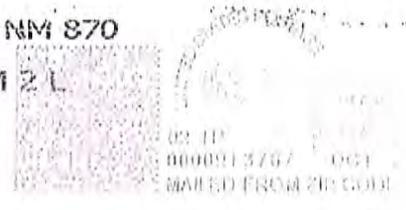
NKLE SHANOR LLP
 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7020 0640 0000 0304 2262

SANTA FE, NM 870
 OCT 2021 PM 2 L



Karen Freck
 7931 Presidio
 Boerne, TX 78015

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSEE
 UNABLE TO FORWARD

4/7/2022

UTF
 875042068
 78006-307

BC: 87304206868 8566-02991-10-11

7020 0640 0000 0304 2279

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$

Extra Services & Fees (check box, and fee if applicable)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Michael Freck
P.O. Box 5121
Sam Rayburn, TX 75951

City, State, ZIP

PS Form 3800, April 2018 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>10/20/21</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>Michael Freck P.O. Box 5121 Sam Rayburn, TX 75951</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4375 38</p> <p>7020 0640 0000 0304 2279</p>	

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

7020 0640 0000 0304 1975

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

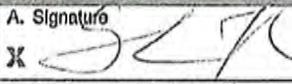
Postage \$

Total Postage and Fees \$

Sent To
Street and City, State
Shawn Freck
816 E. Centre Avenue
Buckeye, AZ 85326

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Shawn Freck 816 E. Centre Avenue Buckeye, AZ 85326</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1975</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Shawn Freck 10/18/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>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 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><input type="checkbox"/> Mail Restricted Delivery (D)</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 2450 0002 1363 7060

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
GGM Exploration, Inc.
P.O. Box 123610
Ft. Worth, TX 76121

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-2017 See Reverse for Instructions

USPS SANTA NM FE 87501
SANTA NM MAIN POST OFFICE
Postmark Here
OCT 12 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>GGM Exploration, Inc. P.O. Box 123610 Ft. Worth, TX 76121</p> <p>9590 9402 6746 1074 2245 57</p> <p>2. Article Number (Transfer from service label) 7020 2450 0002 1363 7060</p>	<p>A. Signature x <i>SL Thomas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SL Thomas</i></p> <p>C. Date of Delivery <i>10/20/21</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>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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL

USPS SANTA FE, NM FE 87501
SANTA FE, NM MAIN POST OFFICE
OCT 12 2021

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Recipient Charlotte S.E. Garza
 Street or PO Box 324 Heneretta Drive
 City, State, ZIP+4® Hurst, TX 76054

PS Form 3800, April 2015 PSN 7530-02-000-9053 Sent Reverse for Instructions

7020 0640 0000 0304 2224

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Charlotte S.E. Garza 324 Heneretta Drive Hurst, TX 76054</p> <p style="text-align: center;">  9590 9402 5712 9346 7876 14 </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0304 2224</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> [Signature] <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>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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"/> Insured Mail		<input type="checkbox"/> Insured Mail 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																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 0640 0000 0304 2187

Certified Mail Fee \$ _____

EXTRA SERVICES & FEES (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Georgia Davis Griffith
941 Bois d Arc St.
Whitesboro, TX 76273

City, State, ZIP+4® _____

Postmark
OCT 12 2021

USPS SANTA FE, NM FE 87501
SANTA FE, NM MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Georgia Davis Griffith 941 Bois d Arc St. Whitesboro, TX 76273</p> <div style="text-align: center;">  9590 9402 5712 9346 7872 32 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0304 2187</p>	<p>A. Signature</p> <p><i>Georgia Davis Griffith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10-15-21</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>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail 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 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																	

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

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7020 0640 0000 0304 2194

USPS SANTA NM FE 87501
SANTA FE NM MAIN POST OFFICE
OCT 12 2021

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Donna David Hammack
2911 Sable Crossing
San Antonio, TX 78232

City/State

PS Form 3809, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Donna David Hammack 2911 Sable Crossing San Antonio, TX 78232</p>	<p>A. Signature</p> <p><i>Donna Hammack</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">  9590 9402 5712 9346 7872 25 </p> <p>2. Article Number (Transfer from service label)</p> <p style="margin-left: 20px;">7020 0640 0000 0304 2194</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 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><input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>

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7020 2450 0002 1363 6919

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Elizabeth Mosely Hogan
1300 Neighborhood Place
Seminole, OK 74868

City, State: _____

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA FE NM MAIL POST OFFICE
OCT 12 2021
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Elizabeth Mosely Hogan 1300 Neighborhood Place Seminole, OK 74868</p>	<p>A. Signature</p> <p>X <i>ISA</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>COSEY</i> <i>10-15</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 style="text-align: center;">9590 9402 6746 1074 2219 21</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 2450 0002 1363 6919</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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7020 2450 0002 1363 6858

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Richard Hogan
Street and: 6887 Valley Brook Drive
City, State: Frisco, TX 75035

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Richard Hogan 6887 Valley Brook Drive Frisco, TX 75035</p> <div style="text-align: center;">  9590 9402 6746 1074 2245 88 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 2450 0002 1363 6858</p>	<p>A. Signature</p> <p style="margin-left: 40px;">X <i>CH</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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td style="border: none;"></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"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<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"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	

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7020 0640 0000 0304 2286

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

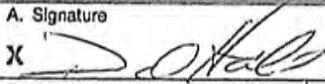
Postage
\$

Total Postage and Fees
\$

Sent To
 Jeane Hollis
 Street and Apt. P.O. Box 888
 Socorro, NM 87801
 City, State, ZIP

PS Form 3800, Apr. 1 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"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Jeanene Hollis P.O. Box 888 Socorro, NM 87801</p> <div style="text-align: center;">  9590 9402 6769 1074 4375 21 </div> <p>2. Article Number (Transfer from sender label) 7020 0640 0000 0304 2286</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 _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; margin-top: 20px;">OCT 16 2021</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <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 checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

7020 0640 0000 0304 2293

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Apt. # William K Hollis
1610 Heritage
Mission, TX 78572
City, State, ZIP+4

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>William K Hollis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>William K Hollis</i> C. Date of Delivery <i>10/12/21</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>William K. Hollis 1610 Heritage Mission, TX 78572</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2293</p>	

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7020 0640 0000 0304 2729

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Insured (over \$500) \$

Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sender:

Terry Davis Holt
122 Vintage Drive
Corinth, TX 76210

City/State

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

SANTA NM FE 87501
Postmark Here
OCT 12 2021
IN POST OFFICE

THE SHANOR LLP
ATTORNEYS AT LAW
SUITE 2068
POST OFFICE BOX 2068
CORINTH, NEW MEXICO 87504

CERTIFIED MAIL

7020 0640 0000 0304 2729

ALBUQUERQUE NM 870
OCT 12 2021 PM 3 L

09 11
000013767 OCT 12 2021
MAIL PERFORMER 0000 07

NSN

Terry Davis Holt
122 Vintage Drive
Corinth, TX 76210

NIXIE 759 DE 1 8018/21/21
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSN
7621042068
EC: 37504206868 *0665-00643-12-00

7020 2450 0002 1363 6964

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Bevin Hosford
1528 Shady Oaks Circle
Glen Rose, TX 76043

City, State, ZIP+4®

PS Form 3800, April 2016 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x S. Hosford <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery K.R. Ritz COVID 10/15/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Bevin Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2218 77</p> <p>7020 2450 0002 1363 6964</p>	

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

Domestic Return Receipt

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Postmark Here
OCT 12 2021

SANTA FE NM FE 87501
SANTA FE NM MAIN POST OFFICE

7020 2450 0002 1363 6995

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Charles Hosford
Street and Apt 1523 Neal Road
Tomball, TX 77375
City, State, Zip

PS Form 3800, April 2016 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Charles Hosford 1523 Neal Road Tomball, TX 77375</p> <div style="text-align: center;">  9590 9402 6746 1074 2218 46 </div> <p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 6995</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</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>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7020 2450 0002 1363 6940

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee to Certified Mail)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Matthew Hosford
1528 Shady Oaks Circle
Glen Rose, TX 76043

City, State, ZIP+4®

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Matthew Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043</p> <p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2218 91</p>	<p>A. Signature</p> <p>x S. Hosford <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>RTA COVID 10/15/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p>Restricted Delivery</p>

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7020 2450 0002 1363 6926

Certified Mail Fee \$

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

Postage \$

Total Postage and Fees \$

Sent To: Sheila Shirley Hosford
 Street and A: 1528 Shady Oaks Circle
 City, State, Z: Glen Rose, TX 76043

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

USPS SANTA NM FE 87501
 OCT 12 2021
 POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X S. Hosford <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery YR R2 COVIO 10/15/21 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Sheila Shirley Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043	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 checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery
2. Article Number (Transfer from service label) 9590 9402 6746 1074 2219 14 7020 2450 0002 1363 6926	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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USPS SANTA NM FE-87501
SANTA NM
OCT 12 2021
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7020 0640 0000 0304 2118

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to: Annie Lain
2325 Arroyo Ct.
Street and: Plano, TX 75074
City, State: _____

PS Form 3800, April 2015 PSN 7530-02-000-904 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Annie Lain 2325 Arroyo Ct. Plano, TX 75074</p> <div style="text-align: center;">  9590 9402 5712 9346 7873 00 </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 2118</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Annie Lain</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Annie Lain</i> 10-18-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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												
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt												

CERTIFIED MAIL® RECEIPT
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7020 0640 0000 0304 2101

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to
 Chance Lain
 Street at 1051 Kenny Fort Xing, Unit 60
 Round Rock, TX 78665
 City, Sta _____

USPS SANTA-NM-FE 87501
 SANTA FE NM MAIN POST OFFICE
 OCT 12 2021
 Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p><input type="checkbox"/> Complete Items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Chance Lain 1051 Kenny Fort Xing, Unit 60 Round Rock, TX 78665</p> <div style="text-align: center;">  9590 9402 5712 9346 7873 17 </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 2101</p>	<p>A. Signature _____ <input 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>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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> <tr> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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"/> 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														
<input type="checkbox"/> Restricted Delivery															
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt														

7020 0640 0000 0304 2088

CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

Extra Services & Fees (check box, add fee if applicable)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Garren Lain
Street in 534 Arawe Circle W
Irving, TX 75060
City, State

PS Form 3800, April 2015 PSN 7530-02-000-3047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x COVID19 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery CROSS 10/8/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Garren Lain 534 Arawe Circle W. Irving, TX 75060</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2088</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" 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 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><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (M)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



7020 0640 0000 0304 2125

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt Haydon Lain
150 Ethan Drive
Weatherford, TX 76087

City, State, ZIP

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

Postmark: SANTA FE, NM, FE 87501, OCT 12 2021, SANTA FE, NM, MAIN POST OFFICE

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 <i>Kelly Cox</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>Haydon Lain 150 Ethan Drive Weatherford, TX 76087</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 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><input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2125</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee
\$ _____

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

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

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
 Street: Norma Baird Loving
 2009 Crockett Court
 Irving, TX 75038
 City, State: _____

PS Form 3800, April 2015 PSN 7530-02-000-9027 See Reverse for Instructions

7020 0640 0000 0304 2163



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Norma Baird Loving 2009 Crockett Court Irving, TX 75038</p> <div style="text-align: center; margin: 10px 0;"> <p>9590 9402 5712 9346 7872 56</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="margin-left: 20px;">7020 0640 0000 0304 2163</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Norma Loving</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>RK 21384 C19</i> <i>10-18-21</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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><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												
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt												

7020 2450 0002 1363 6933

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Tessa Manke
Street 13229 Moonlake Way
Hosliet, TX 76052
City, St

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Tessa Manke 13229 Moonlake Way Hosliet, TX 76052</p>	<p>A. Signature x Tessa Manke <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tessa Manke</p> <p>C. Date of Delivery 10-19-21</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 1126 Quail Ridge Ct. Glen Rose Tx. 76043</p>
<p>9590 9402 6746 1074 2219 07</p> <p>2. Article Number (Transfer from service label) 7020 2450 0002 1363 6933</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>

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7020 0640 0000 0304 1999

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

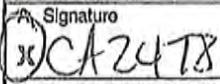
Postage \$

Total Postage and Fees \$

Sent To
 Marathon Oil Permian LLC
 Street # 5555 San Felipe Street
 Houston, TX 77046
 City, St

USPS SANTA NM EE 87501
 SANTA FE NM MAIN POST OFFICE
 OCT 12 2021

PS Form 3800, April 2016 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) CIA</p> <p>C. Date of Delivery 10/19/2021</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>Marathon Oil Permian LLC 5555 San Felipe Street Houston, TX 77046</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 type="checkbox"/> Return Receipt for Merchandise</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1999</p>	

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

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
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7020 0640 0000 0304 2156

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Estate of Ruth S. Marion
79 Apache Drive
Kerrville, TX 78026

City, State

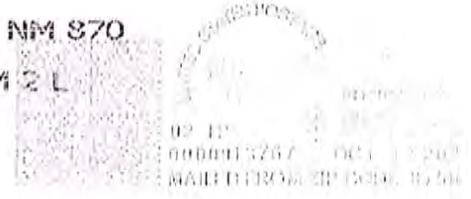
PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

USPS SANTA FE NM 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

LE SHANOR LLP
ATTORNEYS AT LAW
OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7020 0640 0000 0304 2156



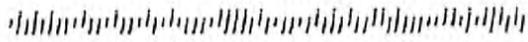
ANK

Estate of Ruth S. Marion
79 Apache Drive
Kerrville, TX 78026

CERTIFIED MAIL
UNKNOWN

4n 10/20/21

78026-900179



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 0640 0000 0304 2149

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Charlotte McGahee
305 E. 18th Street
Littlefield, TX 79339

City, State, Zip

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

SAINTS USPS SAINTS MAIN POST OFFICE
OCT 12 2021
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Charlotte McGahee 305 E. 18th Street Littlefield, TX 79339</p> <div style="text-align: center;">  9590 9402 5712 9346 7872 70 </div> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2149</p>	<p>A. Signature</p> <p>X <i>ML Covid-19</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 checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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"/> Insured Mail		<input type="checkbox"/> Insured Mail 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																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

CERTIFIED MAIL® RECEIPT
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7020 2450 0002 1363 6827

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Street and Ap Barbara K. Medlin
 4819 E. Libby
 Scottsdale, AZ 85254
 City, State, ZI

USPS SANTA FE NM FE 87501
 Postmark
 OCT 12 2021
 SANTA FE NM MAIN POST OFFICE

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

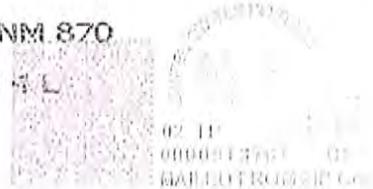
CERTIFIED MAIL®

INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
ANTA FE, NEW MEXICO 87504



7020 2450 0002 1363 6827

BUQUERQUE NM 870
OCT 2021 PM 4 L



ANKK

Barbara K. Medlin
4819 E. Libby
Scottsdale, AZ 85254

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD *40*

ANKK1: 933311001.4 85254-751900
87504>2068

BC: 87504206868 70768-03284-12

7020 2450 0002 1363 6803

CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

James M. Davis, Independent Executor
Estate of James Hall Medlin
705 West 11th Street
Austin, TX 78701

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



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



ALBUQUERQUE NM 870
12 OCT 2021 PM 2 L



7020 2450 0002 1363 6803

James M. Davis, Independent Executor
Estate of James Hall Medlin
705 West 11th Street
Austin, TX 78701

MIKXE 787 DR 1 0210/3

RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

4 930002080R200000

BC: 87504206868 *0568-02922-

875042068
78701-200605



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$

Extra Services & Fees (check box, add fee)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Street and: Barbara K. Medlin, Personal Representative
 Estate of Kenneth Wayne Medlin
 4819 E. Libby
 City, State: Scottsdale, AZ 85254

7020 2450 0002 1363 6810

Stamp: OCT 12 2021 IN POST OFFICE

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

INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
MOUNTAIN VIEW, NEW MEXICO 87504

CERTIFIED MAIL



7020 2450 0002 1363 6810



Handwritten signature: BK Medlin

Barbara K. Medlin, Personal Representative
 Estate of Kenneth Wayne Medlin
 4819 E. Libby
 Scottsdale, AZ 85254

NIXTE 850 DE 1 0010/15

RETURN TO SENDER
 40 514 STREET
 UNABLE TO FORWARD

N55
 87504>2068

SC: 87504206868 P1879-00682



CERTIFIED MAIL® RECEIPT
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7020 2450 0002 1363 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 \$ _____

Total Postage and Fees \$ _____

Sent To: William Joseph Mosely, Jr., Deceased
Street and #: 5447 Vickery Boulevard
City, State, Z: Callas, TX 75206

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



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



7020 2450 0002 1363 7015

ALBUQUERQUE NM 870
12 OCT 2021 PM 2 L

R15



William Joseph Mosely, Jr., Deceased
5447 Vickery Boulevard
Callas, TX 75206

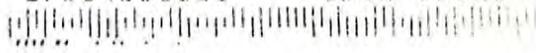
NIXIE 750 FE 1 0010/2
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

9330090141500108

UTF

BC: 87504206868 *0568-02018-

75206-22068



7020 0640 0000 0304 2019

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To MRC Permian Company
Street One Lincoln Center
5400 LBJ Freeway, Ste. 1500
City, State Dallas, TX 75240

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

Postmark Here
OCT 12 2021
USPS SANTA NM FE 87501
SANTA FE NM MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>MRC Permian Company One Lincoln Center 5400 LBJ Freeway, Ste. 1500 Dallas, TX 75240</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> 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>7020 0640 0000 0304 2019</p>	

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

Domestic Return Receipt

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7020 0640 0000 0304 2002

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

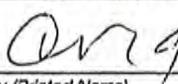
Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and City, State, ZIP+4®
 OXY Y-1 Company
 5 Greenway Plaza, Ste. 110
 Houston, TX 77046

USPS SANTA NM FE 87501
 SANTA FE NM MAIN POST OFFICE
 JUN 12 2021

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>OXY Y-1 Company 5 Greenway Plaza, Ste. 110 Houston, TX 77046</p> <div style="text-align: center;">  9590 9402 5712 9346 7874 16 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0304 2002</p>	<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>AW COMPANY</i> (10-152)</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> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (0)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (0)	
<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"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (0)																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 0640 0000 0304 2132

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Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery 3 \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Betsy Ruth Patterson
Street and: 43195 Fringewood Drive, Apt. 36
Whitney, TX 76692
City, State:

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

Postmark Here
OCT 12 2021
U.S. SANTA NM FE 87501
SANTA FE NM-MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Betty Ruth Patterson 43195 Fringewood Drive, Apt. 36 Whitney, TX 76692</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2132</p>	<p>A. Signature <i>Betsy Ruth Patterson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Ruth Patterson</i> C. Date of Delivery <i>10/16/2021</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>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 checked="" type="checkbox"/> Certified Mail Restricted Delivery <input 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>

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

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7020 2450 0002 1363 7077

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Pegasus Resources
Street and 2821 W. 7th Street, #500
City, State Ft. Worth, TX 76107

USPS SANTA NM EE 8750
OCT 12 2021
POSTMARK
NM MAIN POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9052 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>10/15/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Pegasus Resources 2821 W. 7th Street, #500 Ft. Worth, TX 76107</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) _____</p> <p>9590 9402 6746 1074 2245 40</p> <p>7020 2450 0002 1363 7077</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0304 2057

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OFFICIAL RECEIPT

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Sandra Lee Broman Powers a/k/a Sandra Lee Powers, PR-Estate of Mildred Broman

Street and: 2596 Calle Delfino

City, State: Santa Fe, NM 87505

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



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



SANTA FE, NM 87505
OCT 12 2021 PM 3 L

7020 0640 0000 0304 2057



Sandra Lee Broman Powers a/k/a
Sandra Lee Powers, PR-Estate of
Mildred Broman
2596 Calle Delfino
Santa Fe, NM 87505

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

Handwritten initials 'SL'

.. 5326090130118961

ANK
87504-2068
87505-2068

BC: 37504206868 *1755-02347-02-1

7020 2450 0002 1363 6834

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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee if applicable)

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

Postage
\$

Total Postage and Fees
\$

Sent To
Sue Ann Medlin Rowley
Street or PO Box 9942 E Desert Aire Drive
Tucson, AZ 85730
City, State

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



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT BOTTOM LINE.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>1. Article Addressed to:</p> <p>Sue Ann Medlin Rowley 9942 E Desert Aire Drive Tucson, AZ 85730</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"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from envelope label)</p> <p>9590 9402 6769 1074 4379 27</p> <p>7020 2450 0002 1363 6834</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 2450 0002 1363 6797

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Domestic Mail Only

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent to Shamrock Royalty LP
Street 200 W. Highway 6, Suite 320
City, St. Waco, TX 76712

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

USPS SANTA, NM, FE 87501
Postmark
OCT 12 2021
SANTA FE, NM MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>[Name]</i> <i>[Date]</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>1. Article Addressed to:</p> <p>Shamrock Royalty LP 200 W. Highway 6, Suite 320 Waco, TX 76712</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0002 1363 6797</p>	

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

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 2450 0002 1363 7084

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Ap. TD Minerals LLC
8111 Westchester Drive, Ste. 900
Dallas, TX 75225

City, State, Zi

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

USPS SANTA NM FE 87501
SANTA NM MAIN POST OFFICE
OCT 11 2021
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>TD Minerals LLC 8111 Westchester Drive, Ste. 900 Dallas, TX 75225</p> <p style="text-align: center;"> 9590 9402 6746 1074 2245 33</p> <p>2. Article Number (Transfer from service label) 7020 2450 0002 1363 7084</p>	<p>A. Signature X <i>Gas Garner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Gas Garner</i> 10-15-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
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7020 2450 0002 1363 7046

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Thompson Family Trust
1856 Bugtussle
West, TX 76691

City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9041 See Reverse for Instructions

USPS SANTA NM FE 87501
SANTA FE NM POST OFFICE
Postmark
OCT 12 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Karol Wallace</i></p> <p>B. Received by (Printed Name) <i>Karol Wallace</i></p> <p>C. Date of Delivery <i>10/19/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="text-align: center;">OCT 19 2021</p>
<p>1. Article Addressed to:</p> <p>Thompson Family Trust 1856 Bugtussle West, TX 76691</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2245 71</p> <p>7020 2450 0002 1363 7046</p>	

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

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 2450 0002 1363 7053

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Tilden Capital Minerals, LLC
Street: P.O. Box 470857
Ft. Worth, TX 76147
City: S

USPS SANTA FE NM FE 87501
OCT 12 2021
Postmark Here
SANTA FE NM MAIN POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-002-9017 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Tilden Capital Minerals, LLC P.O. Box 470857 Ft. Worth, TX 76147</p> <p>2. Article Number (transfer from service label) 9590 9402 6746 1074 2245 64 7020 2450 0002 1363 7053</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Elizabeth Leonard</p> <p>C. Date of Delivery 10/12/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

7020 2450 0002 1363 6971

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Greg Vaughn
1405 Glasier Drive
Carlsbad, NM 88220

City, State, ZIP+4®

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

Postmark Here
OCT 12 2021
USPS SANTA NM-FE 87501
SANTA FE NM MAIN POST OFFICE

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>1. Article Addressed to:</p> <p>Greg Vaughn 1405 Glasier Drive Carlsbad, NM 88220</p> <p>2. Article Number (transfer from service label) 9590 9402 6746 1074 2218 60 7020 2450 0002 1363 6971</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 10-12</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> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

7020 2450 0002 1363 6988

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

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. # Roger Vaughn
3203 Leaf Lane, #B
Austin, TX 78759
City, State, ZIP+4®

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



SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>CV-19</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Vaughn</i> C. Date of Delivery <i>10/15/21</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>Roger Vaughn 3203 Leaf Lane, #B Austin, TX 78759</p>	
<p>2. Article Number (Transfer from service label) 7020 2450 0002 1363 6988</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

7020 0640 0000 0304 1982

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Yates Industries LLC
403 W. San Francisco Street
Santa Fe, NM 87501

PS Form 3800, April 2015 PSN 7530-02-000-8041 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Yates Industries LLC 403 W. San Francisco Street Santa Fe, NM 87501</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 5712 9346 7874 30</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1982</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 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><input type="checkbox"/> Insured Mail (over \$500) <input type="checkbox"/> Registered Mail Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Carol Cappadonna
P.O. Box 56
La Ward, TX

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

7020 2450 0002 1363 6872

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Mitchell Cappadonna
522 Hancock Ave.
Corpus Christi, TX 78404

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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Cathy Cappadonna
35 County Road 2531
Ganado, TX 77962

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

7020 0640 0000 0304 2255

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Robert Frack
6020 Manila
El Paso, TX 79924

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®

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Jerry Nick Cappadonna
P.O. Box 56
La Ward, TX 77970

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

7020 2450 0002 1363 6957

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Jacob Hosford
7954 Belladonna Drive
Ft. Worth, TX 76123

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

CERTIFIED MAIL® RECEIPT Domestic Mail Only

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

Certified Mail Fee

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
 Street and Apt. Jotstream Royalty Partners LP
 105 Nursery Lane, Ste. 220
 Ft. Worth, TX 76115
 City, State

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®.

Certified Mail Fee

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
 Street and Apt. Garlon Lain
 4209 San Saba Ct.
 Plano, TX 75074
 City, State, Z

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®.

Certified Mail Fee

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
 Street and Apt. Gerald Lain
 4209 San Saba Ct.
 Plano, TX 75074
 City, State

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

CERTIFIED MAIL® RECEIPT Domestic Mail Only

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

Certified Mail Fee

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
 Street and Apt. Michael Hall Medlin
 223 FM 474
 Boerne, TX
 City, State, Z

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®.

Certified Mail Fee

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Sent To
 Street and Apt. Peggy Neal Pool
 305 NE 35th Street
 Grand Prairie, TX 75050
 City, State

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®.

Certified Mail Fee

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

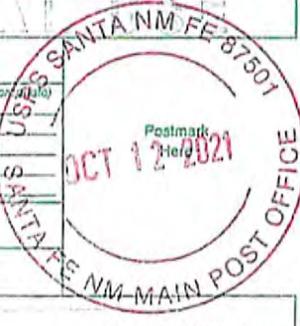
Sent To
 Street and Apt. Estate of Louise B. Thompson
 P.O. Box 1197
 Kermit, TX 79745
 City, State, Z

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

7020 0640 0000 0304 2248

7020 2450 0002 1363 7022

7020 2450 0002 1363 7039



Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

LEGAL NOTICE
October 21, 2021

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).

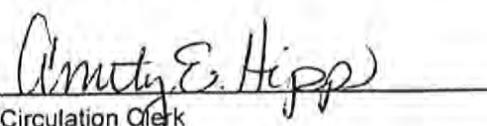
Beginning with the issue dated
October 21, 2021
and ending with the issue dated
October 21, 2021.

This is to notify all interested parties, including Terry Davis Holt; Allen Clay Davis; Shawn Freck; Yates Industries LLC; Marathon Oil Permian LLC; OXY Y-1 Company; MRC Permian Company; Chief Capital O&G II LLC; Jetstream Royalty Partners LP; Jerry Nick Cappadonna; Sandra Lee Broman Powers a/k/a Sandra Lee Powers, Personal Representative of the Estate of Mildred Broman; Willie Margaret Baird Estate; Gerald Lain; Garren Lain; Garlon Lain; Chance Lain; Annie Lain; Haydon Lain; Betty Ruth Patterson; Charlotte McGehee; Estate of Ruth S. Marion; Norma Baird Loving; Page Stephanie Baird; Georgia Davis Griffith; Donna David Hammack; James M. Davis, the Lee and Judy Davis Revocable Trust; Charlotte S.E. Garza; Jerry Wayne Billington; Michael Hall Medlin; Robert Freck; Karen Freck; Michael Freck; Jeanene Hollis; William K. Hollis; Shamrock Royalty LP; James M. Davis, Independent Executor of the Estate of James Hall Medlin; Jerry D. Billington, Personal Representative, Estate of Jamie Ann Billington; Barbara K. Medlin, Personal Representative, Estate of Kenneth Wayne Medlin; Barbara K. Medlin; Sue Ann Medlin Rowley, Lisa Beth Hogan Campbell; Richard Hogan; Cathy Cappadonna; Mitchell Cappadonna; Mark Cappadonna; Bo Cappadonna; Carol Cappadonna; Elizabeth Mosely Hogan; Sheila Shirley Hosford; Tessa Manke; Matthew Hosford; Jacob Hosford; Bevin Hosford; Greg Vaughn; Roger Vaughn; Charles Hosford; Viper Energy Partners; William Joseph Mosely, Jr.; Peggy Neal Pool; Estate of Louise B. Thompson; Thompson Family Trust; Tilden Capital Minerals, LLC; GGM Exploration, Inc.; Pegasus Resources; TD Minerals LLC; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 22294). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on November 4, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <https://www.emard.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests in the WC-025 G-09 S243532M, Wolfbone Pool (98098), underlying a standard 960.16-acre, more or less, horizontal spacing unit ("Unit") comprised of all of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico. Applicant seeks to dedicate the above-referenced horizontal spacing unit to the following proposed wells ("Wells"): the Green Eyeshade Fed Com #601H well, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NE/4 NE/4 (Lot 1) of Section 1; the Green Eyeshade Fed Com #602H well, and the Green Eyeshade Fed Com #702H well, to be drilled from a surface location in the NW/4 SE/4 (Unit J) of Section 12 to a bottom hole location in the NW/4 NE/4 (Lot 2) of Section 1; the Green Eyeshade Fed Com #603H well, the Green Eyeshade Fed Com #703H well, to be drilled from a surface location in the NE/4 SW/4 (Unit K) of Section 12 to a bottom hole location in the NE/4 NW/4 (Lot 3) of Section 1; and the Green Eyeshade Fed Com #704H well, to be drilled from a surface location in the NW/4 SW/4 (Unit L) of Section 12 to a bottom hole location in the NW/4 NW/4 (Lot 4) of Section 1. The completed interval for the proposed Green Eyeshade Fed Com #601H well will be within 330' of the quarter-quarter line separating the E/2 E/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NE/4 of Section 12; the completed interval for the proposed Green Eyeshade Fed Com #602H will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NW/4 of Section 12, and the completed interval for the proposed Green Eyeshade Fed Com #603H well will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 W/2 of Section 1 and the W/2 NW/4 from the E/2 NW/4 of Section 12 to allow inclusion of this acreage into a standard horizontal well spacing unit. 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 the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located 13.6 miles West of Jal, New Mexico. 136947



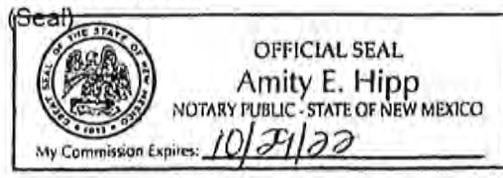
Publisher

Sworn and subscribed to before me this
21st day of October 2021.



Circulation Clerk

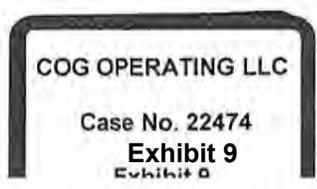
My commission expires
October 29, 2022



02107475

00259738

GILBERT
HINKLE, SHANOR LLP
PO BOX 2068
SANTA FE, NM 87504



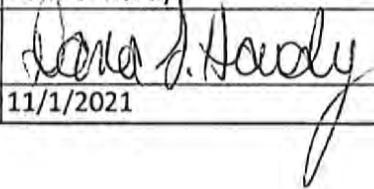
This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

COMPULSORY POOLING APPLICATION CHECKLIST

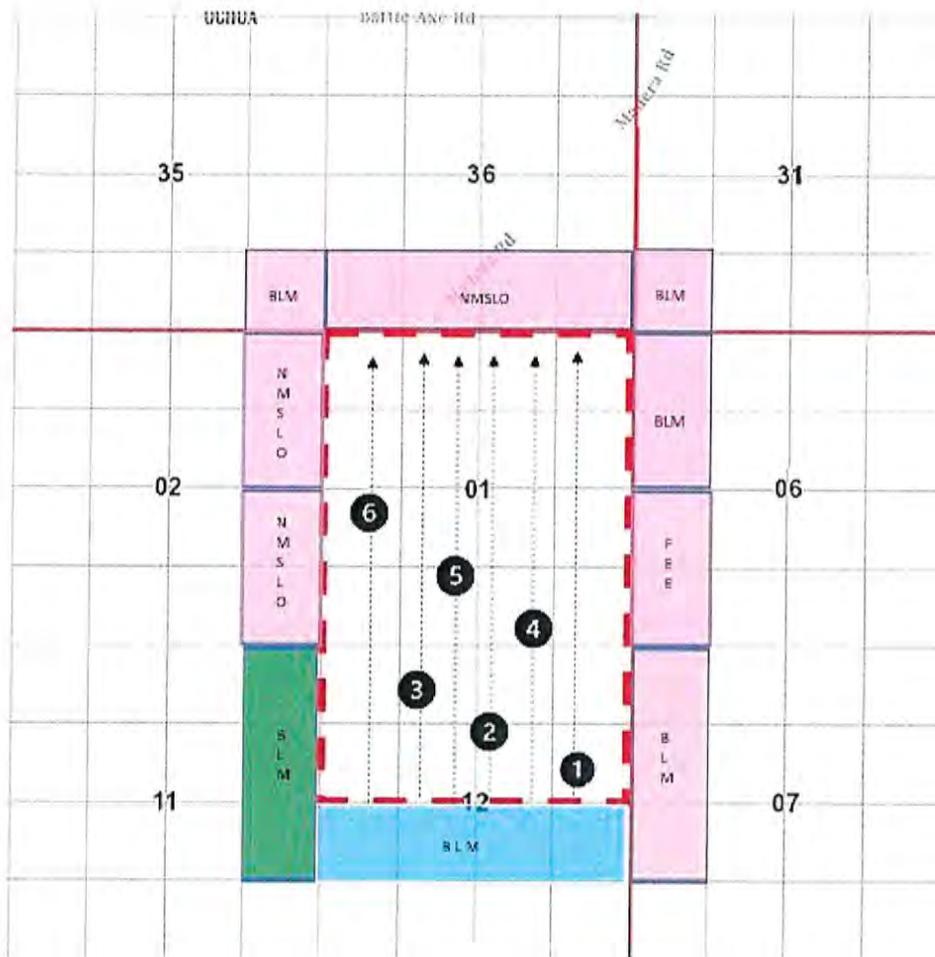
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22294
Hearing Date:	11/4/2021
Applicant	COG Operating LLC
Designated Operator & OGRID	OGRID # 229137
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of COG Operating, LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors	Paige Baird & Norma Loving
Well Family	Green Eyeshade
Formation/Pool	
Formation Name(s) or Vertical Extent	Wolfbone
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Wolfbone
Pool Name and Pool Code	WC-025 G-09 S243532M; Wolfbone Pool (98098)
Well Location Setback Rules	Statewide
Spacing Unit Size	960
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	960
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	All of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	The completed interval for the proposed Green Eyeshade Fed Com #601H well will be within 330' of the quarter-quarter line separating the E/2 E/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NE/4 of Section 12; the completed interval for the proposed Green Eyeshade Fed Com #602H will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 E/2 of Section 1 and the W/2 NE/4 from the E/2 NW/4 of Section 12, and the completed interval for the proposed Green Eyeshade Fed Com #603H well will be within 330' of the quarter-quarter line separating the E/2 W/2 from the W/2 W/2 of Section 1 and the W/2 NW/4 from the E/2 NW/4 of Section 12.
Proximity Defining Well: if yes, description	Green Eyeshade Fed Com #602H
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Green Eyeshade Fed Com 601H (API # pending) SHL: 2365' FSL, 1470' FEL, Unit J, 12-25S-34E BHL: 50' FNL, 1000' FEL, Lot 1, 1-25S-34E Completion Target: Wolfbone (Approximately 12' Completion status: Standard

Well #2	Green Eyeshade Fed Com 602H (API # pending) SHL: 2365' FSL, 1530' FEL, Unit J, 12-25S-34E BHL: 50' FNL, 2320' FEL, Lot 2, 1-25S-34E Completion Target: Wolfbone (Approximately 12650' TVD) Completion status: Standard
Well #3	Green Eyeshade Fed Com 603H (API # pending) SHL: 2625' FSL, 1335' FWL, Unit K, 12-25S-34E BHL: 50' FNL, 1640' FWL, Lot 3, 1-25S-34E Completion Target: Wolfbone (Approximately 12650' TVD) Completion status: Standard
Well #4	Green Eyeshade Fed Com 702H (API # pending) SHL: 2365' FSL, 1500' FEL, Unit J, 12-25S-34E BHL: 50' FNL, 1640' FEL, Lot 2, 1-25S-34E Completion Target: Wolfbone (Approximately 12915' TVD) Completion status: Standard
Well #5	Green Eyeshade Fed Com 703H (API # pending) SHL: 2625' FSL, 1365' FWL, Unit K, 12-25S-34E BHL: 50' FNL, 2320' FWL, Lot 3, 1-25S-34E Completion Target: Wolfbone (Approximately 12915' TVD) Completion status: Standard
Well #6	Green Eyeshade Fed Com 704H (API # pending) SHL: 2625' FSL, 1305' FWL, Unit L, 12-25S-34E BHL: 50' FNL, 1000' FWL, Lot 4, 1-25S-34E Completion Target: Wolfbone (Approximately 12915' TVD) Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	8,000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
097	
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates in Proposal Letter	N/A

Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-3
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	11/1/2021

TOWNSHIP 25 SOUTH – RANGE 34 EAST
LEA COUNTY, NEW MEXICO



-  Wolfcamp and 3rd Bone Spring wells operated by COG Operating LLC
-  No Development. COG Operating LLC is 100% WI Owner
-  No Development. Marathon Oil Permian LLC, et al. Own Working Interest
-  960.16 acre proposed Wolfbone Spacing Unit.

No	Well	SHL	BHL
1	Green Eye shade Federal Com 601H	2365' FSL 1470' FEL	50' FNL 1000' FEL
2	Green Eye shade Federal Com 602H	2365' FSL 1530' FEL	50' FNL 2320' FEL
3	Green Eye shade Federal Com 603H	2625' FSL 1335' FWL	50' FNL 1640' FWL
4	Green Eye shade Federal Com 702H	2365' FSL 1500' FEL	50' FNL 1640' FEL
5	Green Eye shade Federal Com 703H	2625' FSL 1365' FWL	50' FNL 2320' FWL
6	Green Eye shade Federal Com 704H	2625' FSL 1305' FWL	50' FNL 1000' FWL

OFFSET PARTIES TO NOTIFY IF A NON-STANDARD APPLICATION WAS REQUIRED

Bureau of Land Management
301 Dinosaur Trail
Santa Fe, NM 87508

Bureau of Land Management
620 E. Green Street
Carlsbad, NM 88220

New Mexico State Land Office
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, NM 87504-1148

Marathon Oil Permian LLC
5555 San Felipe Street
Houston, TX 77056

OXY Y-1
5 Greenway Plaza, Suite 110
Houston, TX 77046

Chevron U.S.A. Inc.
6301 Deauville Boulevard
Midland, TX 79706

Chevron Midcontinent, L.P.
6301 Deauville Boulevard
Midland, TX 79706

EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79706

Del Ray Minerals, LLC
P.O. Box 470981
Fort Worth, TX 76137

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. 22294

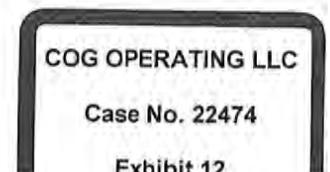
SELF-AFFIRMED STATEMENT
OF BRIAN SITEK

1. I am a geologist at COG Operating LLC ("COG") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

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

3. **Exhibit B-1** is a location map for the proposed horizontal spacing unit ("Unit") within the Wolfbone pool. The approximate wellbore paths for the proposed **Green Eyeshade Fed Com 601H, 602H, 603H, 702H, 703H and 704H** wells ("Wells") are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the top of the Wolfcamp formation which is representative of the targeted intervals within the pool. The data points are indicated by crosses. The approximate wellbore paths for the Wells are depicted by dashed lines. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.



5. Exhibit B-3 identifies three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. Exhibit B-4 is a stratigraphic cross-section using the representative wells identified on Exhibit B-3. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Wells are labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.

7. In my opinion, a standup orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and in order to drill extended laterals this orientation is optimal due to offset producing wells.

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

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

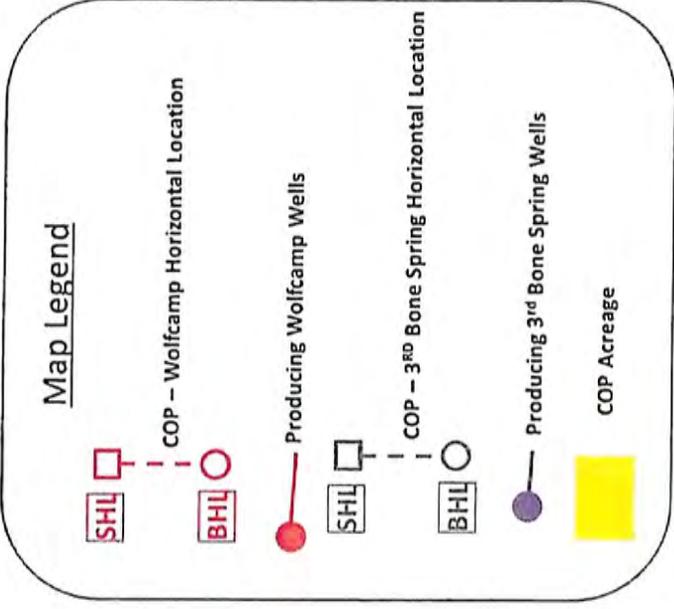
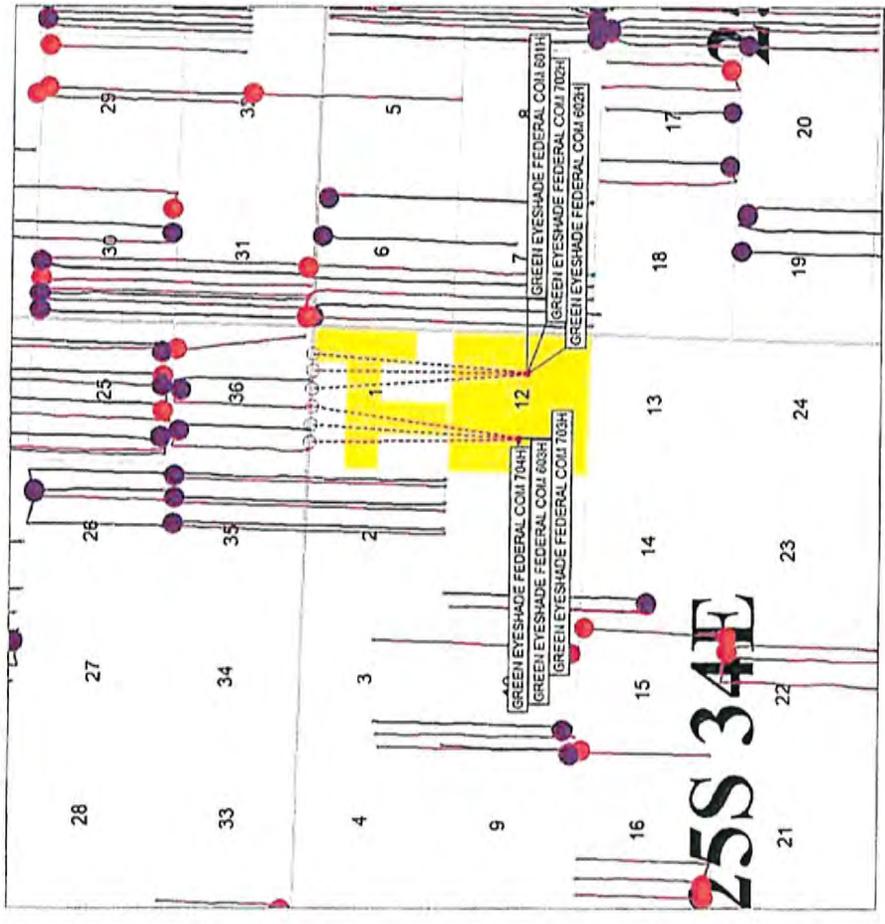
10. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

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


Brian Sitek

10-28-21
Date

Green Eyeshade Federal Com

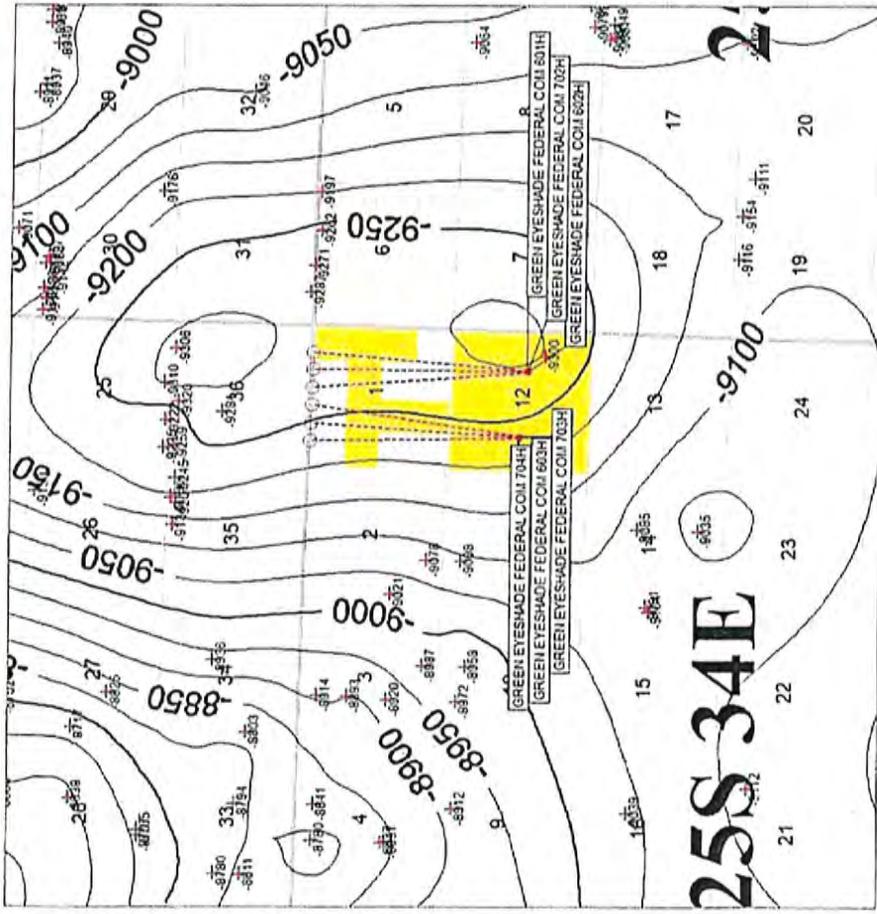


October 27, 2021

ConocoPhillips

DOG OPERATING LLC
 Case No. 22474
 Exhibit 13

Top of Wolfcamp Structure Map



Map Legend

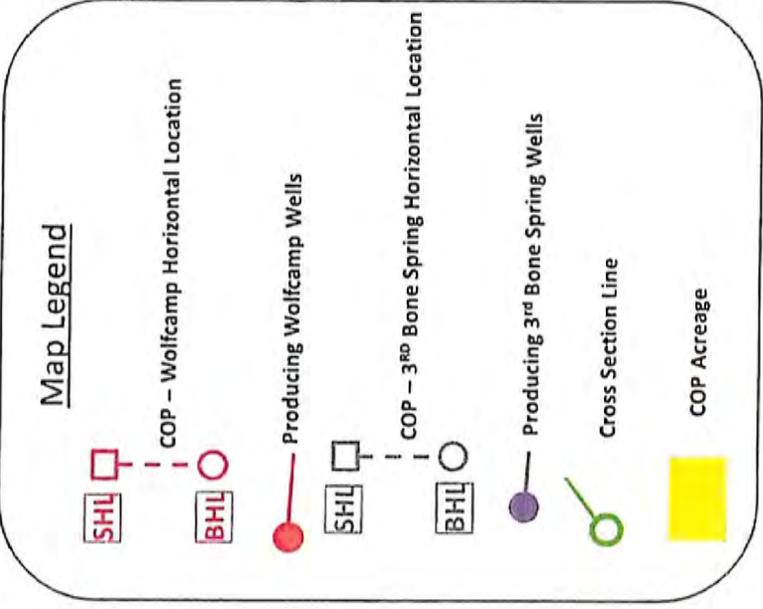
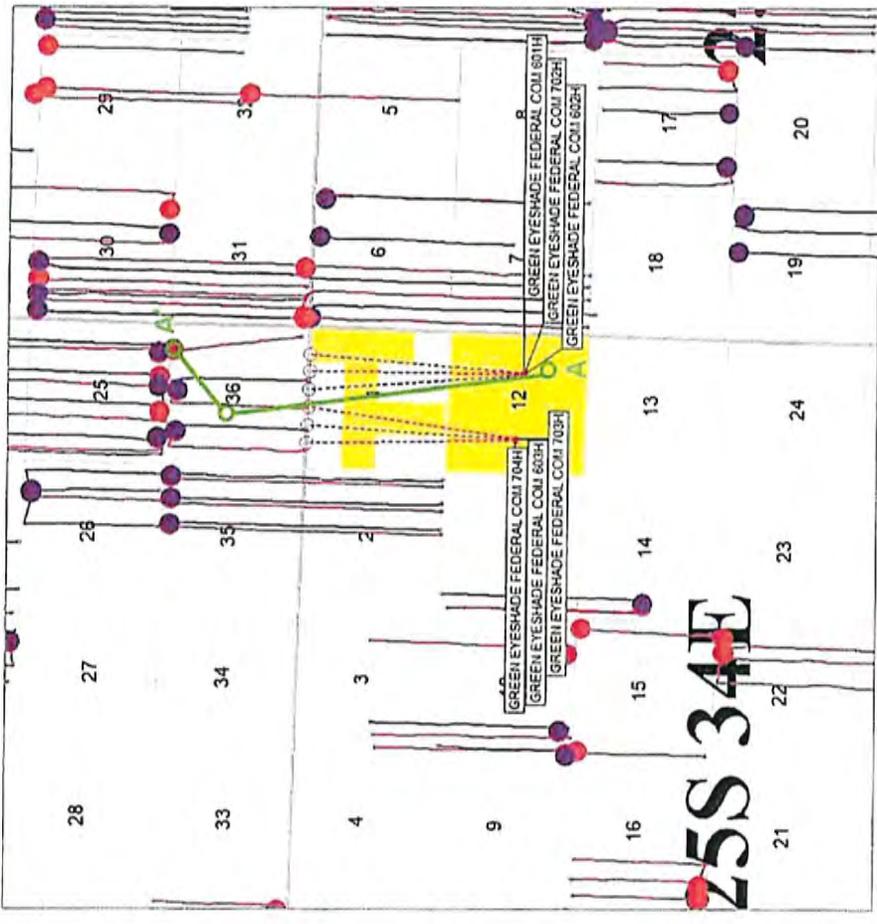
- COP – Wolfcamp Horizontal Location**: SHL (square) --- BHL (circle)
- Producing Wolfcamp Wells**: Red circle
- COP – 3RD Bone Spring Horizontal Location**: SHL (square) --- BHL (circle)
- Producing 3RD Bone Spring Wells**: Purple circle
- Data point**: +
- WFMP Structure CI: 50'**: Wavy line
- COG Acreage**: Yellow rectangle

October 27, 2021.

ConocoPhillips

OG OPERATING LLC
 Case No. 22474
 Exhibit 14

Cross Section Map

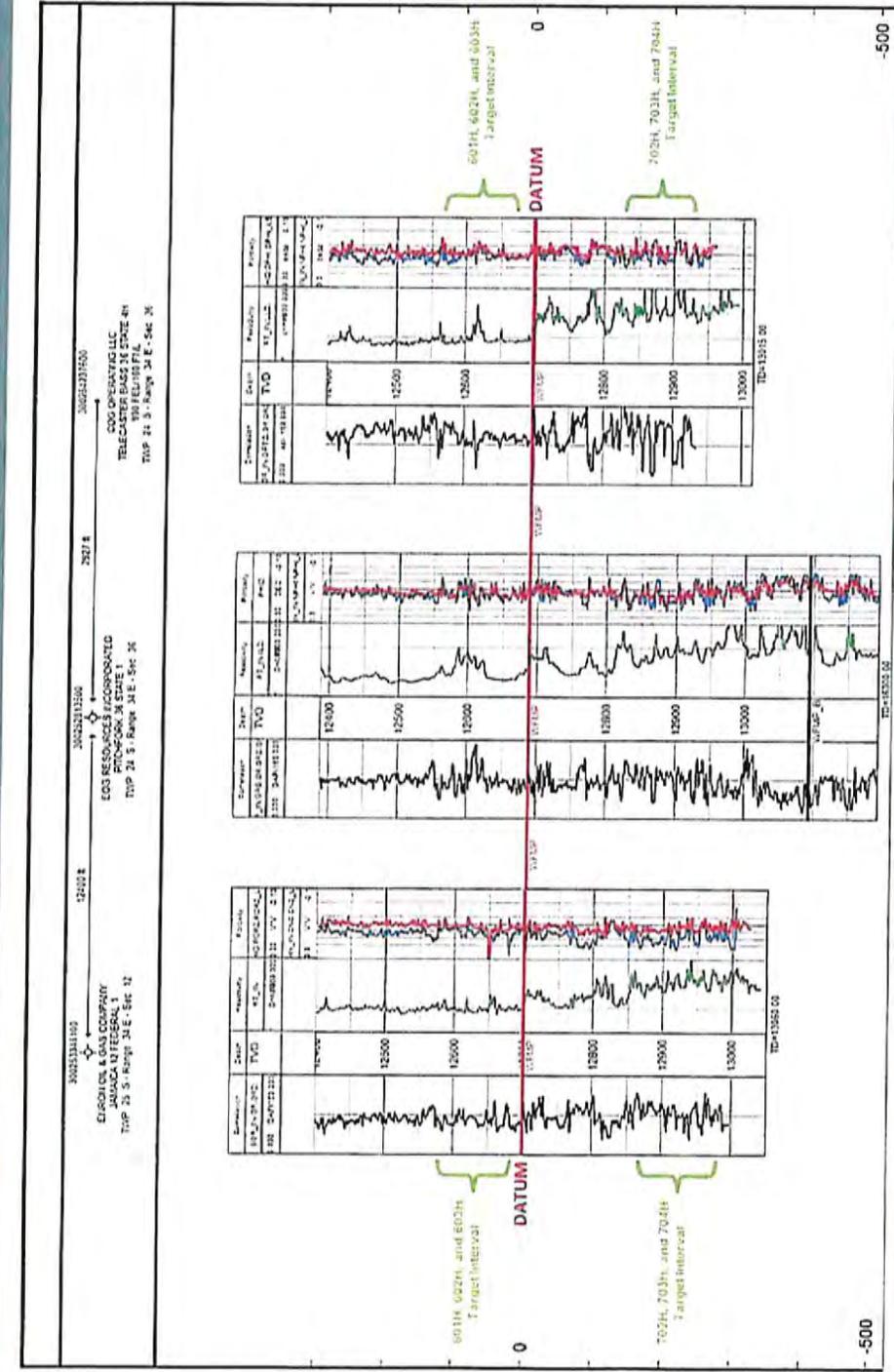


October 27, 2021

ConocoPhillips

OG OPERATING LLC
 Case No. 22474
 Exhibit 15

Stratigraphic Cross Section A-A'



30282311100
 30282311200
 30282311300
 30282311400

121022
 25014

EOS RESOURCES INCORPORATED
 TELECASTER BASIN 34 E - SEC 36
 TWP 23 S - RANG 34 E - SEC 36

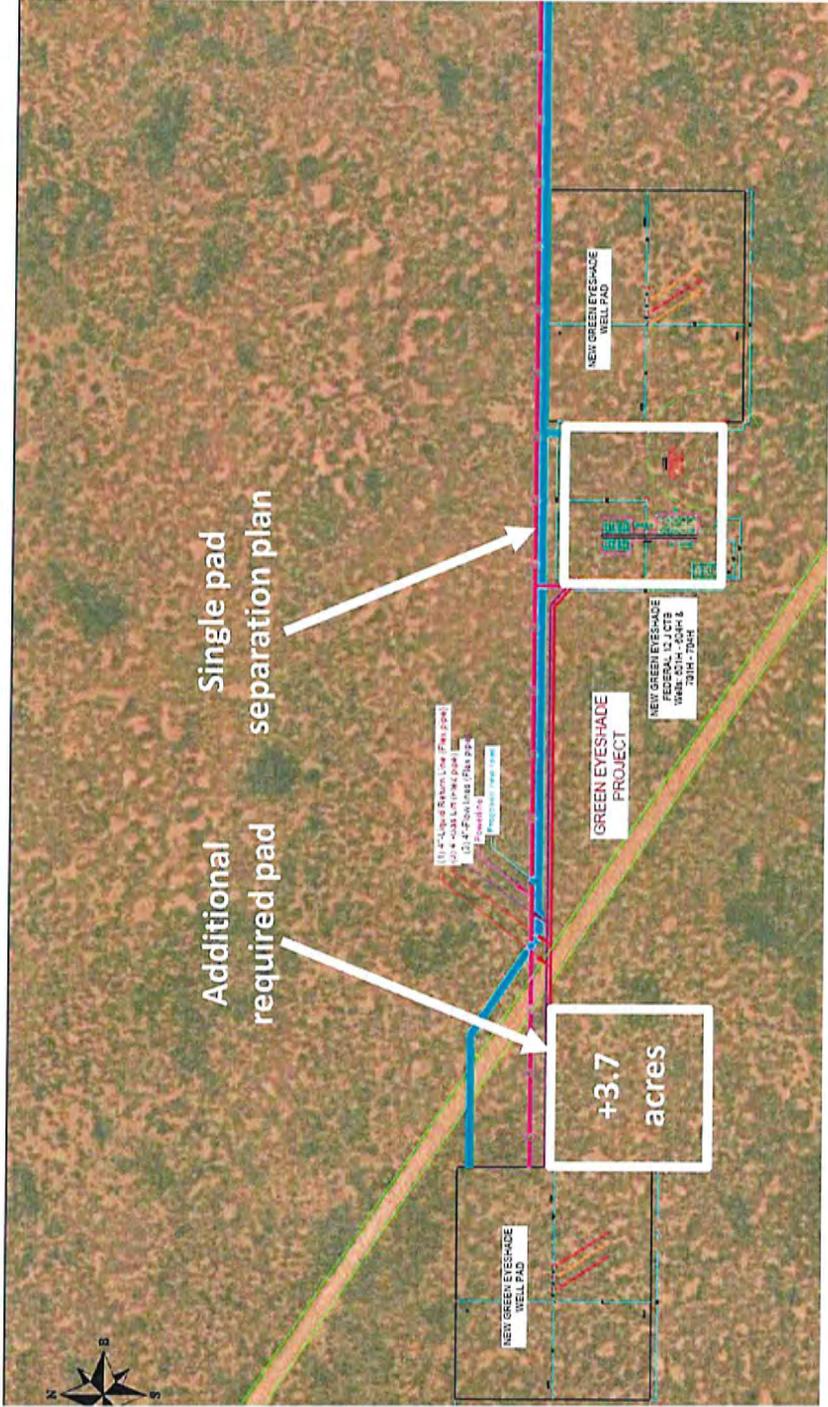
COG OPERATING LLC
 TELECASTER BASIN 34 E - SEC 36
 TWP 23 S - RANG 34 E - SEC 36

October 27, 2021

COG OPERATING LLC
 Case No. 22474
 Exhibit 16

ConocoPhillips

Surface Use/Emissions



- Proposed plan surface use: 17.4
- Additional Pad
 - +3.7 acres (21.1 acres)
 - +21% surface use increase
- Doubles number of GHG emissions points
 - Pneumatic devices
 - +8 Tanks
 - Combustion sources
 - +2 Heater treaters
 - +1 Flare

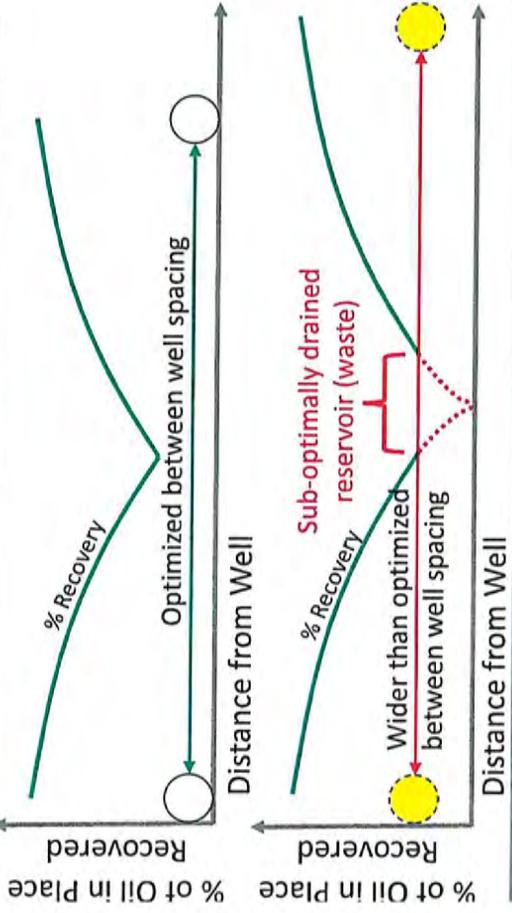
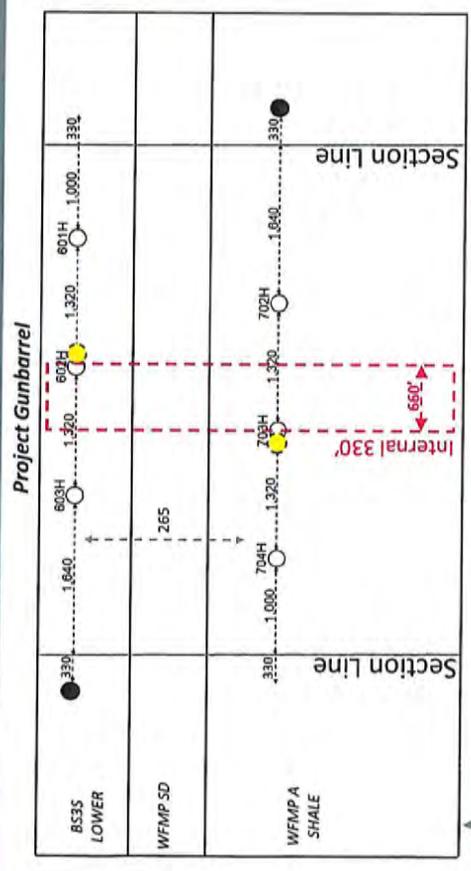
April 7, 2022

ConocoPhillips

OPERATING LLC
 Case No. 22474
 Exhibit 17

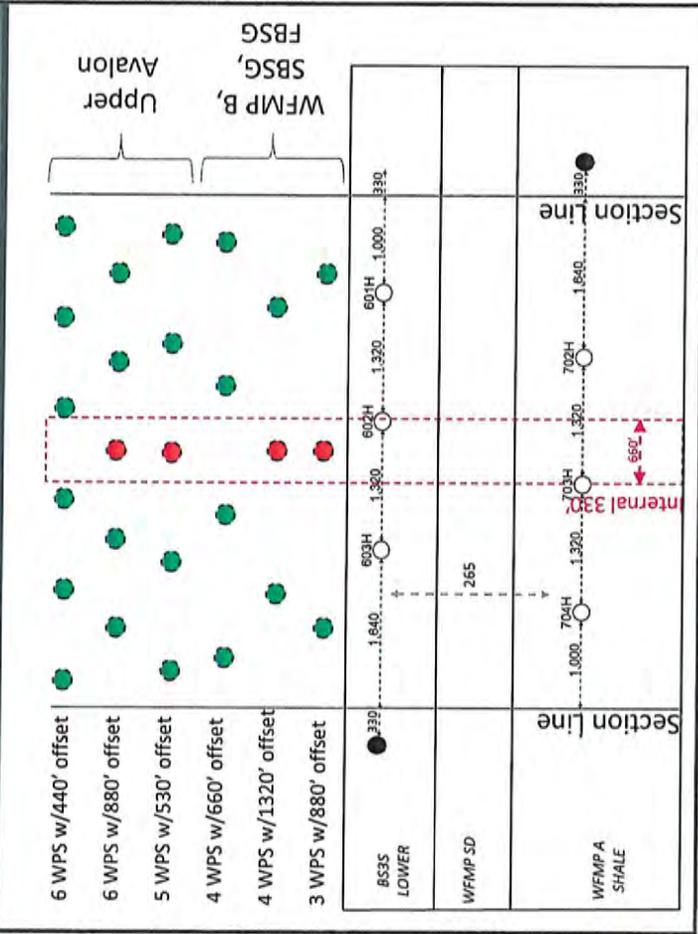
108

Project Gun Barrel



- Proposed optimal spacing
- Internal 330' box forced spacing

Exacerbated when considering additional horizon's spacing



April 7, 2022

ConocoPhillips

OPERATING LLC
 Case No. 22474
 Exhibit 18

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone:(575) 393-6161 Fax:(575) 393-0720

District II
 811 S. First St., Artesia, NM 88210
 Phone:(575) 748-1283 Fax:(575) 748-9720

District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505
 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

QUESTIONS

Action 96876

QUESTIONS

Operator: Spur Energy Partners LLC 9655 Katy Freeway Houston, TX 77024	OGRID: 328947
	Action Number: 96876
	Action Type: [HEAR] Prehearing Statement (PREHEARING)

QUESTIONS

Testimony	
<i>Please assist us by provide the following information about your testimony.</i>	
Number of witnesses	<i>Not answered.</i>
Testimony time (in minutes)	<i>Not answered.</i>