

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 22847

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Matt Solomon
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A-2	C102s for Wells
A-3	Plat of Tracts, Ownership Interests, Uncommitted Interests to be Pooled
A-4	Sample Well Proposal Letter and AFEs
A-5	Chronology of Contact
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A-7	Waivers of Objection to Non-Standard Spacing Unit
Exhibit B	Self-Affirmed Statement of Deserae Jennings
B-1	Regional Locator Map
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B-3	Cross Section Map
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Exhibit C	Self-Affirmed Statement of Mark Woodward
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- Exhibit D Affidavit of Dana S. Hardy
- D-1 Sample Notice Letter to All Interested Parties
- D-2 Chart of Notice to All Interested Parties and Certified Mail Receipts
- D-3 Affidavit of Publication

COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

Case No.:	22847
Hearing Date:	6/2/2022
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 and Approval of Non-Standard Spacing Unit, Lea County, New Mexico
Entries of Appearance/Intervenors	None
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	No - 960 acre spacing unit. See Exhibits A and C.
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
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 12650' TVD) 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 C
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C
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
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	
6-102	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):	/s/ Dana S. Hardy
Date:	5/31/2022

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 22847

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

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 of 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 of 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 of 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.

7. The completed intervals 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. 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. A map that identifies the interest owners in the offset tracts surrounding COG's proposed unit is attached as **Exhibit A-6**.

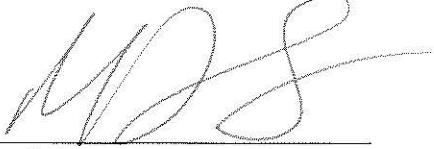
16. COG provided notice of its request for approval of a non-standard, 960.16-acre horizontal spacing unit to each of the offset interest owners in the tracts that surround the unit. Each party executed a waiver of any objection to COG's proposed non-standard spacing unit. Copies of the executed waivers are attached as **Exhibit A-7**.

17. COG has a crew scheduled to complete these wells on July 15th. As a result, COG respectfully requests that the Division issue an expedited order in this case.

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

19. 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.

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

5.24.22
Date

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 22847

APPLICATION

In accordance with NMSA 1978, § 70-2-17 and NMAC 19.15.16.15(B)(5), COG Operating LLC (“COG” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) for an order: (1) establishing a 960.16-acre, more or less, non-standard horizontal spacing unit comprised of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying the Unit. In support of this application, COG states the following.

1. Applicant (OGRID No. 229137) is a working interest owner in the Unit and has the right to drill thereon.
2. Applicant seeks to dedicate the Unit to the following proposed wells:
 - a. The **Green Eyeshade Fed Com #601H well**, to be drilled from a surface hole 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;
 - b. The **Green Eyeshade Fed Com #602H well** and the **Green Eyeshade Fed Com #702H well**, to be drilled from a surface hole 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;

COG Operating LLC
Case No. 22847
Exhibit A-1

- c. The **Green Eyeshade Fed Com #603H well** and the **Green Eyeshade Fed Com #703H well**, to be drilled from a surface hole 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
 - d. The **Green Eyeshade Fed Com #704H well**, to be drilled from a surface hole 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 intervals of the wells will be orthodox.
 4. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all the interest owners in the Unit.
 5. The pooling of interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.
 6. Approval of a non-standard horizontal spacing unit is necessary to prevent waste and protect correlative rights.
 7. 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 the Unit should be pooled and Applicant should be designated the operator of the proposed horizontal wells and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on June 2, 2022, and, after notice and hearing as required by law, the Division enter an order:

- A. Approving a non-standard horizontal spacing unit pursuant to 19.15.16.15(B)(5) NMAC;
- B. Pooling all uncommitted interests in the Unit;
- C. Approving the initial wells in the Unit;

- D. Designating Applicant as the operator of the Unit and the horizontal wells to be drilled thereon;
- E. Authorizing Applicant to recover its costs of drilling, equipping, and completing the wells;
- F. Approving the actual operating charges and costs of supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- G. 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.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 98208623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for COG Operating LLC

Application of COG Operating LLC for Compulsory Pooling and Approval of Non-Standard Spacing Unit, Lea County, New Mexico. Applicant seeks an order: (1) establishing a 960.16-acre, more or less, non-standard horizontal spacing unit comprised of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying the Unit. The Unit will be dedicated to the following wells (“Wells”): **Green Eyeshade Fed Com #601H well**, to be drilled from a surface hole 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 well** and **Green Eyeshade Fed Com #702H well**, to be drilled from a surface hole 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 well** and **Green Eyeshade Fed Com #703H well**, to be drilled from a surface hole 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 hole 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 intervals of the wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, 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 approximately 13.6 miles west of Jal, New Mexico.

DISTRICT I
1625 N. WRENCH DR., HOBBS, NM 88240
Phone: (575) 393-8181 Fax: (575) 393-0780

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 746-1265 Fax: (575) 746-9720

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

DISTRICT IV
1820 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3480 Fax: (505) 476-3482

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 98098	Pool Name WC-025 G-09 S243532M; WOLFBONE
Property Code	Property Name GREEN EYESHAD FEDERAL COM	Well Number 702H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3381.6'

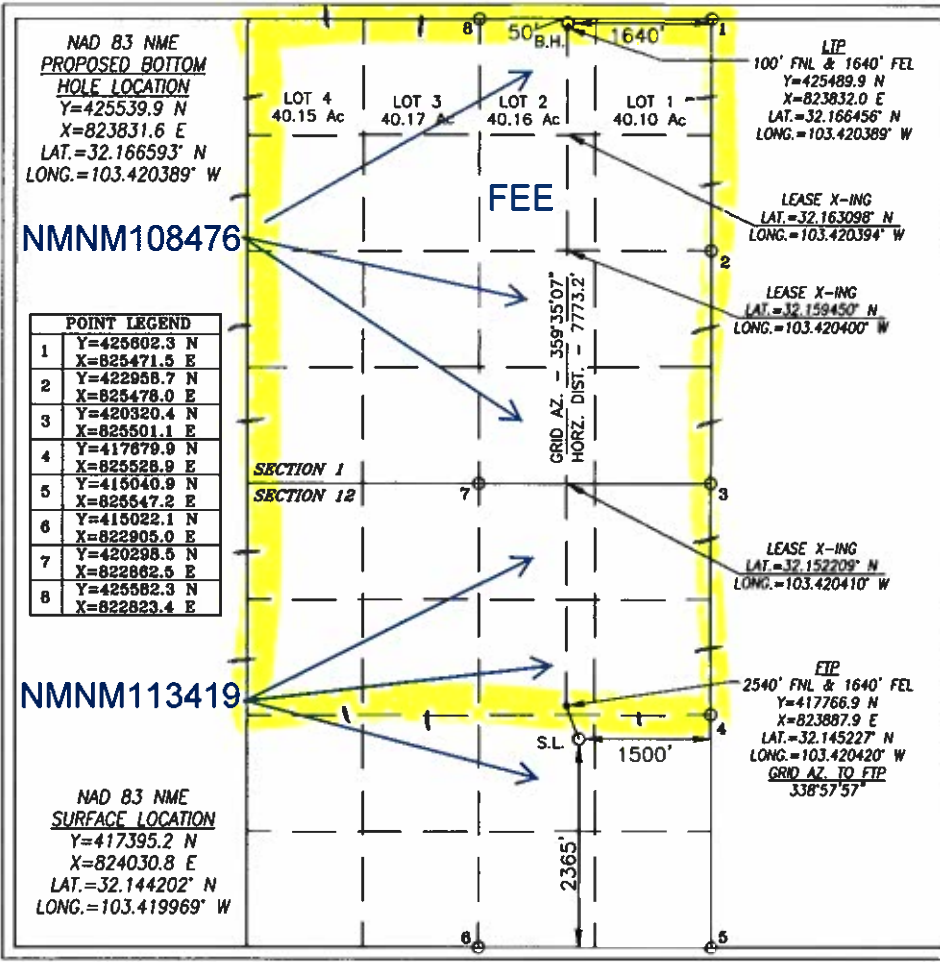
Surface Location

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 Acres	Joint or Infill	Consolidation Code	Order No.						
960.16									

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



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.

Mayte Reyes 8/30/2021
Signature Date

Mayte Reyes
Printed Name

mayte.x.reyes@conocophillips.com
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. #20-1746 DRAWN BY: AH

As per LR2000 Section 1 L4 40.07. L3 40.05. L2 40.03. L1 40.01.

COG Operating LLC
Case No. 22847
Exhibit A-2

DISTRICT I
1825 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 399-4181 Fax: (575) 399-0720

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 746-1263 Fax: (575) 746-0720

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) 476-3480 Fax: (505) 476-3482

State of New Mexico
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Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 98098	Pool Name WC-025 G-09 S243532M; WOLFBONE
Property Code	Property Name GREEN EYESHAD FEDERAL COM	Well Number 704H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3401.8'

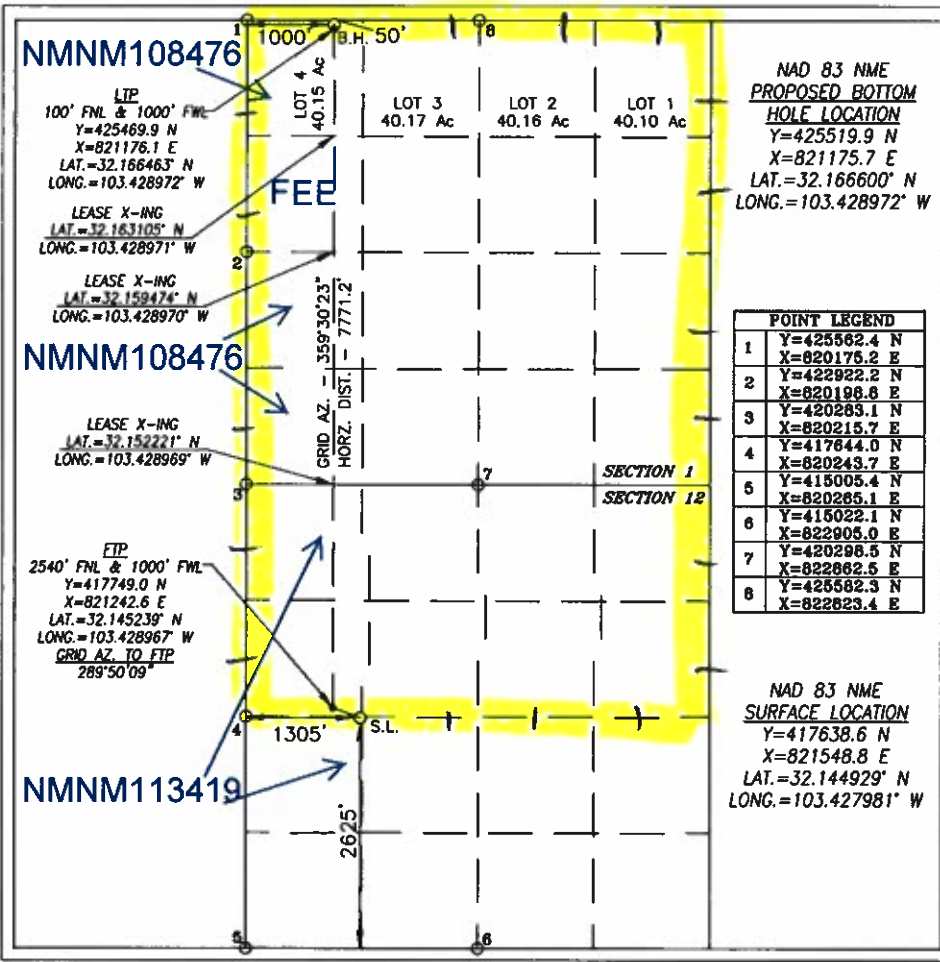
Surface Location

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 960.16	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



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.

Mayte Reyes 8/30/2021
Signature Date

Mayte Reyes
Printed Name

mayte.x.reyes@conocophillips.com
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. #20-1742 DRAWN BY: DS

As per LR2000 Section 1 L4 40.07. L3 40.05. L2 40.03. L1 40.01.

DISTRICT I
 1430 N. FRANCES DR., HOBBS, NM 88240
 Phone: (575) 398-8181 Fax: (575) 398-0720

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 Santa Fe, New Mexico 87505

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

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Property Code	Property Name GREEN EYESHADE FEDERAL COM	Well Number 703H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3400.8'

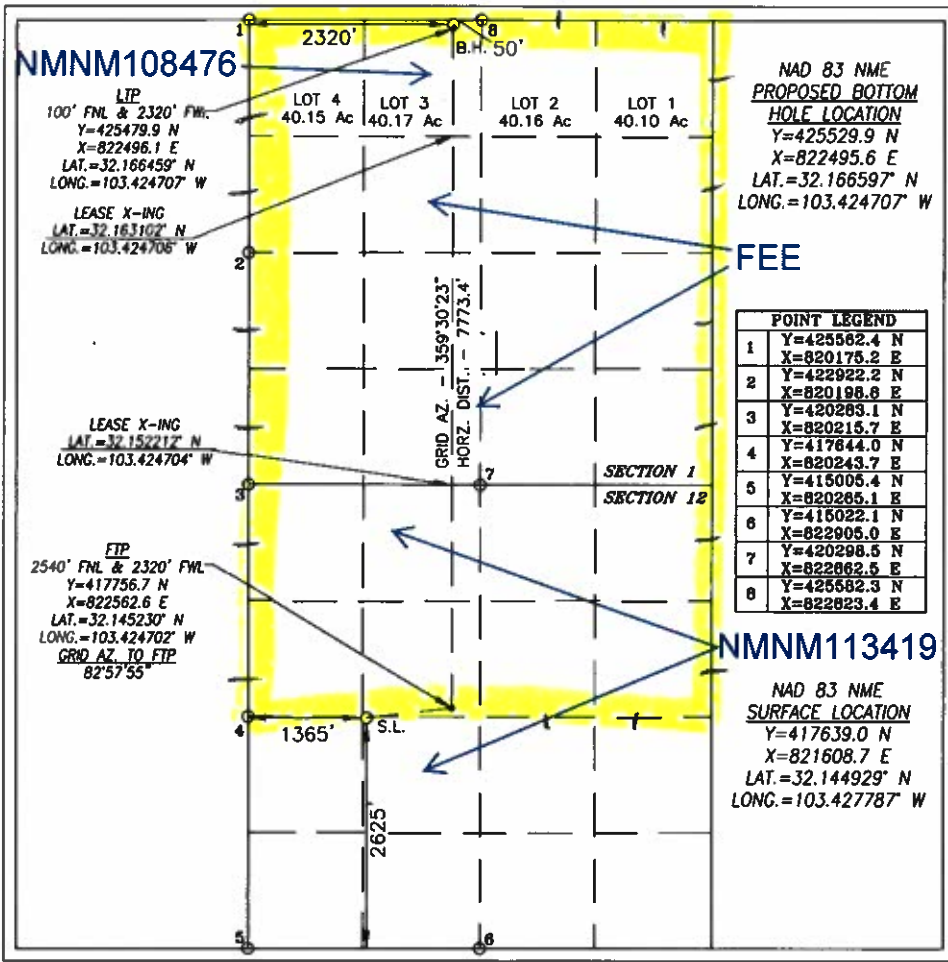
Surface Location

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.						
960.16									

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



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.

Mayte Reyes 8/30/2021
 Signature Date

Mayte Reyes
 Printed Name

mayte.x.reyes@conocophillips.com
 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 L. Harcrow 12/30/20
 Certificate No. CHAD HARCROW 17777
 W.O. #20-1744 DRAWN BY: DS

As per LR2000 Section 1 L4 40.07. L3 40.05. L2 40.03. L1 40.01.

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1825 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 303-6181 Fax: (575) 303-0780

DISTRICT II
511 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) 334-8178 Fax: (505) 334-8170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3482

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 98098	Pool Name WC-025 G-09 S243532M; WOLFBONE
Property Code	Property Name GREEN EYESHAD FEDERAL COM	Well Number 601H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3381.2'

Surface Location

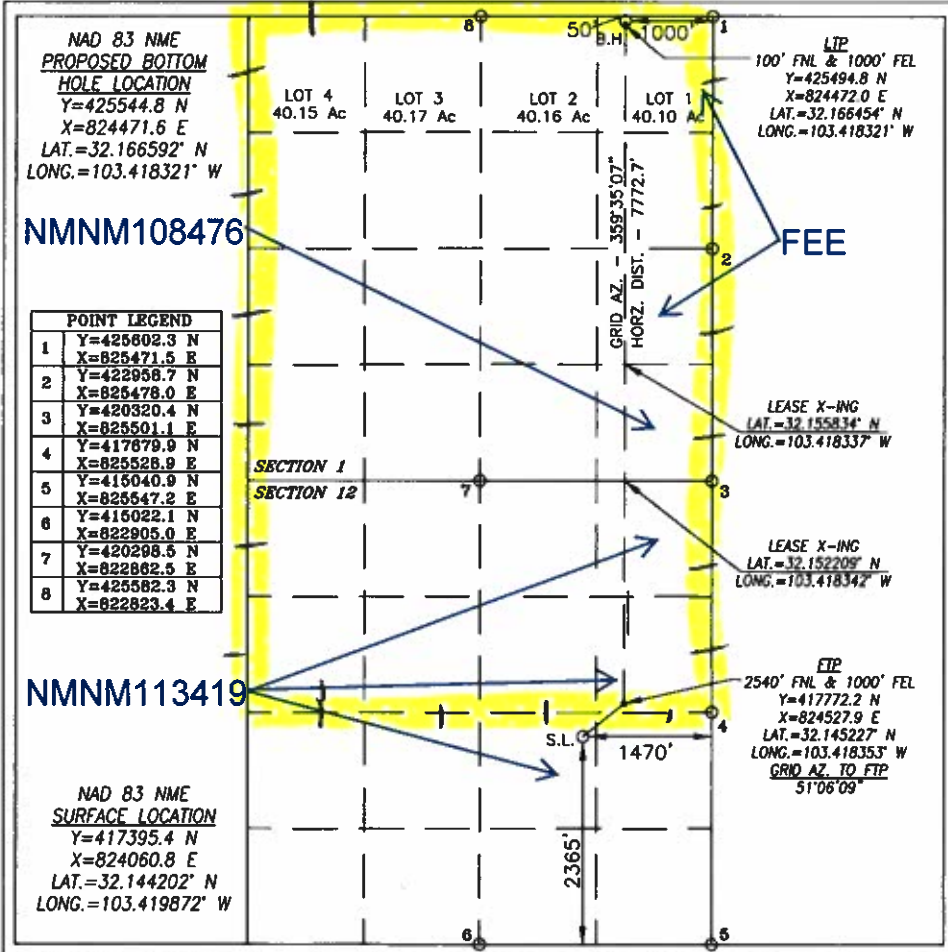
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	12	25-S	34-E		2365	SOUTH	1470	EAST	LEA

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.
960.16			

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



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.

Mayte Reyes 8/30/2021
Signature Date

Mayte Reyes
Printed Name

mayte.x.reyes@conocophillips.com
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. #20-1747 DRAWN BY: AH

As per LR2000 Section 1 L4 40.07. L3 40.05. L2 40.03. L1 40.01.

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-6191 Fax: (575) 393-0780

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-8720

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

DISTRICT IV
1620 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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

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Revised August 1, 2011
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District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 98098	Pool Name WC-025 G-09 S243532M; WOLFBONE
Property Code	Property Name GREEN EYESHAD FEDERAL COM	Well Number 603H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3400.5'

Surface Location

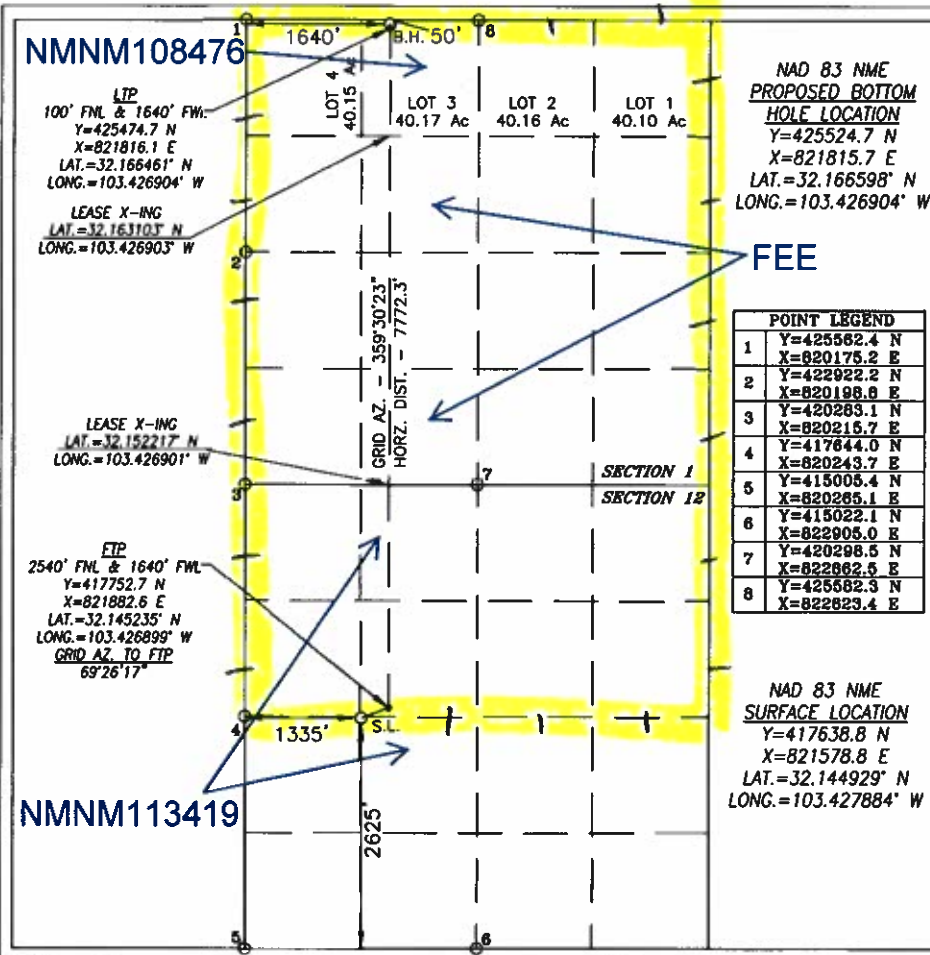
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	12	25-S	34-E		2625	SOUTH	1335	WEST	LEA

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.
960.16			

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



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.

Mayte Reyes 8/30/2021
Signature Date
Mayte Reyes
Printed Name
mayte.x.reyes@conocophillips.com
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
12/30/20
Certificate No. CHAD HARCROW 17777
W.O. #20-1743 DRAWN BY: DS

As per LR2000 Section 1 L4 40.07. L3 40.05. L2 40.03. L1 40.01.

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0790

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 746-1283 Fax: (575) 746-9720

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

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1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3482

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-	Pool Code 98098	Pool Name WC-025 G-09 S243532M; WOLFBONE
Property Code	Property Name GREEN EYESHAD FEDERAL COM	Well Number 602H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3384.4'

Surface Location

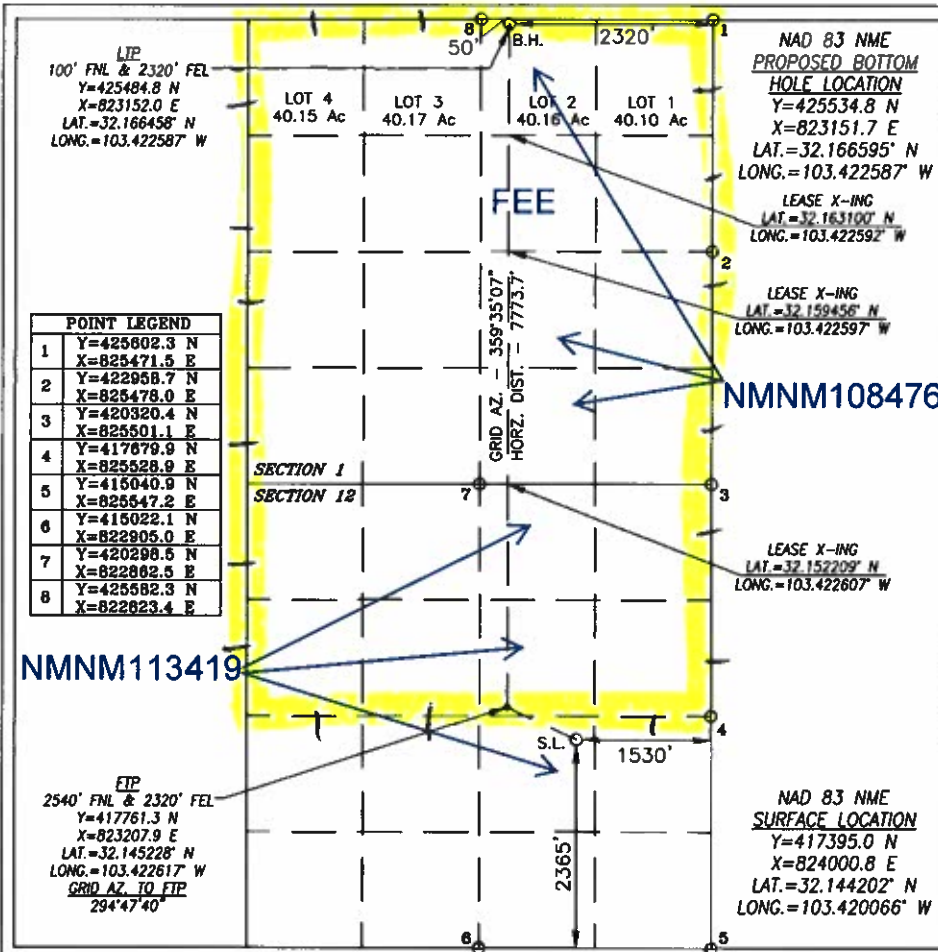
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	12	25-S	34-E		2365	SOUTH	1530	EAST	LEA

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.
960.16			

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



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.

Mayte Reyes 8/30/2021
Signature Date

Mayte Reyes
Printed Name

mayte.x.reyes@conocophillips.com
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 9, 2020
Date of Survey

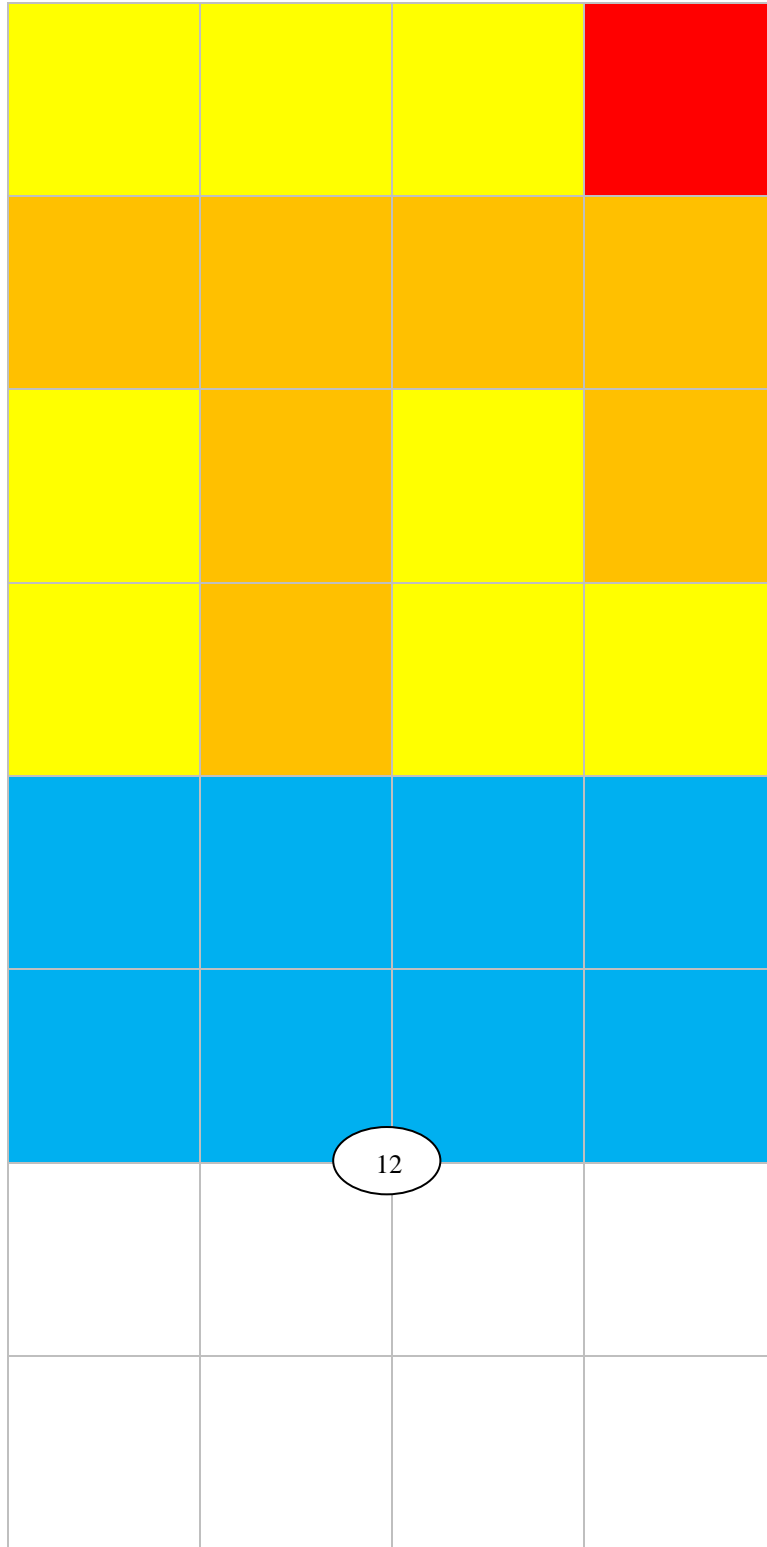
Signature & Seal of Professional Surveyor

Chad Hargrow 12/30/20
Certificate No. CHAD HARGROW 17777
W.O. #20-1607 DRAWN BY: WN

As per LR2000 Section 1 L4 40.07. L3 40.05. L2 40.03. L1 40.01.

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

- Tract 1** NMNM -108476
- Tract 2** Fee
- Tract 3** Fee
- Tract 4** NMNM -113419



COG Operating LLC
Case No. 22847
Exhibit A-3

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-1 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

Unleased Mineral Interest Owner

Terry Davis Holt
122 Vintage Drive
Corinth TX 76210

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 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").

Green Eyeshade Fed Com 601H, 602H, 603H, 702H, 703H, 704H
Page 2

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, 602H, 603H, 702H, 703H, 704H
Page 3

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 FEED COM 601H	PROSPECT NAME:	Bulldog 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

INTANGIBLE COSTS	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmng Equipment(PEQ)	TOTAL
Title/Cursive/Permit	201	20,000			20,000
Insurance	202	2,500	302		2,500
Damages/Right of Way	203	20,000	303	963	20,963
Survey/Stake Location	204	7,000	304	80,000	87,000
Location/Pls/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	294,000	542,000
Fuel & Power	211	120,000	311	26,000	146,000
Water	212	40,000	312	273,000	313,000
Bits	213	85,000	313		85,000
Mud & Chemicals	214	194,750	314		194,750
Drill Stem Test	215		315	225,000	225,000
Coring & Analysis	216				0
Cement Surface	217	20,900			20,900
Cement Intermediate	218	79,860			79,860
Cement 2nd Intermediate/Production	219	82,500			82,500
Cement Squeeze & Other (Kickoff Plug)	220			371	0
Float Equipment & Centralizers	221	50,000			50,000
Casing Crews & Equipment	222	55,000			55,000
Fishing Tools & Service	223		323		0
Geologic/Engineering	224		324		0
Contract Labor	225	6,500	325	2,000	8,500
Company Supervision	226	34,200	326	15,000	49,200
Contract Supervision	227	76,000	327	91,000	167,000
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	10,000	331	179,000	189,000
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/Forklift/Rig Mobilization	237	200,000	337	10,000	210,000
Welding Services	238	6,000	338		6,000
Water Disposal	239		339	20,000	20,000
Plug to Abandon	240		340		0
Seismic Analysis	241		341		0
Miscellaneous	242		342	3,000	3,000
Contingency	243	65,000	343	57,000	122,000
Closed Loop & Environmental	244	194,750	344		194,750
Fuel - Diesel	245		345	258,000	258,000
Coil Tubing			346	205,000	205,000
Flowback Crews & Equip			347	10,000	10,000
Offset Directional/Frac	248		348		0
TOTAL INTANGIBLES		2,525,910	2,796,500	101,343	5,463,753

TANGIBLE COSTS	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmng Equipment(PEQ)	TOTAL
Surface Casing	401	32,000			32,000
Intermediate Casing	402	260,000			260,000
Production Casing/Liner	403	334,000			334,000
Tubing			504	52,000	52,000
Wellhead Equipment	405	70,000	505	28,000	98,000
Pumping Unit				506	0
Prime Mover				507	0
Reds				508	0
Pumps-Sub Surface (BH)			509		0
Tanks			510	44,361	44,361
Flowlines			511	80,666	80,666
Heater Treater/Separator			512	184,000	184,000
Electrical System			513	39,018	39,018
Packets/Anchors/Flanges	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		0
Contingency	420		520		0
Meters/LACT			525	75,514	75,514
Fares/Combusters/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		3,241,910	2,956,500	684,295	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
 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 FE COM 602H	PROSPECT NAME:	Bulldog 2534 (717039)
SHL:	Sec 12: 2385 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

	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL				
INTANGIBLE COSTS									
Tide/Cutative/Permit	201	20,000			20,000				
Insurance	202	2,500	302		2,500				
Damages/Right of Way	203	20,000	303	963	20,963				
Survey/Stake Location	204	7,000	304		87,000				
Location/Pits/Road Expense	205	165,000	305	5,000	353	23,779	366	4,000	197,779
Drilling / Completion Overhead	206	5,700	306		16,200				
Turnkey Contract	207		307		571,000				
Footage Contract	208		308		218,000				
Daywork Contract	209	421,000	309		193,000	614,000			
Directional Drilling Services	210	248,000	310		294,000	218,000			
Fuel & Power	211	120,000	311	26,000	354	367	146,000		
Water	212	40,000	312		273,000	368	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		
Coing & Analysis	216						0		
Cement Surface	217	20,900					20,900		
Cement Intermediate	218	79,860					79,860		
Cement 2nd Intermediate/Production	219	82,500					82,500		
Cement Squeeze & Other (Kickoff Plug)	220					371	0		
Float Equipment & Centralizers	221	50,000					50,000		
Casing Crews & Equipment	222	55,000					55,000		
Fishing Tools & Service	223		323			372	0		
Geologic/Engineering	224		324		355	373	0		
Contract Labor	225	6,500	325	2,000	356	73,713	374	18,000	100,213
Company Supervision	226	34,260	326	15,000	357	2,888	375	52,088	
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	34,000	329	48,000				82,000	
Logging	230						378	0	
Perforating/Wireline Services	231	10,000	331	179,000			379	189,000	
Stimulation/Treating			332					380	0
Completion Unit			333					381	0
Swabbing Unit			334					382	0
Rentals-Surface	235	128,250	335		359			383	128,250
Rentals-Subsurface	236	114,000	336					384	114,000
Trucking/Forklift/Rig Mobilization	237	200,000	337	10,000	360			385	210,000
Welding Services	238	6,000	338					386	6,000
Water Disposal	239		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
Ceil Tubing			346	206,000				392	206,000
Flowback Crews & Equip			347	10,000				391	18,000
Offset Directional/Frac	248		348						28,000
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
Rods							508		0
Pumps-Sub Surface (BH)			509				532		0
Tanks					510	44,361			44,361
Flowlines					511	80,866			80,866
Heater Treater/Separator					512	164,000			164,000
Electrical System					513	39,018	533	10,000	49,018
Packers/Anchors/Hangers	414		514	80,000			534		80,000
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	529	15,000	31,722
Miscellaneous	419		519		523				0
Contingency	420		520		524				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		716,000	160,000	582,952	94,000				1,552,952
TOTAL WELL COSTS		3,241,910	2,956,500	684,295	134,000				7,016,705
COG Operating LLC			46%	42%	10%	2%			

COG Operating LLC

Date Prepared 7/22/21

COG Operating LLC

We approve: _____
 % Working Interest

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:	Bulldog 2534 (717039)
SHL:	Sec 12: 2625 FSL & 1335 FWL	STATE & COUNTY:	New Mexico, Lea
BHL:	Sec 1: 50 FNL & 1640 FWL	OBJECTIVE:	Drill and Complete
FORMATION:	Bone Spring	DEPTH:	20,600
LEGAL:	Sec 12: 25S 34E	TVD:	12,650

INTANGIBLE COSTS	Drilg - Rig Release(D)	Completion(C)	Tank Btty Constctn(TB)	Pmpg Equipment(PEQ)	TOTAL
Title/Curative/Permit	201	20,000			20,000
Insurance	202	2,500	302		2,500
Damages/Right of Way	203	20,900	303		20,900
Survey/Stake Location	204	7,000	304	80,000	87,000
Location/Pits/Road Expense	205	165,000	305	5,000	170,000
Drilling / Completion Overhead	206	5,700	306		5,700
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	146,000
Water	212	40,000	312	273,000	313,000
Bits	213	85,000	313		85,000
Mud & Chemicals	214	184,750	314		184,750
Drill Stem Test	215		315	225,000	225,000
Coring & Analysis	216				0
Cement Surface	217	20,900			20,900
Cement Intermediate	218	79,860			79,860
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		0
Contract Labor	225	6,500	325	2,000	8,500
Company Supervision	226	34,200	326	15,000	49,200
Contract Supervision	227	78,000	327	91,000	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	10,000	331	179,000	189,000
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/Forklift/Rig Mobilization	237	200,000	337	10,000	210,000
Welding Services	238	6,000	338		6,000
Water Disposal	239		339	20,000	20,000
Plug to Abandon	240		340		0
Seismic Analysis	241		341		0
Miscellaneous	242		342	3,000	3,000
Contingency	243	65,000	343	57,000	122,000
Closed Loop & Environmental	244	194,750	344		194,750
Fuel - Diesel	245		345	258,000	258,000
Coil Tubing			346	205,000	205,000
Flowback Crews & Equip			347	10,000	10,000
Offset Directional/Frac	248		348		0
TOTAL INTANGIBLES		2,925,910	2,796,500	101,343	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	52,000
Wellhead Equipment	405	70,000	505	28,000	98,000
Pumping Unit				506	0
Prime Mover				507	0
Reels				508	0
Pumps-Sub Surface (BH)			509		0
Tanks				510	44,361
Flowlines				511	80,868
Heater Treater/Separator				512	184,000
Electrical System				513	39,018
Packers/Anchors/Managers	414		514	60,600	60,600
Couplings/Fittings/Valves	415			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	418		519		0
Contingency	420		520		0
Meters/LACT				525	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		3,241,910	2,956,500	684,295	7,016,705

COG Operating LLC % of Total Well Cost

46% 42% 10% 2%

Date Prepared 7/22/21

COG Operating LLC

We approve % Working Interest

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 FE COM 702H	PROSPECT NAME:	Buldog 2534 (717039)
SHL:	Sec 12: 2365 FSL & 1500 FEL	STATE & COUNTY:	New Mexico, Lea
BHL:	Sec 1: 50 FNL & 1640 FEL	OBJECTIVE:	Drill and Complete
FORMATION:	Wolfcamp	DEPTH:	20,850
LEGAL:	Sec 12: 25S 34E	TVD:	12,915

	Drilg - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpq Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Title/Curative/Permit	201 20,000				20,000
Insurance	202 2,500	302			2,500
Damages/Right of Way	203 20,900	303	351 963		20,963
Survey/State Location	204 7,000	304 60,000	352		67,000
Location/Plat/Road Expense	205 165,000	305 5,000	353 23,779	366 4,000	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	211 120,000	311 26,000	354	367	146,000
Water	212 40,000	312 273,000		368	313,000
Bbs	213 65,000	313		369	65,000
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 20,900				20,900
Cement Intermediate	218 79,660				79,660
Cement 2nd Intermediate/Production	219 82,500				82,500
Cement Squeeze & Other (Kickoff Plug)	220			371	0
Float Equipment & Centralizers	221 50,000				50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323		372	0
Geologic/Engineering	224	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 2,888	375	52,088
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 34,000	329 48,000			82,000
Logging	230			378	0
Perforating/Wireline Services	231 10,000	331 179,000		379	189,000
Stimulation/Treating		332		380	0
Completion Unit		333		381	0
Swabbing Unit		334		382	0
Rentals-Surface	235 128,250	335	359	383	128,250
Rentals-Subsurface	236 114,000	336		384	114,000
Trucking/Forklift/Rig Mobilization	237 200,000	337 10,000	360	385	210,000
Welding Services	238 8,000	338	361	386	6,000
Water Disposal	239	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
Coil Tubing		346 206,000		392	206,000
Flowback Crews & Equip		347 10,000		391	18,000
Offset Directional/Frac	248	348			0
TOTAL INTANGIBLES	2,525,910	2,796,500	101,343	40,000	5,483,753
TANGIBLE COSTS					
Surface Casing	401 32,000				32,000
Intermediate Casing	402 260,000				260,000
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
Rods				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510 44,361		44,361
Flowlines			511 80,666		80,666
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 16,722	529 15,000	31,722
Miscellaneous	419 519		523	535	0
Contingency	420 520		524	536	0
Meters/LACT			525 75,514		75,514
Flares/Combusters/Emission			526		0
Gas Lift/Compression		527 20,000		528	37,000
TOTAL TANGIBLES	718,000	160,000	582,952	84,000	1,552,952
TOTAL WELL COSTS	3,243,910	2,956,500	684,295	134,000	7,016,705

COG Operating LLC % of Total Well Cost

46% 42% 10% 2%

Date Prepared: 7/22/21

COG Operating LLC

We approve _____
 % Working Interest

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 FE 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: 20,850
LEGAL: Sec 12: 25S 34E	TVD: 12,915

	Drig - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmng Equipment(PEQ)	TOTAL
INTANGIBLE COSTS					
Title/Curative/Permit	201 20,000				20,000
Insurance	202 2,500	302			2,500
Damages/Right of Way	203 20,000	303	351	963	20,963
Survey/State Location	204 7,000	304	80,000	352	87,000
Location/Plat/Road Expense	205 165,000	305	5,000	353 23,779	187,779
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	309	193,000		614,000
Directional Drilling Services	210	310	294,000		542,000
Fuel & Power	211 120,000	311	26,000	354	146,000
Water	212 40,000	312	273,000	367	313,000
Bits	213 85,000	313		368	85,000
Mud & Chemicals	214 194,750	314		369	194,750
Drill Stem Test	215	315	225,000	370	225,000
Coring & Analysis	216				0
Cement Surface	217 20,000				20,000
Cement Intermediate	218 79,860				79,860
Cement 2nd Intermediate/Production	219 62,500				62,500
Cement Squeeze & Other (Kickoff Plug)	220			371	0
Float Equipment & Centralizers	221 50,000				50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223	323		372	0
Geologic/Engineering	224	324	355	373	0
Contract Labor	225 6,500	325	2,000	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			378	0
Perforating/Wireline Services	231 10,000	331	179,000	379	189,000
Simulation/Treating		332		380	0
Completion Unit		333		381	0
Swabbing Unit		334		382	0
Rentals-Surface	235 128,250	335	359	383	128,250
Rentals-Subsurface	236 114,000	336		384	114,000
Trucking/Forklift/Rig Mobilization	237 200,000	337	10,000	360	210,000
Welding Services	238 6,000	338		381	6,000
Water Disposal	239	339	20,000	362	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	122,000
Closed Loop & Environmental	244 194,750	344	364	388	194,750
Fuel - Diesel	245	345	258,000		258,000
Coil Tubing		346	208,000	392	208,000
Flowback Crews & Equip		347	10,000	391	18,000
Offset Directional/Frac	246	348			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
Rods				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510 44,361		44,361
Flowlines			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		515 117,776		117,776
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	529 15,000	31,722
Miscellaneous	419	519	523	535	0
Contingency	420	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	160,000	582,952	94,000	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%
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Date Prepared: 7/22/21

COG Operating LLC

We approve _____
 % Working Interest

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 FE 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

INTANGIBLE COSTS	Drilg - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL		
Title/Curative/Permit	201 20,000				20,000		
Insurance	202 2,500	302			2,500		
Damages/Right of Way	203 20,000	303	351		20,953		
Survey/Stake Location	204 7,000	304	80,000	953	87,000		
Location/Pits/Road Expense	205 165,000	305	5,000	352	197,779		
Drilling / Completion Overhead	206 5,700	306	12,500		16,200		
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	211 120,000	311	28,000	354	148,000		
Water	212 40,000	312	273,000		313,000		
Bits	213 85,000	313		367	85,000		
Mud & Chemicals	214 194,750	314		369	194,750		
Drill Stem Test	215	315	225,000	370	225,000		
Coring & Analysis	216				0		
Cement Surface	217 20,900				20,900		
Cement Intermediate	218 79,860				79,860		
Cement 2nd Intermediate/Production	219 62,500				62,500		
Cement Squeeze & Other (Kickoff Plug)	220			371	0		
Float Equipment & Centralizers	221 50,000				50,000		
Casing Crews & Equipment	222 55,000				55,000		
Fishing Tools & Service	223	323		372	0		
Geologic/Engineering	224	324	355	373	0		
Contract Labor	225 6,500	325	2,000	356	73,713	18,000	100,213
Company Supervision	226 34,200	326	15,000	357	2,888	375	52,088
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 34,000	329	48,000				82,000
Logging	230					378	0
Perforating/Wireline Services	231 10,000	331	179,000			379	189,000
Simulation/Treating		332				380	0
Completion Unit		333				381	0
Swabbing Unit		334				382	0
Rentals-Surface	235 128,250	335	359			383	128,250
Rentals-Subsurface	236 114,000	336				384	114,000
Trucking/Forklift/Rig Mobilization	237 200,000	337	10,000	360		385	210,000
Welding Services	238 6,000	338		361		386	6,000
Water Disposal	239	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
Coil Tubing		346	208,000			392	208,000
Flowback Crews & Equip		347	10,000			391	10,000
Offset Directional/Frac	248	348					0
TOTAL INTANGIBLES	2,525,910	2,796,500	101,343	40,000	5,463,753		

TANGIBLE COSTS	Drilg - Rig Release(D)	Completion(C)	Tank Btty Constrctn(TB)	Pmpg Equipment(PEQ)	TOTAL
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	130,000
Pumping Unit				506	0
Prime Mover				507	0
Rods				508	0
Pumps-Sub Surface (BH)		509		532	0
Tanks			510 44,361		44,361
Flowlines			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 16,722	529 15,000	31,722
Miscellaneous	419 519	523		535	0
Contingency	420 520	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	716,000	160,000	582,952	94,000	1,552,952
TOTAL WELL COSTS	3,241,910	2,956,500	684,295	134,000	7,016,705

COG Operating LLC % of Total Well Cost 46% 42% 19% 2%

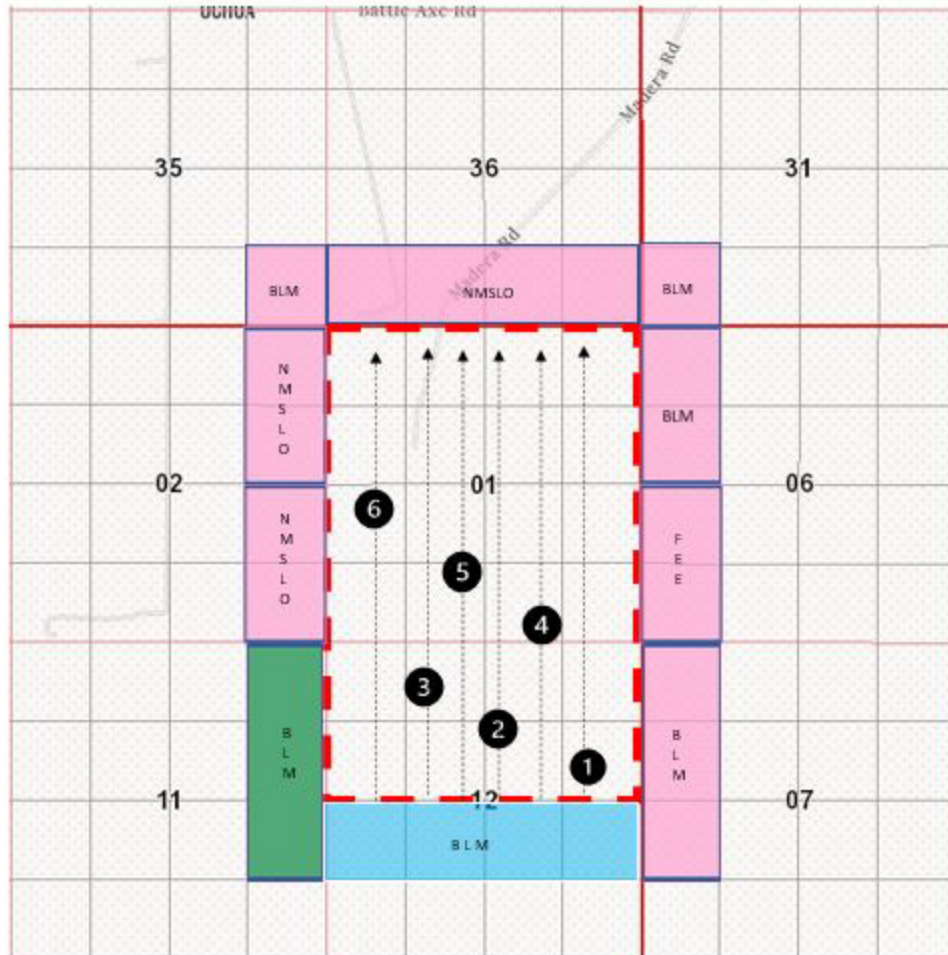
Date Prepared 7/22/21
 COG Operating LLC
 AW-JV-PS-RM

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

Date	Company	Content
7/30/2021	Chief Capital	JOA discussions
8/4/2021	Chief Capital	JOA discussions
8/19/2021	Oxy Y-1	JOA discussions
8/19/2021	Chief Capital	JOA discussions
8/19/2021	Terry Holt	Lease discussions
8/20/2021	Chief Capital	JOA discussions
8/21/2021	Terry Holt	Lease discussions
8/23/2021	Oxy Y-1	JOA discussions
8/23/2021	Oxy Y-1	JOA discussions
8/25/2021	Chief Capital	JOA discussions
8/25/2021	Yates Industries	Assignment/Farmout negotiations
8/31/2021	Matador	JOA discussions
9/7/2021	Matador	JOA discussions
9/8/2021	Chief Capital	JOA discussions
9/9/2021	Matador	JOA discussions
9/15/2021	Matador	JOA discussions
9/17/2021	Matador	JOA discussions
9/23/2021	Yates Industries	Assignment/Farmout negotiations
10/7/2021	Chief Capital	JOA discussions
10/8/2021	Chief Capital	JOA discussions
10/11/2021	Yates Industries	Assignment/Farmout negotiations
11/1/2021	Matador	JOA discussions
12/1/2021	Terry Holt	Lease discussions
12/3/2021	Terry Holt	Lease discussions
12/16/2021	Terry Holt	Lease discussions
1/19/2022	Chief Capital	JOA discussions
2/1/2022	Chief Capital	JOA discussions
5/3/2022	Oxy Y-1	Hearing discussions
5/4/2022	Oxy Y-1	Hearing discussions
5/10/2022	Marathon	Hearing discussions
5/11/2022	Oxy Y-1	Hearing discussions
5/12/2022	Oxy Y-1	Hearing discussions
5/17/2022	Matador	Hearing discussions
5/17/2022	Terry Holt	Lease discussions
5/18/2022	Matador	Hearing discussions
5/19/2022	Marathon	JOA/Hearing discussions
5/19/2022	Matador	Hearing discussions
5/20/2022	Chief Capital	Hearing discussions
5/20/2022	Oxy Y-1	Hearing discussions
5/26/2022	Marathon	JOA discussions
5/26/2022	Marathon	JOA discussions
5/26/2022	Oxy Y-1	Hearing discussions
5/26/2022	Matador	Hearing discussions

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

COG Operating LLC
Case No. 22847
Exhibit A-6

OFFSET PARTIES

Royalty Owners

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

Working Interest Owners

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

*Executed a Notice of Waiver.



April 27, 2022

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

Re: Waiver of Notice for Green Eyeshade Unit Non-Standard Spacing Application
 Sec 1: Lot 1-4, S2N2, S2 (ALL) - T25S-R34E
 Sec 12: N2 - T25S-R35E
 Lea County, New Mexico
 960.16 acres

Matt:

COG Operating LLC ("COG"), as Operator, respectfully requests your waiver of notice and protest for our Green Eyeshade Fed Com non-standard horizontal spacing unit ("Green Eyeshade").

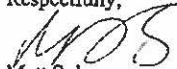
The Green Eyeshade is located in Lea County, New Mexico as captioned above. COG is obtaining approval of the non-standard spacing unit with the New Mexico Oil and Gas Division ("NMOCD"). The NMOCD advises that a non-standard unit designation is appropriate, rather than a standard designation, because COG will develop the spacing unit utilizing three proximity wells.

The horizontal well rules require a well to be set back from the outer boundary of the spacing unit by at least 330' to protect correlative rights from draining offset acreage. Here, the closest well to the outer boundary unit line is the Green Eyeshade Fed Com 704H well which will be 1,000' from the unit line; that is more than three times the required distance. I have enclosed the plats for all six wells, so you can verify that none of the six wells threaten to drain your interest in Section 11.

Given that our Green Eyeshade spacing unit presents no drainage threat, we ask that you sign in the space indicated below and return this letter to the undersigned whether through the mail or electronic mail. As time is of the essence in drilling and completion of these wells, we appreciate your quick response.

If you have any questions, please contact the undersigned at (432) 685-2515 or matt.solomon@conocophillips.com. I look forward to hearing from you.

Respectfully,


 Matt Solomon
 Staff Land Negotiator

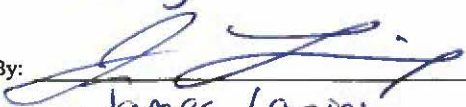
COG Operating LLC is a wholly owned subsidiary of ConocoPhillips

COG Operating LLC
 Case No. 22847
 Exhibit A-7

WAIVER OF PROTEST

The undersigned hereby waives its right to notice and protest under NMAC 19.15.15.11 B(3)-(4) in connection with COG Operating LLC's application to form the Green Eyeshade Fed Com non-standard spacing snit.

AGREED AND ACCEPTED:

Company: Oxy #1 Company
By:  ML
Name: James Laning
Title: Attorney-in-fact
Date: 5-10-2022

Please return to:

Matt Solomon
ConocoPhillips
600 W. Illinois Ave
Midland, TX 79701

Or

Matt.Solomon@conocophillips.com



April 27, 2022

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

Re: Waiver of Notice for Green Eyeshade Unit Non-Standard Spacing Application
 Sec 1: Lot 1-4, S2N2, S2 (ALL) - T25S-R34E
 Sec 12: N2 - T25S-R35E
 Lea County, New Mexico
 960.16 acres

Kevin:

COG Operating LLC ("COG"), as Operator, respectfully requests your waiver of notice and protest for our Green Eyeshade Fed Com non-standard horizontal spacing unit ("Green Eyeshade").

The Green Eyeshade is located in Lea County, New Mexico as captioned above. COG is obtaining approval of the non-standard spacing unit with the New Mexico Oil and Gas Division ("NMOCD"). The NMOCD advises that a non-standard unit designation is appropriate, rather than a standard designation, because COG will develop the spacing unit utilizing three proximity wells.

The horizontal well rules require a well to be set back from the outer boundary of the spacing unit by at least 330' to protect correlative rights from draining offset acreage. Here, the closest well to the outer boundary unit line is the Green Eyeshade Fed Com 704H well which will be 1,000' from the unit line; that is more than three times the required distance. I have enclosed the plats for all six wells, so you can verify that none of the six wells threaten to drain your interest in Section 11.

Given that our Green Eyeshade spacing unit presents no drainage threat, we ask that you sign in the space indicated below and return this letter to the undersigned whether through the mail or electronic mail. As time is of the essence in drilling and completion of these wells, we appreciate your quick response.

If you have any questions, please contact the undersigned at (432) 685-2515 or matt.solomon@conocophillips.com. I look forward to hearing from you.

Respectfully,


 Matt Solomon
 Staff Land Negotiator

COG Operating LLC is a wholly owned subsidiary of ConocoPhillips

WAIVER OF PROTEST

The undersigned hereby waives its right to notice and protest under NMAC 19.15.15.11 B(3)-(4) in connection with COG Operating LLC's application to form the Green Eyeshade Fed Com non-standard spacing snit.

AGREED AND ACCEPTED:

Company: _____

By: LR Gutierrez _____

Name: IRVIN R. GUTIERREZ _____

Title: ATTORNEY - IN - FACT _____

Date: 5/10/2022 _____

Please return to:

Matt Solomon
ConocoPhillips
600 W. Illinois Ave
Midland, TX 79701

Or

Matt.Solomon@conocophillips.com



April 27, 2022

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

Re: Waiver of Notice for Green Eyeshade Unit Non-Standard Spacing Application
Sec 1: Lot 1-4, S2N2, S2 (ALL) - T25S-R34E
Sec 12: N2 - T25S-R35E
Lea County, New Mexico
960.16 acres

Jeff:

COG Operating LLC ("COG"), as Operator, respectfully requests your waiver of notice and protest for our Green Eyeshade Fed Com non-standard horizontal spacing unit ("Green Eyeshade").

The Green Eyeshade is located in Lea County, New Mexico as captioned above. COG is obtaining approval of the non-standard spacing unit with the New Mexico Oil and Gas Division ("NMOCD"). The NMOCD advises that a non-standard unit designation is appropriate, rather than a standard designation, because COG will develop the spacing unit utilizing three proximity wells.

The horizontal well rules require a well to be set back from the outer boundary of the spacing unit by at least 330' to protect correlative rights from draining offset acreage. Here, the closest well to the outer boundary unit line is the Green Eyeshade Fed Com 704H well which will be 1,000' from the unit line; that is more than three times the required distance. I have enclosed the plats for all six wells, so you can verify that none of the six wells threaten to drain your interest in Section 11.

Given that our Green Eyeshade spacing unit presents no drainage threat, we ask that you sign in the space indicated below and return this letter to the undersigned whether through the mail or electronic mail. As time is of the essence in drilling and completion of these wells, we appreciate your quick response.

If you have any questions, please contact the undersigned at (432) 685-2515 or matt.solomon@conocophillips.com. I look forward to hearing from you.

Respectfully,

Matt Solomon
Staff Land Negotiator

WAIVER OF PROTEST

The undersigned hereby waives its right to notice and protest under NMAC 19.15.15.11 B(3)-(4) in connection with COG Operating LLC's application to form the Green Eyeshade Fed Com non-standard spacing snit.

Should COG ever drill wells in the Green Eyeshade Unit that are closer than 330' to the western or eastern unit boundaries, COG will be required to comply with the NSL permitting process required by the NMOCD, which includes notice to offset parties.

AGREED AND ACCEPTED:

Company: Marathon Oil Permian LLC

By: 

Name: STEPHEN J. TIMMESOW

Title: ATTORNEY IN FACT

Date: MAY 10, 2022

Please return to:

Matt Solomon
ConocoPhillips
600 W. Illinois Ave
Midland, TX 79701

Or

Matt.Solomon@conocophillips.com

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 22847

**SELF-AFFIRMED STATEMENT
OF DESERAE JENNINGS**

1. I am a Senior 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.

2. I have not previously testified before the New Mexico Oil Conservation Commission. I hold a Master of Science degree in Geology and have 7 years of experience working as a Senior Geologist for ConocoPhillips (3.5 years) and the Kansas Geological Survey Petroleum Research Group (3.5 years).

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

4. **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.

5. **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.

6. **Exhibit B-3** is a cross section map that 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.

7. **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.

8. 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.

9. 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.

10. 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.

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

12. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 11 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.

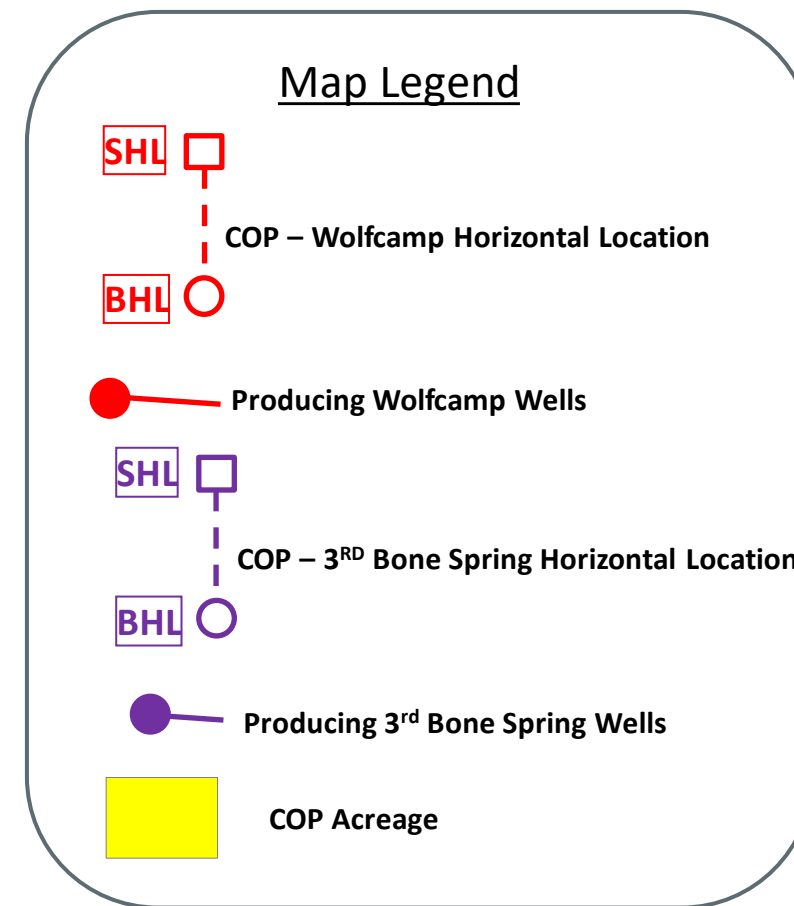
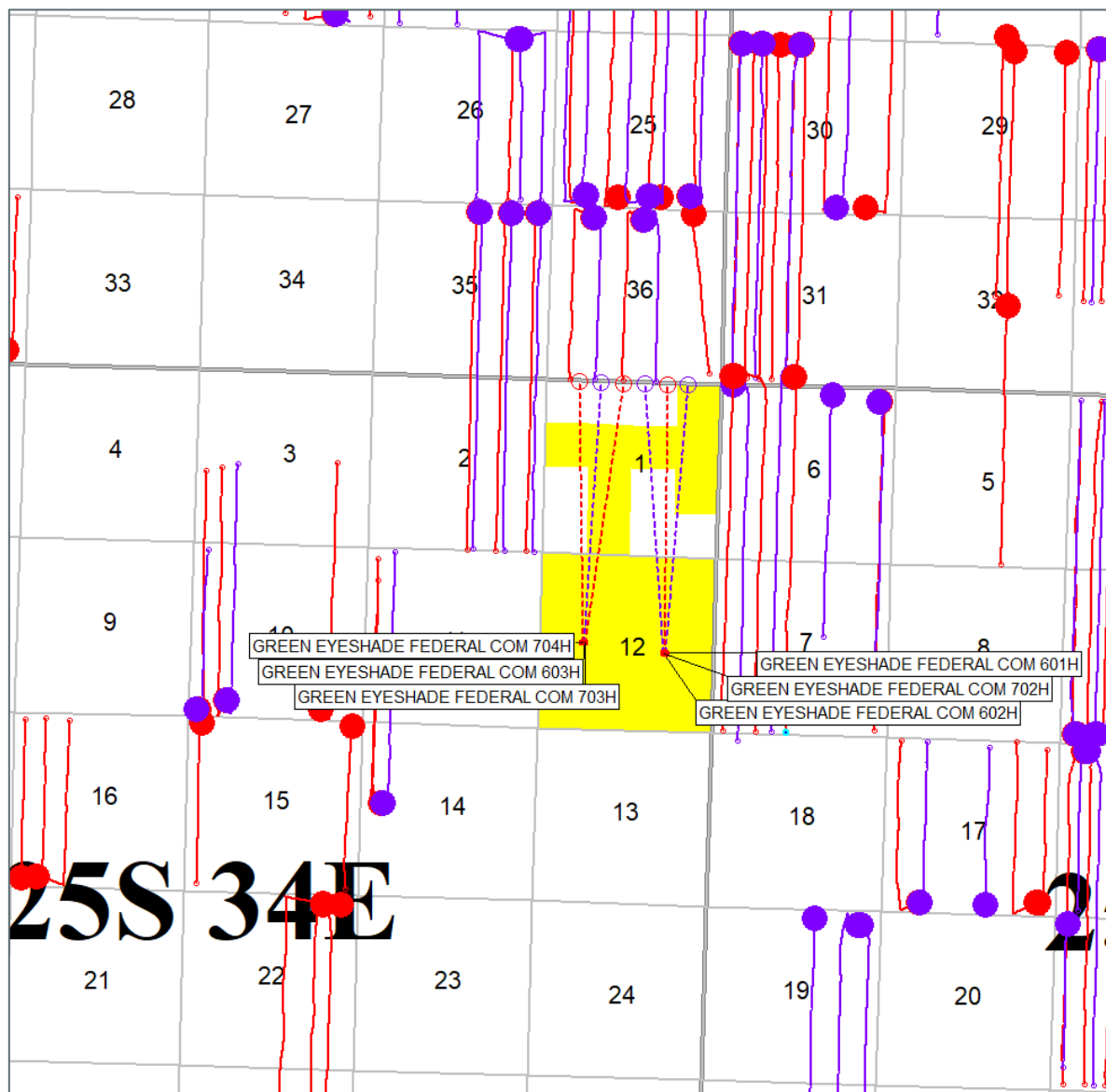


Deserae Jennings

5/28/22

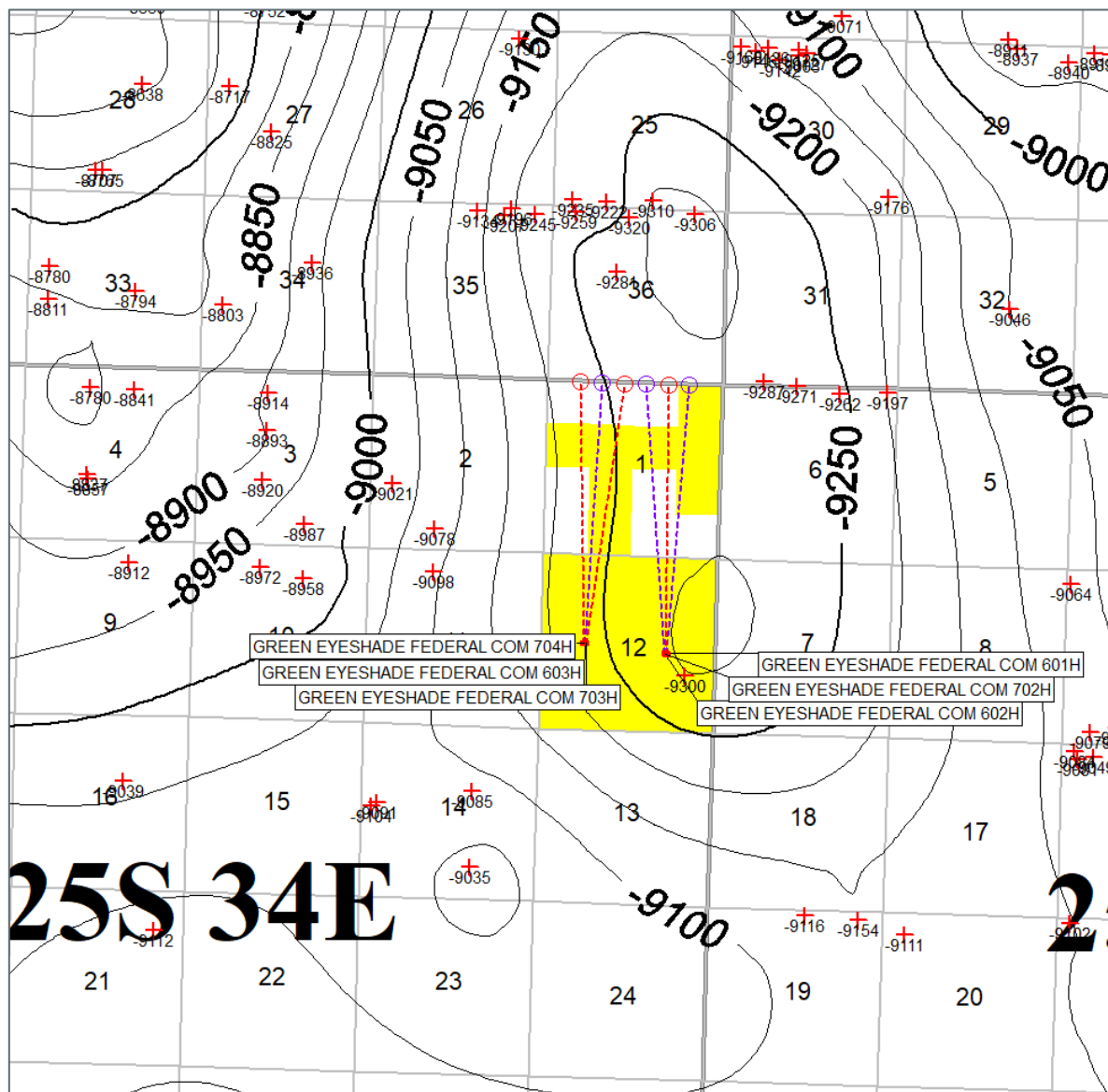
Date

Green Eyeshade Federal Com












COG Operating LLC
 Case No. 22847
 Exhibit B-1

Top of Wolfcamp Structure Map

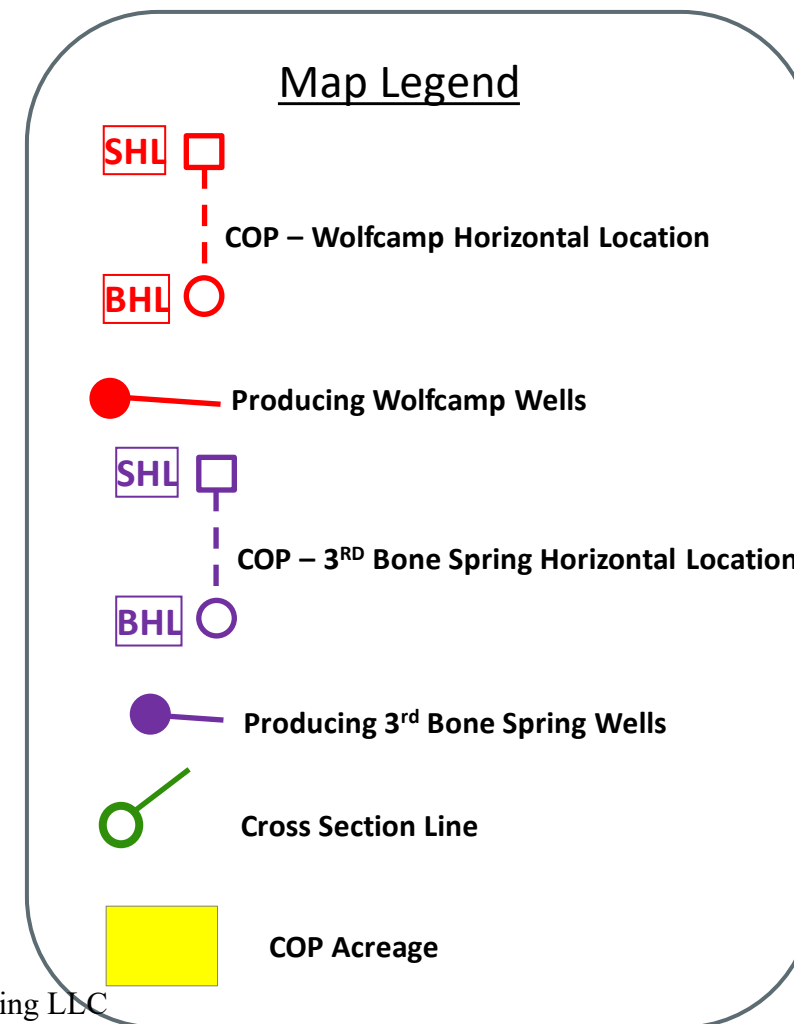
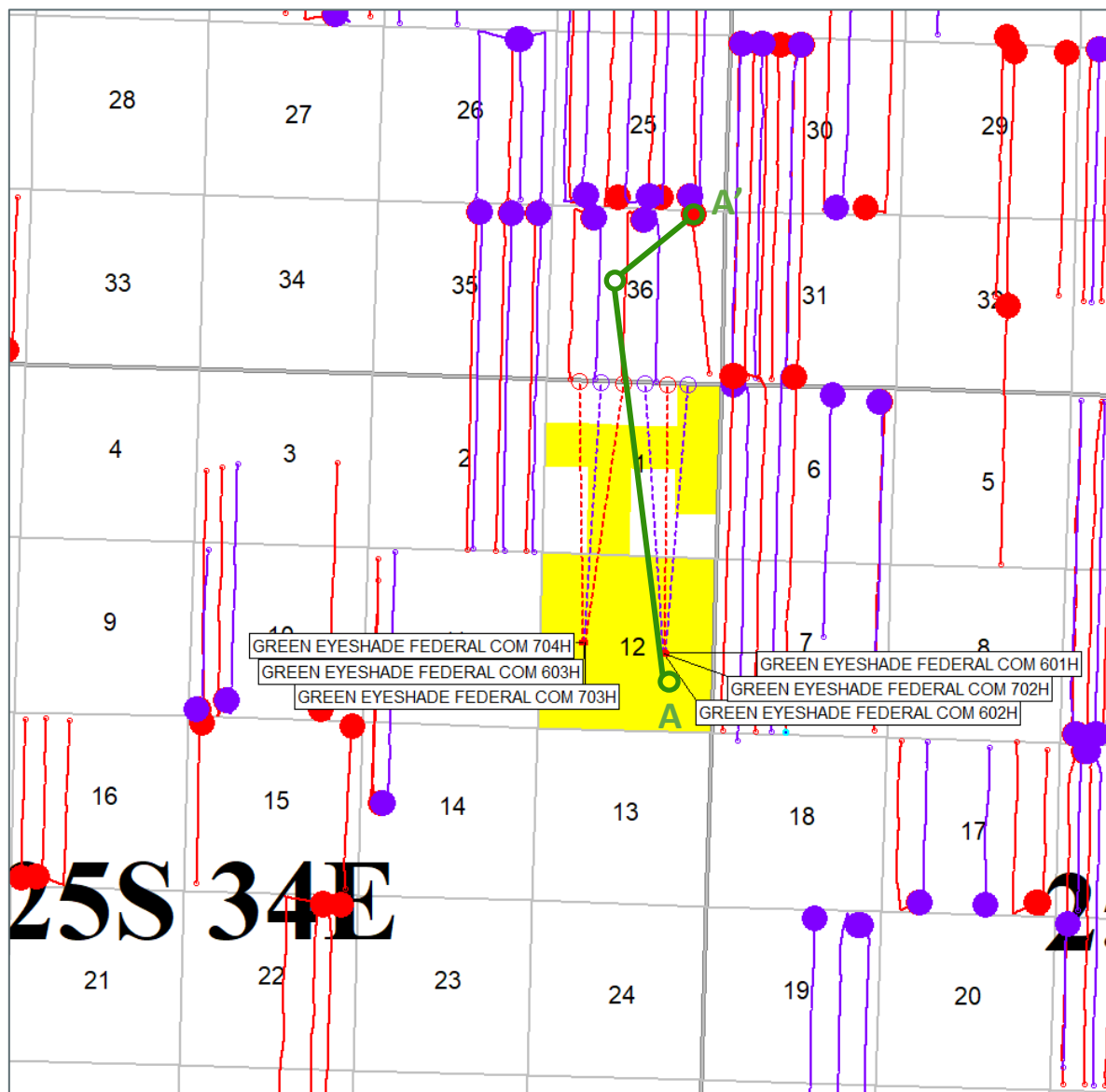


Map Legend

-  COP – Wolfcamp Horizontal Location
-  COP – 3RD Bone Spring Horizontal Location
-  Producing Wolfcamp Wells
-  COP – 3RD Bone Spring Horizontal Location
-  COP – 3RD Bone Spring Horizontal Location
-  Producing 3RD Bone Spring Wells
-  Data point
-  WFMP Structure
CI: 50'
-  COG Acreage

COG Operating LLC
Case No. 22847
Exhibit B-2

Cross Section Map

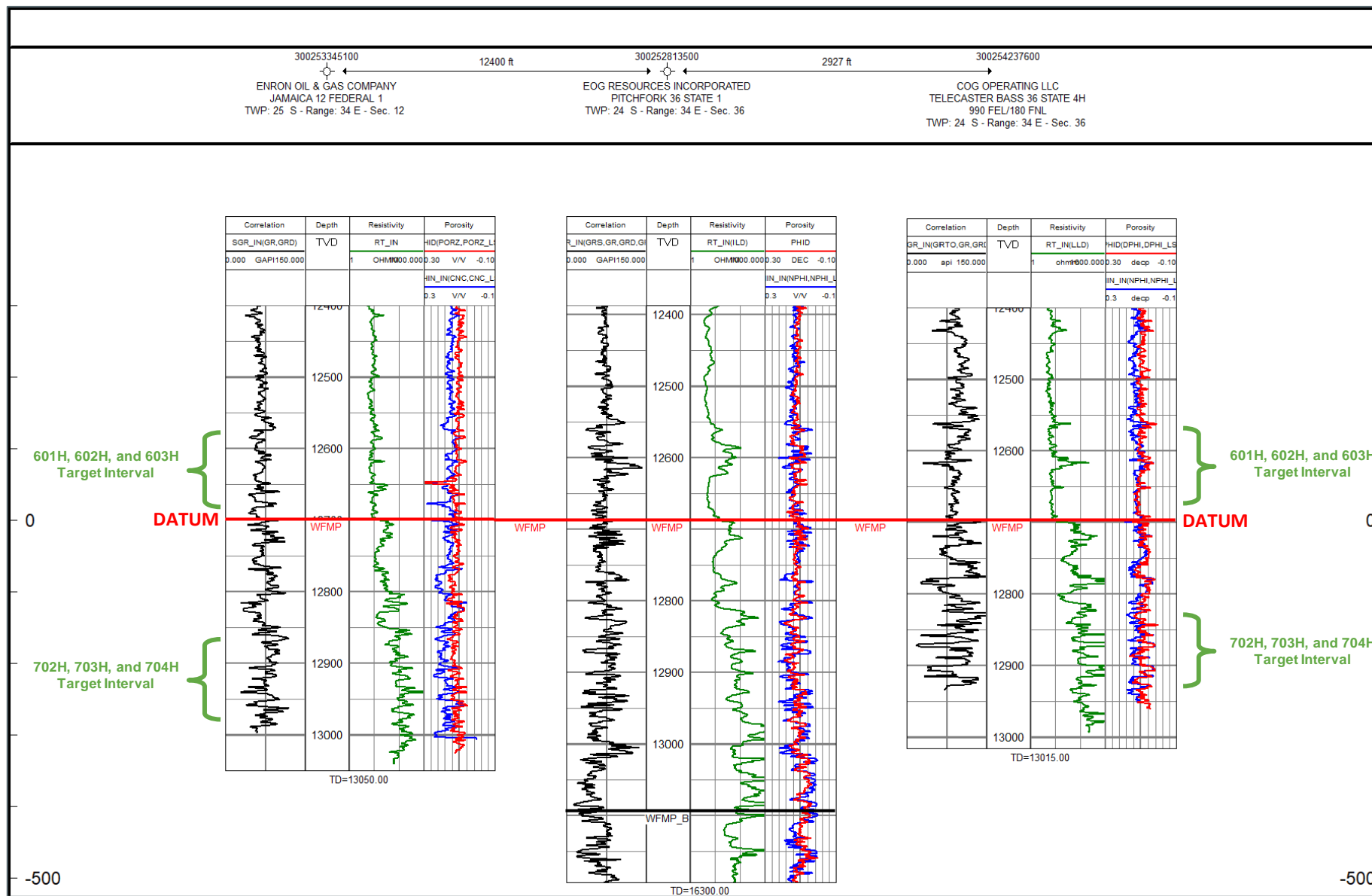


COG Operating LLC
 Case No. 22847
 Exhibit B-3

Stratigraphic Cross Section A-A'

A

A'



COG Operating LLC
Case No. 22847
Exhibit B-4

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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO

CASE NO. 22847

**SELF-AFFIRMED STATEMENT
OF MARK WOODWARD**

1. I am a Senior Reservoir Engineer 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.

2. I have not previously testified before the New Mexico Oil Conservation Division. I hold a Bachelor of Science degree in Chemical Engineering from Brigham Young University, and I have ten years of experience working as a reservoir engineer for ConocoPhillips.

3. I am familiar with the reservoir engineering matters that pertain to the above-referenced case.

4. **Exhibit C-1** is a map that depicts the surface facilities and emissions points that would be required for: (1) COG’s proposed non-standard spacing unit; and (2) two separate, standard spacing units. As shown on the exhibit, COG’s proposed non-standard spacing unit will reduce surface use impacts by 21% and will reduce emissions points by 50% in comparison to a scenario that involves two separate, standard spacing units. As a result, COG’s proposed non-standard spacing unit prevents surface and environmental waste.

5. **Exhibit C-2** is a Project Gun Barrel that compares COG’s proposed well spacing with the well spacing that would be required if COG were to develop its acreage using standard

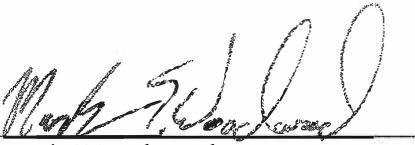
COG Operating LLC
Case No. 22847
Exhibit C

spacing units and well locations. COG's proposed non-standard spacing unit, and the well locations within the unit, will allow COG to optimally produce the reserves underlying the unit.

6. In my opinion, COG's proposed non-standard spacing unit is necessary to prevent waste and protect correlative rights.

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

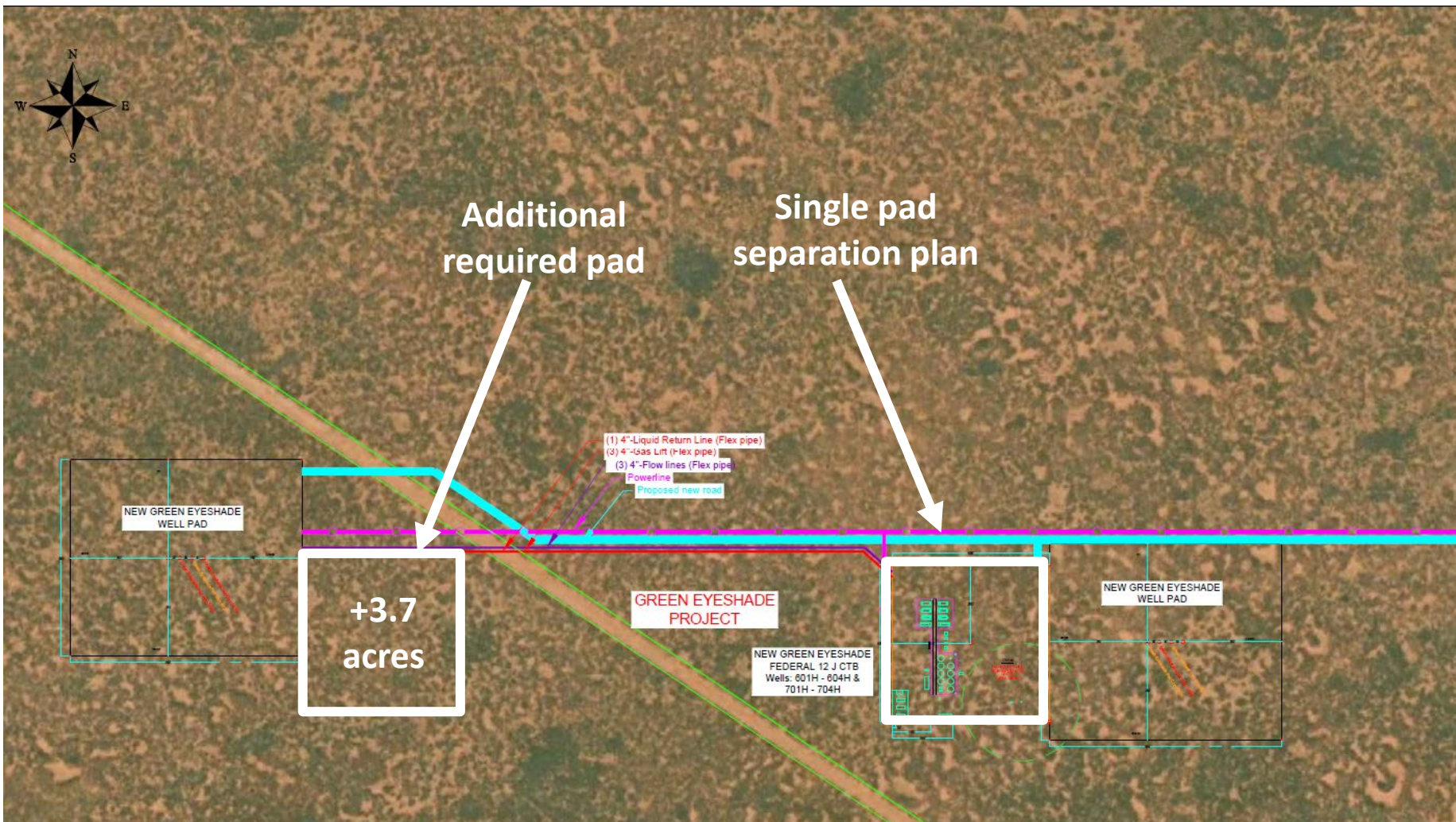
8. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 7 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.


Mark Woodward


Date

Surface Use/Emissions

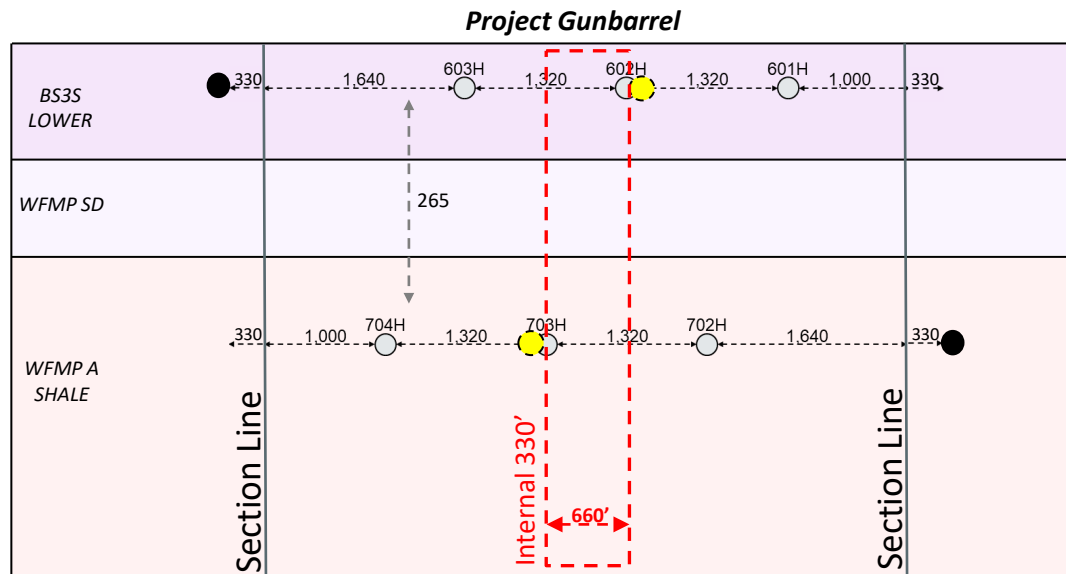
- Proposed plan surface use: 17.4
- Additional Pad
 - +3.7 acres (21.1 acres)
 - +21% surface use increase
- Doubles number of GHG emissions points
 - Pneumatic devices
 - +8 Tanks
 - Combustion sources
 - +2 Heater treaters
 - +1 Flare



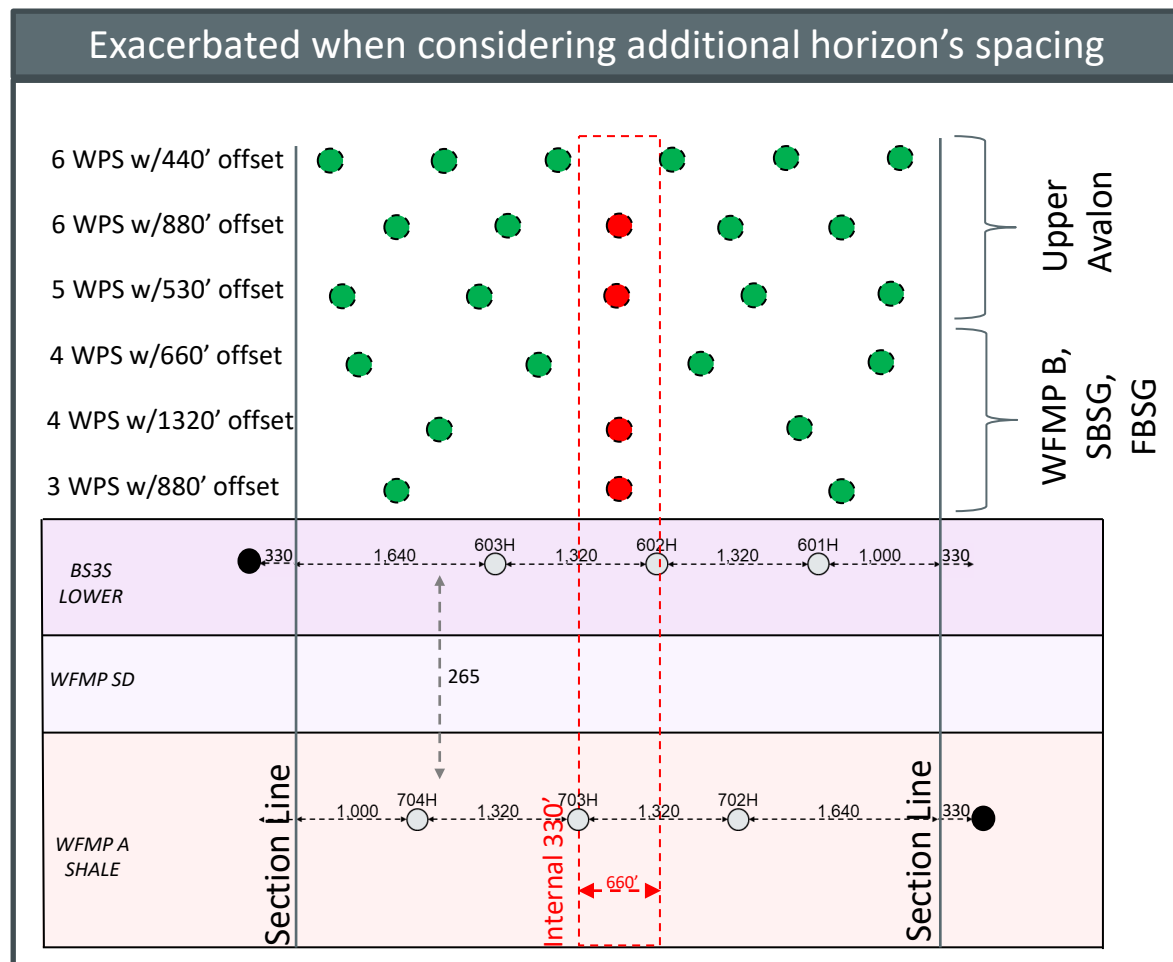
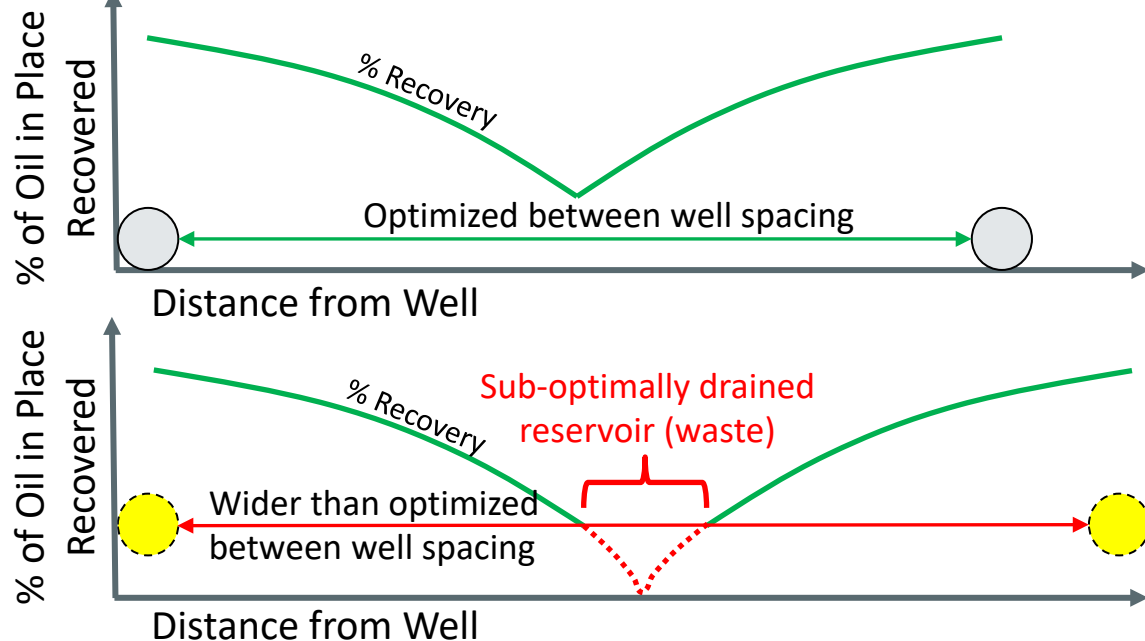
COG Operating LLC
 Case No. 22847
 Exhibit C-1

Project Gun Barrel

COG Operating LLC
Case No. 22847
Exhibit C-2



- Proposed optimal spacing
- Internal 330' box forced spacing



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

APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,
LEA COUNTY, NEW MEXICO

CASE NO. 22847

SELF-AFFIRMED STATEMENT OF
DANA S. HARDY

1. I am attorney in fact and authorized representative of COG Operating LLC, the Applicant herein.

2. I am familiar with the Notice Letter attached as **Exhibit D-1**.

3. The above-referenced Application was provided, along with the Notice Letter, to the recipients listed in **Exhibit D-2**. Exhibit D-2 also provides the date each Notice Letter was sent and the date each return was received and includes copies of the certified mail green cards and white slips.

4. On May 20, 2022, I caused a notice to be published to all interested parties in the Hobbs News-Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs New-Sun, along with a copy of the notice publication, is attached as **Exhibit D-3**.

/s/ Dana S. Hardy
Dana S. Hardy

May 27, 2022
Date

COG Operating LLC
Case No. 22847
Exhibit D



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

May 12, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22847 – Application of COG Operating LLC for Compulsory Pooling and Approval of a Non-Standard Spacing Unit, Lea County, New Mexico

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **June 2, 2022** 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 432-685-4532 if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

COG Operating LLC
Case No. 22847
Exhibit D-1

Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-622-6510

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
(FAX) 505-858-8321

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Page Stephanie Baird 736 Mulberry Lane Desoto, TX 75115	05/12/22	05/20/22 (Note on Return: New Address: 709 McCoy Dr. Irving, TX 75062-4421)
Willie Margaret Baird Estate 305 E. 15th Street Littlefield, TX 79339	05/12/22	Per USPS Tracking – Delivery Attempted Notice Left
Jerry D Billington, PR of the Estate opf Jamie Ann Billington 4433 S. Lipscomb Street Amarillo, TX 79110	05/12/22	Per USPS Tracking – Delivery Attempted
Jerry Wayne Billington P.O. Box 1994 Amarillo, TX 79105	05/12/22	05/24/22 Return to Sender – Unable to Forward
Bureau of Land Management 301 Dinosaur Trail Santa Fe, NM 87508	05/20/22	Per USPS Tracking – Awaiting Delivery Scan
Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220	05/20/22	05/26/22
Lisa Beth Hogan Campbell 6887 Valley Brook Drive Frisco, TX 75035	05/12/22	05/20/22
Bo Cappadonna 11206 Hunters Break #6 Helotes, TX 78023	05/12/22	05/25/22
Carol Cappadonna P.O. Box 56 La Ward, TX 77970	05/12/22	05/20/22

COG Operating LLC
Case No. 22847
Exhibit D-2

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

Cathy Cappadonna 35 County Road 2531 Ganado, TX 77962	05/12/22	05/25/22
Jerry Nick Cappadonna P.O. Box 56 La Ward, TX 77970	05/12/22	05/18/22
Mark Cappadonna 26 Shearwater Irvine, CA 92604	05/12/22	05/25/22
Mitchell Cappadonna 522 Hancock Ave Corpus Christi, TX 78404	05/12/22	05/24/22 Return to Sender. Unable to Forward.
Chief Capital (O&G) II LLC 8111 Westchester Drive, Ste 900 Dallas, TX 75225	05/12/22	05/20/22
Allen Clay Davis P.O. Box 962 Ardmore, OK 73402	05/12/22	05/25/22
James M. Davis P.O. Box 4251 Midland, TX 75692	05/12/22	Per USPS Tracking – Delivered, Individual Picked Up at Post Office 5/25/22
James M. Davis, Independent Executor of the Estate of James Hall Medlin 705 West 11th Street Austin, TX 78701	05/12/22	05/24/22 Return to Sender. Unable to Forward.
EOG Resources 5509 Champions Dr Midland, TX 79706	05/12/22	05/25/22

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

Karen Freck 7931 Presidio Boerne, TX 78015	05/12/22	05/24/22 Return to Sender. Insufficient address.
Michael Freck P.O Box 5121 Sam Rayburn, TX 75951	05/12/22	05/20/22
Robert Freck 6020 Manila El Paso, TX 79924	05/12/22	Per USPS Tracking – Delivery Attempted, Notice Left
Shawn Freck 816 E. Centre Avenue Buckeye, AZ 85326	05/12/22	05/20/22
GGM Exploration, Inc. P.O. Box 123610 Fort Worth, TX 76121	05/12/22	05/25/22
Charlotte S.E. Garza 324 Heneretta Drive Hurst, TX 76054	05/12/22	05/25/22
Georgia Davis Griffith 941 Bois d Arc St Whitesboro, TX 76273	05/12/22	05/25/22
Donna David Hammack 2911 Sable Crossing San Antonio, TX 78232	05/12/22	05/25/22 Return to Sender. Unable to Forward.
Elizabeth Mosely Hogan 1300 Neighborhood Place Seminole, OK 74868	05/12/22	Per USPS Tracking – Unclaimed/Being Returned to Sender
Richard Hogan 6887 Valley Brook Drive Frisco, TX 75035	05/12/22	Per USPS Tracking – In-Transit

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

Jeanene Hollis P.O. Box 888 Socorro, NM 87801	05/12/22	05/18/22
William K. Hollis 1610 Heritage Mission, TX 78572	05/12/22	05/25/22
Terry Davis Holt 122 Vintage Drive Corinth, TX 76210	05/12/22	
Terry Davis Holt 122 Vintage Drive Corinth, TX 76210	05/12/22	
Bevin Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043	05/12/22	05/20/22
Charles Hosford 1523 Neal Road Tomball, TX 77375	05/12/22	Per USPS Tracking – In-Transit
Jacob Hosford 7954 Belladonna Drive Fort Worth, TX 76123	05/12/22	Per USPS Tracking – In-Transit – Customer has requested that Postal Service redeliver this item on 5/18/22
Matthew Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043	05/12/22	05/20/22
Sheila Shirley Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043	05/12/22	05/20/22
Annie Lain	05/12/22	05/20/22

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

2325 Arroyo Ct Plano, TX 75074		
Chance Lain 1051 Kenny Fort Xing Unit 60 Round Rock, TX 78665	05/12/22	05/24/22 Return to sender. Unable to forward.
Garlon Lain 4209 San Saba Ct Plano, TX 75074	05/12/22	05/20/22
Garren Lain 534 Arawe Cir W Irving, TX 75060	05/12/22	05/20/22
Gerald Lain 4209 San Saba Ct Plano, TX 75074	05/12/22	05/25/22
Haydon Lain 150 Ethan Drive Weatherford, TX 76087	05/12/22	Per USPS Tracking – Delivery Attempted, Notice Left
The Lee and Judy Davis Revocable Trust 1625 9th Avenue, SE St. Cloud, MN 56304	05/12/22	05/25/22
Norma Baird Loving 2009 Crocket Court Irving, TX 75038	05/12/22	05/20/22
MRC Permian Company One Lincoln Center 5400 LBJ Freeway, Ste 1500 Dallas, TX 75240	05/12/22	Per USPS Tracking – Delivered, Front Desk/Reception/Mail Room 5/16/22
Tessa Manke 13229 Moonlake Way Haslet, TX 76052	05/12/22	Per USPS Tracking – Delivery Attempt Notice Left

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

Marathon Oil Permian LLC 5555 San Felipe Street Houston, TX 77056	05/12/22	05/26/22
Estate of Ruth S. Marion 79 Apache Drive Kerrville, TX 78028	05/12/22	Per USPS Tracking – Delivery Attempt, Notice Left
Charlotte McGehee 305 E. 18th Street Littlefield, TX 79339	05/12/22	05/25/22
Barbara K. Medlin 4819 E. Libby Scottsdale, AZ 85254	05/12/22	05/24/22 Return to sender. Unable to Forward.
Barbara K. Medlin, PR of the Estate of Kenneth Wayne Medlin 4819 E. Libby Scottsdale, AZ 85254	05/12/22	05/24/22 Return to sender. Unable to Forward.
Michael Hall Medlin 223 FM 474 Boerne, TX 78006	05/12/22	05/24/22 Return to sender. Unable to Forward.
William Joseph Mosely, Jr., deceased 5447 Vickery Boulevard Dallas, TX 75206	05/12/22	Per USPS Tracking – Delivered, Left with Individual 5/16/22
New Mexico State Land Office 310 Old Santa Fe Trail P.O. Box 1148 Santa Fe, NM 87504—1148	05/24/22	Per USPS Tracking – Delivered, Picked up at Postal Facility 5/26/22
Oxy Y-1 Company 5 Greenway Plaza, Ste 100 Houston, TX 77046	05/12/22	05/25/22

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

**APPLICATION OF COG OPERATING LLC
FOR COMPULSORY POOLING AND APPROVAL
OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

Betty Ruth Patterson 43195 Fringewood Drive, Apt 36 Whitney, TX 76692	05/12/22	Per USPS Tracking – Delivered Picked up at Post Office 5/25/22
Pegasus Resources 2821 W 7th Street, #500 Fort Worth, TX 76107	05/12/22	05/20/22
Peggy Neal Pool 306 NE 35th Street Grand Prairie, TX 75050	05/12/22	Per USPS Tracking – status not available
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	05/12/22	05/18/22 Return to sender. Unable to Forward.
Sue Ann Medlin Rowley 9942 E. Desert Aire Drive Tucson, AZ 85730	05/12/22	05/24/22 Return to sender. Unable to Forward.
Shamrock Royalty LP 200 W. Highway 6, Suite 320 Waco, TX 76712	05/12/22	05/20/22
TD Minerals LLC 8111 Westchester Drive, Ste 900 Dallas, TX 75225	05/12/22	05/20/22
Tilden Capital Minerals, LLC P.O Box 470857 Fort Worth, TX 76147	05/12/22	05/25/22
Thompson Family Trust 1856 Bugtussle West, TX 76691	05/12/22	Per USPS Tracking – Delivered, Individual

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

**APPLICATION OF COG OPERATING LLC
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OF NON-STANDARD SPACING UNIT,**

CASE NO. 22847

LEA COUNTY, NEW MEXICO

		Picked up at Post Office 5/19/22
Estate of Louise B. Thompson P.O. Box 1197 Kermit, TX 79745	05/12/22	Per USPS Tracking – In Transit
Greg Vaughn 1405 Glasier Drive Carlsbad, NM 88220	05/12/22	05/18/22
Roger Vaughn 3203 Leaf Lane #B Austin, TX 78759	05/12/22	05/20/22
Viper Energy Partners 500 West Texas, Suite 1200 Midland, TX 79701	05/12/22	Per USPS Tracking – Delivered, Left with Individual 5/16/22

7021 0950 0002 0369 6640

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OFFICIAL USE

Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To		
Street and Apt. No., or PO Box No.		Page Stephanie Baird 736 Mulberry Lane Desoto, TX 75115
City, State, ZIP+4®		COG Green Eyeshade 22847 - UT
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

871 NFE 1 62110005/12/22
 NOTIFY SENDER OF NEW ADDRESS
 BAIRD PAGE S
 709 MCCOY DR
 IRVING TX 75062-4421
 BC: 75062442109 *2255-04332-12-41



9590 9402 6746 1074 2465 66

2. Article Number (Transfer from service label)

7021 0950 0002 0369 6640

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Page Baird Agent
 Addressee

B. Received by (Printed Name)

Page Baird

C. Date of Delivery

5/16/22

Item 1? Yes
 Low: No

- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL RECEIPT

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

Bureau of Land Management
 620 E. Greene St.
 Carlsbad, NM 88220
 22847 - COG Green Eyeshade

Postmark Here
 MAY 20 2022
 SANTA FE MAIN POST OFFICE
 87501-9998

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

7021 0950 0002 0369 7357

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><i>AWilliams</i></p> <p>B. Received by (Printed Name) <i>AWilliams</i></p> <p>C. Date of Delivery <i>5/23/22</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>Bureau of Land Management 620 E. Greene St. Carlsbad, NM 88220 22847 - COG Green Eyeshade</p> <p></p> <p>9590 9402 6746 1074 2379 46</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>7021 0950 0002 0369 7357</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return 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

Street and Apt. No., or PO Box No. Lisa Beth Hogan Campbell
6887 Valley Brook Drive
Frisco, TX 75035

City, State, ZIP+4® COG Green Eyeshade 22847 - UT

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>Lisa Campbell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Lisa Beth Hogan Campbell 6887 Valley Brook Drive Frisco, TX 75035</p> <p>COG Green Eyeshade 22847 - UT</p>  <p>9590 9402 6746 1074 2263 46</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address here:</p>
<p>2. Article Number (Transfer from service label) 9590 0640 0000 0304 1074</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>

7020 0640 0000 0304 1128

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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 \$ _____

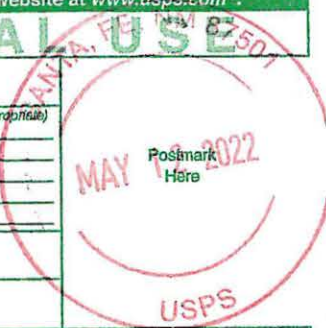
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Bo Cappadonna
 11206 Hunters Break #6
 Helotes, TX 78023
 COG Green Eyeshade 22847 - UT

PS Form 3800, April 2015 PSN 7630-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bo Cappadonna
 11206 Hunters Break #6
 Helotes, TX 78023

COG Green Eyeshade 22847 - UT



2. Article Number (Transfer from service label)
 120 0640 0000 0304 1128

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 George Martinez Agent Addressee

B. Received by (Printed Name) Co Vid 19

C. Date of Delivery 5-17-22

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

BB 13

3. Service Type
- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery Signature Confirmation™
- Collect on Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

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7020 0640 0000 0304 1098

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
 COG Green Eyeshade 22847 - UT

Postmark Here: MAY 18 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input 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>Cathy Cappadonna County Road 2531 Ganado, TX 77962 COG Green Eyeshade 22847 - UT</p>	<p>MAY 18 2022</p>
<p>2. Article Number (Transfer from carrier label) 0640 0000 0304 1098</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><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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MAY 12 2022

USPS

7021 0350 0001 3336 1805

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Carol Cappadonna P.O. Box 56 LA Ward, TX 77970 COG Green Eyeshade 22847 - UT	

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Carol Cappadonna P.O. Box 56 La Ward, TX 77970 COG Green Eyeshade 22847 - UT </div>	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service label) 7021 0350 0001 3336 1805	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px; margin: 0 auto;"> MAY 16 2022 </div>
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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

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Certified Mail Fee \$ _____	Postmark Here MAY 12 2022 USPS
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4®	Jerry Nick Cappadonna P.O. Box 56 La Ward, TX 77970 COG Green Eyeshade 22847 - UT

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: center; padding: 5px;"> Jerry Nick Cappadonna P.O. Box 56 La Ward, TX 77970 COG Green Eyeshade 22847 - UT </div>	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; padding: 5px;"> MAY 16 2022 </div>
2. Article Number (Transfer from service label) <div style="text-align: center; font-size: 1.2em; font-weight: bold;">7021 0950 0002 0370 2136</div>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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7020 0640 0000 0304 1111

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	Mark Cappadonna 26 Shearwater Irvine, CA 92604 COG Green Eyeshade 22847 - UT

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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Mark Cappadonna 26 Shearwater Irvine, CA 92604 COG Green Eyeshade 22847 - UT </div> <div style="text-align: center;"> <p>9590 9402 6746 1074 2263 84</p> </div> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1111</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 Emma Cappadonna</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> <hr/> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt		

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No.	Chief Capital (O&G) II LLC 8111 Westchester Drive, Ste 900 Dallas, TX 75225
City, State, ZIP+4®	COG Green Eyeshade 22847 - WI
PS Form 3800, April 2015 PSN 7530-02-000-8047 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>Rashad Al-Hadadi</i></p> <p>B. Received by (Printed Name) <i>Rashad Al-Hadadi</i></p> <p>C. Date of Delivery <i>5-16-22</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 style="text-align: center;">Chief Capital (O&G) II LLC 8111 Westchester Drive, Ste 900 Dallas, TX 75225</p> <p style="text-align: right; font-size: small;">COG Green Eyeshade 22847 - WI</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0370 2068</p>	<p>Mail Restricted Delivery (over 500)</p>												
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fees as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	 Postmark Here
Sent To Street and Apt. No., or PO Box No. Allen Clay Davis P.O. Box 962 Ardmore, OK 73402 City, State, ZIP+4® COG Green Eyeshade 22847 - UT	

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. 	A. Signature <input checked="" type="checkbox"/> <i>Clay Davis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Clay Davis</i> C. Date of Delivery <i>5-17-22</i>
1. Article Addressed to: <div style="text-align: center;"> Allen Clay Davis P.O. Box 962 Ardmore, OK 73402 COG Green Eyeshade 22847 - UT </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label) <div style="text-align: center;">  9590 9402 6746 1074 2488 12 7021 0950 0002 0370 2112 </div>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> 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"/> Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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MAY 12 2022
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7021 0950 0002 0370 2075

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
EOG Resources 5509 Champions Dr Midland, TX 79706 COG Green Eyeshade 22847 - WI	

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. 	A. Signature X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> EOG Resources 5509 Champions Dr Midland, TX 79706 <small>COG Green Eyeshade 22847 - WI</small> </div>	B. Received by (Printed Name)
2. Article Number (Transfer from service label) 7021 0950 0002 0370 2075	C. Date of Delivery 5/17
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
Barcode: 9590 9402 6746 1074 2488 43	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

7020 0640 0000 0304 1135

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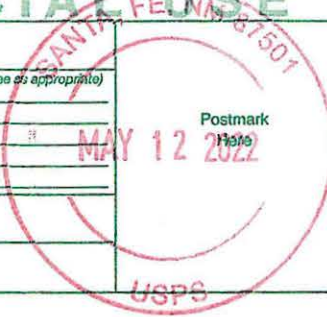
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Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. Michael Freck
 P.O. Box 5121
 City, State, ZIP+4® Sam Rayburn, TX 75951

COG Green Eyeshade 22847 - UT
 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"/> Michael Freck <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Michael Freck P.O. Box 5121 Sam Rayburn, TX 75951</p> <p>COG Green Eyeshade 22847 - UT</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>192 Oak Dr Washburn TX 75092</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2264.07</p> <p>9590 9402 6746 1074 2264.07</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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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. No., or PO Box No. Shawn Freck
816 E. Centre Avenue

City, State, ZIP+4® Buckeye, AZ 85326
COG Green Eyeshade 22847 - UT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Shawn Freck 5/16</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 style="text-align: center;">Shawn Freck 816 E. Centre Avenue Buckeye, AZ 85326</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - UT</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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0370 2129</p>	<p style="text-align: center;">all Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here  USPS
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

7021 0950 0002 0370 2471

Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	GGM Exploration, Inc. P.O. Box 123610 Fort Worth, TX 76121 COG Green Eyeshade 22847 - UT
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PS Form 3800, April 2015 PSN 7530-02-000-6047 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 style="text-align: center; font-size: 1.2em;">GGM Exploration, Inc. P.O. Box 123610 Fort Worth, TX 76121</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p>  <p style="text-align: center; font-size: 1.2em;">9590 9402 6746 1074 2486 83</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0370 2471</p>	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Na Smith</u> C. Date of Delivery <u>MAY 12 2022</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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7019 2970 0000 7595 5497

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> <div style="text-align: center; padding: 10px;"> <p>Charlotte S.E. Garza 324 Heneretta Drive Hurst, TX 76054</p> <p><small>COG Green Eyeshade 22847 - UT</small></p> </div> <p style="text-align: center;">9590 9402 6746 1074 2466 27</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-weight: bold;">7019 2970 0000 7595 5497</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Charlotte Garza</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>CHARLOTTE GARZA</i> <i>5-17-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> NO</p> <p>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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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MAY 12 2022
SAN ANTONIO, TX 78201
USPS

7021 0950 0002 0369 6657

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

Georgia Davis Griffith
941 Bois d Arc St
Whitesboro, TX 76273
COG Green Eyeshade 22847 - UT

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Georgia Davis Griffith 941 Bois d Arc St Whitesboro, TX 76273</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - LT</p> </div> <p style="text-align: center; font-size: 1.2em; margin: 5px 0;">9590 9402 6746 1074 2465 73</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin: 5px 0;">21 0950 0002 0369 6657</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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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SANTA FE, NM 87801
MAY 14 2022
USPS

7020 0640 0000 0304 1142

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No.	Jeanene Hollis P.O. Box 888 Socorro, NM 87801
City, State, ZIP+4®	COG Green Eyeshade 22847 - UT

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

PLACE STICK ON THE REVERSE

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</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Jeanene Hollis P.O. Box 888 Socorro, NM 87801</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p> </div> <p style="text-align: center;">9590 9402 6746 1074 2264 14</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> <div style="text-align: center; margin: 10px 0;"> </div>																
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1142</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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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SANTA FE, NM 87501

USPS

7020 0640 0000 0304 1159

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No.	William K. Hollis 1610 Heritage Mission, TX 78572
City, State, ZIP+4®	COG Green Eyeshade 22847 - UT

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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>William K. Hollis 1610 Heritage Mission, TX 78572</p> <p style="font-size: 0.8em; text-align: center;">COG Green Eyeshade 22847 - UT</p> </div> <div style="text-align: center;">  <p>9590 9402 6746 1074 2264 21</p> <p style="font-size: 0.8em;">2 Article Number (Transfer from service label)</p> </div> <p style="font-size: 1.2em; font-weight: bold;">7020 0640 0000 0304 1159</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Jacob H.</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jacob Hollis</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%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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MAY 12 2022

USPS

7021 0950 0002 0370 2365

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 \$ _____	Postmark Here (Circular postmark: MAY 12 2022, USPS)
Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. Bevin Hosford 1528 Shady Oaks Circle City, State, ZIP+4® Glen Rose, TX 76043 COG Green Eyeshade 22847 - UT	

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. 	A. Signature X <i>Bevin Hosford</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Bevin Hosford</i> C. Date of Delivery <i>5/16/22</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Bevin Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043 COG Green Eyeshade 22847 - UT </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7021 0950 0002 0370 2365	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> 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)

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7021 0950 0002 0370 2341

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
Street and Apt. No., or PO Box No. _____
 City, State, ZIP+4® _____

Matthew Hosford
 1528 Shady Oaks Circle
 Glen Rose, TX 76043
 COG Green Eyeshade 22847 - UT

Postmark Here
 MAY 12 2022
 GLEN ROSE, TX 76043

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

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Matthew Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p> </div> <p style="text-align: center;">9590 9402 6746 1074 2483 62</p>	<p>J. 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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
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SANTA FE, NM 87501
MAY 12 2022
Postmark Here
USPS

7021 0950 0002 0370 2327

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	
\$	
Send To:	
Sheila Shirley Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043 COG Green Eyeshade 22847 - UT	

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 type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> <i>Sheila Shirley Hosford</i> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Sheila Hosford</i> <i>5/16/22</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> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p>Sheila Shirley Hosford 1528 Shady Oaks Circle Glen Rose, TX 76043</p> <p style="font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p> </div> <div style="text-align: center; margin: 10px 0;"> <p>9590 9402 6746 1074 2463 37</p> </div>	<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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0370 2327</p>	<p style="text-align: right;">Domestic Return Receipt</p>																

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7202 0950 0002 0369 6626

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	Annie Lain 2325 Arroyo Ct	
City, State,	Plano, TX 75074 COG Green Eyeshade 22847 - UT	

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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Annie Lain 2325 Arroyo Ct Plano, TX 75074</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p> </div> <p style="text-align: center;">9590 9402 6746 1074 2463 82</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7202 0950 0002 0369 6626</p>	<p>A. Signature</p> <p><i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>A. Lain</i> 5-18-22</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%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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7021 0950 0002 0370 2181

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. No., or PO Box No. Garlon Lain
4209 San Saba Ct
Plano, TX 75074

City, State, ZIP+4® COG Green Eyeshade 22847 - UT

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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Garlon Lain 4209 San Saba Ct Plano, TX 75074</p> <p><small>COG Green Eyeshade 22847 - UT</small></p> </div> <p style="text-align: center;">9590 9402 6746 1074 3974 04</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0370 2181</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Garlon Lain</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Garlon Lain</i> C. Date of Delivery <i>5-16-22</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 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> </table> <p style="text-align: center;"> Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return 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


Street and Apt. No., or PO Box No. Garren Lain
534 Arawe Cir W
Irving, TX 75060

City, State, ZIP+4® COG Green Eyeshade 22847 - UT

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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>WV1219</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>WV1219</i> C. Date of Delivery <i>5-12-22</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Garren Lain 534 Arawe Cir W Irving, TX 75060</p> <p style="text-align: center; font-size: 0.8em;">COG Green Eyeshade 22847 - UT</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 3974 11 </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"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0370 2174</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>

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7021 0950 0002 0370 2167

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No.	Gerald Lain 4209 San Saba Ct Plano, TX 75074
City, State, ZIP+4®	COG Green Eyeshade 22847 - UT

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

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Gerald Lain 4209 San Saba Ct Plano, TX 75074</p> <p style="font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7021 0950 0002 0370 2167</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p style="text-align: center;">9590 9402 6746 1074 2468 94</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	 Postmark Here
Sent To The Lee and Judy Davis Revocable Trust Street and, 1625 9th Avenue, SE St. Cloud, MN 56304 City, State, COG Green Eyeshade 22847 - UT	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7595 5480

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Richard E Davis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> The Lee and Judy Davis Revocable Trust 1625 9th Avenue, SE St. Cloud, MN 56304 <small>COG Green Eyeshade 22847 - UT</small> </div>	B. Received by (Printed Name) _____ C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;">5/16/22</div>
2. Article Number (Transfer from service label) <div style="border: 1px solid black; padding: 2px; display: inline-block;">7019 2970 0000 7595 5480</div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	USPS Norma Baird Loving 2009 Crocket Court Irving, TX 75038 COG Green Eyeshade 22847 – UT

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<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To		
Street and Apt. No., or PO Box No.		Marathon Oil Permian LLC 5555 San Felipe Street Houston, TX 77056
City, State, ZIP+4®		COG Green Eyeshade 22847 - WI

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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Marathon Oil Permian LLC 5555 San Felipe Street Houston, TX 77056</p> <p style="font-size: 0.8em;">COG Green Eyeshade 22847 - WI</p> </div> <p style="text-align: center;">9590 9402 6746 1074 2488 74</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0370 2044</p>	<p>Signature</p> <p><input checked="" type="checkbox"/> CA2478 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">CA 5/23/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Mail Restricted Delivery (00)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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7019 2970 0000 7595 5442

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, Charlotte McGehee 305 E. 18th Street Littlefield, TX 79339 City, State, COG Green Eyeshade 22847 - UT	

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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Charlotte McGehee 305 E. 18th Street Littlefield, TX 79339 COG Green Eyeshade 22847 - UT </div> <div style="text-align: center;">  9590 9402 6746 1074 2463 99 </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7595 5442 </p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Charlotte McGehee</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) <i>Charlotte McGehee</i> C. Date of Delivery <i>05/19/22</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%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0370 2037

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Certified Mail Fee \$ _____	Postmark Here MAY 12 2022
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No.	Oxy Y-1 Company 5 Greenway Plaza, Ste 100 Houston, TX 77046
City, State, ZIP+4®	COG Green Eyeshade 22847 - WI
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. 	A. Signature
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Oxy Y-1 Company 5 Greenway Plaza, Ste 100 Houston, TX 77046 </div> <p style="font-size: 0.8em; text-align: center;">COG Green Eyeshade 22847 - WI</p>	B. Received by (Printed Name) C. Date of Delivery J. A. A. 5/16/22
2. Article Number (Transfer from service label) 7021 0950 0002 0370 2037	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<p style="text-align: center; font-size: 1.2em;">9590 9402 6746 1074 2488 81</p>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No.	Pegasus Resources 2821 W 7th Street, #500 Fort Worth, TX 76107
City, State, ZIP+4®	COG Green Eyeshade 22847 - UT

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> <div style="text-align: center; padding: 10px;"> <p>Pegasus Resources 2821 W 7th Street, #500 Fort Worth, TX 76107</p> <p style="font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p>  <p>9590 9402 6746 1074 2487 06</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0370 2488</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery <u>5/16/22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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. No., or PO Box No. _____ Shamrock Royalty LP
200 W. Highway 6, Suite 320

City, State, ZIP+4® _____ Waco, TX 76712

COG Green Eyeshade 22847 - UT

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

7020 0640 0000 0304 1166

Postmark Here
MAY 12 2022

- San Please - mail back in box


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COG Green Eyeshade 22847 - UT


9590 9402 6746 1074 2264 45

Article Number (Transfer from service label)
020 0640 0000 0304 1166

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Monamara* C. Date of Delivery *5-16-22*

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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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 \$ _____

TD Minerals LLC
8111 Westchester Drive, Ste 900
Dallas, TX 75225
COG Green Eyeshade 22847 - UT

Postmark Here
MAY 12 2022
SANTA FE 87501
USPS

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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>Rashad Al-Ugdah</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rashad Al-Ugdah</i></p> <p>C. Date of Delivery <i>5-16-22</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>TD Minerals LLC 8111 Westchester Drive, Ste 900 Dallas, TX 75225</p> <p>COG Green Eyeshade 22847 - UT</p>  <p>9590 9402 6746 1074 2487 20</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input 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>7021 0950 0002 0370 2334</p>	
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7021 0950 0002 0370 2464

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 Tilden Capital Minerals, LLC P.O. Box 470857 Fort Worth, TX 76147 COG Green Eyeshade 22847 - UT	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	

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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Tilden Capital Minerals, LLC P.O. Box 470857 Fort Worth, TX 76147 <small>COG Green Eyeshade 22847 - UT</small> </div>	B. Received by (Printed Name) Ed Hutchinson
2. Article Number (Transfer from service label) 7021 0950 0002 0370 2464	C. Date of Delivery 5/18/22 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
9590 9402 6746 1074 2487 37	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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MAY 12 2022

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7021 0950 0002 0370 2372

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 \$ _____	Postmark Here _____
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
Greg Vaughn 1405 Glasier Drive Carlsbad, NM 88220 COG Green Eyeshade 22847 - UT	

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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Greg Vaughn 1405 Glasier Drive Carlsbad, NM 88220</p> <p style="font-size: 0.8em;">COG Green Eyeshade 22847 - UT</p> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 2484 09</p> </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0370 2372</p>	<p>A. Signature X <i>Greg Vaughn</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%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here MAY 12 2022 COG Green Eyeshade 22847 - UT
Sent To Street and Apt. No., or PO Box No. Roger Vaughn 3203 Leaf Lane #B Austin, TX 78759 City, State, ZIP+4® COG Green Eyeshade 22847 - UT	

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</p> <p>X <i>CV-19</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>R. Vaughn</i> <i>5/16/22</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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Roger Vaughn 3203 Leaf Lane #B Austin, TX 78759 COG Green Eyeshade 22847 - UT </div> <div style="text-align: center;">  9590 9402 6746 1074 2484 16 </div>	<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 type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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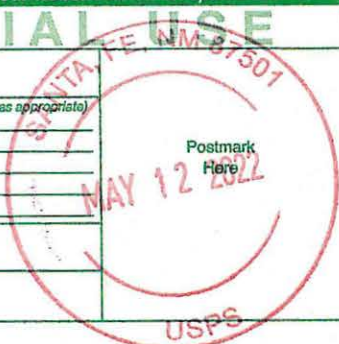
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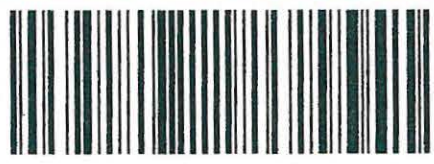
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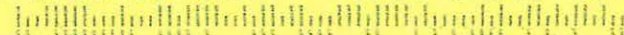
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 Amarillo, TX 79110
 City, State, ZIP+4® COG Green Eyeshade 22847 - UT

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

OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Bureau of Land Management
 301 Dinosaur Trail
 Santa Fe, NM 87508
 22847 - COG Green Eyeshade

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

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Certified Mail Fee
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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. N James M. Davis
 P.O. Box 4251
 Midland, TX 75692
 City, State, ZIP+4 COG Green Eyeshade 22847 - UT

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

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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 Robert Freck
 6020 Manila
 El Paso, TX 79924
 City, State, COG Green Eyeshade 22847 - UT

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

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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
 Elizabeth Moseley Hogan
 1300 Neighborhood Place
 Seminole, OK 74868
 City, State, COG Green Eyeshade 22847 - UT

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

7020 0640 0000 0304 1061

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Richard Hogan
6887 Valley Brook Drive

City, State, ZIP+4® Frisco, TX 75035
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2396

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Charles Hosford
1523 Neal Road

City, State, ZIP+4® Tomball, TX 77375
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2358

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Jacob Hosford
7954 Belladonna Drive

City, State, ZIP+4® Fort Worth, TX 76123
COG Green Eyeshade 22847 - UT

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

7019 2970 0000 7595 5466

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Haydon Lain
150 Ethan Drive

City, State, ZIP+4® Weatherford, TX 76087
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2051

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. MRC Permian Company
One Lincoln Center

City, State, ZIP+4® 5400 LBJ Freeway, Ste 1500 Dallas, TX 75240
COG Green Eyeshade 22847 - WI

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

7021 0950 0002 0370 2433

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Tessa Manke
13229 Moonlake Way

City, State, ZIP+4® Haslet, TX 76052
COG Green Eyeshade 22847 - UT

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

7019 2970 0000 764J 5709

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Estate of Ruth S. Marion
79 Apache Drive
City, State, ZIP+4® Kerrville, TX 78028
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2419

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. William Joseph Mosely, Jr., deceased
5447 Vickery Boulevard
City, State, ZIP+4® Dallas, TX 75206
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0368 7471

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
City, State, ZIP+4® Santa Fe, NM 87504-1148
22847 COG - Green Eyeshade

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

7019 2970 0000 7595 5459

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and City, State, ZIP+4® Betty Ruth Patterson
43195 Fringewood Drive, Apt 36
Whitney, TX 76692
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2426

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Peggy Neal Pool
306 NE 35th Street
City, State, ZIP+4® Grand Prairie, TX 75050
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2457

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Thompson Family Trust
1856 Bugtussle
City, State, ZIP+4® West, TX 76691
COG Green Eyeshade 22847 - UT

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

7021 0950 0002 0370 2440

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OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	Estate of Louise B. Thompson
Street and Apt. No., or PO Box No.	P.O. Box 1197
	Kermit, TX 79745
City, State, ZIP+4®	COG Green Eyeshade 22847 - UT
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



7021 0950 0002 0370 2402

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
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	Viper Energy Partners
Street and Apt. No., or PO Box No.	500 West Texas, Suite 1200
	Midland, TX 79701
City, State, ZIP+4®	COG Green Eyeshade 22847 - UT
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70210950000203702150

Remove X

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

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item

Feedback

Get Updates v

Text & Email Updates



Tracking History



Reminder to Schedule Redelivery of your item

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

May 16, 2022, 12:35 pm

Notice Left (No Authorized Recipient Available)

LITTLEFIELD, TX 79339

May 16, 2022, 5:11 am

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

May 14, 2022, 6:16 am
Arrived at USPS Regional Facility
LUBBOCK TX DISTRIBUTION CENTER

May 13, 2022
In Transit to Next Facility

May 12, 2022, 9:13 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Feedback

Product Information



See Less ^

Tracking Number: 70200640000003041180

Remove X

This is a reminder to arrange for redelivery of your item before June 9, 2022 or your item will be returned on June 10, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item before June 9, 2022

Schedule Redelivery v

Text & Email Updates



Schedule Redelivery



Tracking History



Reminder to Schedule Redelivery of your item before June 9, 2022

This is a reminder to arrange for redelivery of your item before June 9, 2022 or your item will be returned on June 10, 2022. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

May 26, 2022, 9:15 am

Available for Pickup
SANTA FE, NM 87501

May 26, 2022, 9:14 am

Arrived at Post Office
SANTA FE, NM 87501

May 25, 2022, 3:33 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 25, 2022, 2:19 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

May 24, 2022

In Transit to Next Facility

May 21, 2022, 11:52 am

Departed USPS Regional Facility
COPPELL TX DISTRIBUTION CENTER

Feedback

May 19, 2022, 1:26 am
Arrived at USPS Regional Facility
COPPELL TX DISTRIBUTION CENTER

May 16, 2022, 9:00 am
Forward Expired
AMARILLO, TX 79110

May 16, 2022, 7:18 am
Out for Delivery
AMARILLO, TX 79109

May 16, 2022, 7:07 am
Arrived at Post Office
AMARILLO, TX 79109

May 16, 2022, 12:41 am
Departed USPS Regional Facility
AMARILLO TX DISTRIBUTION CENTER

May 14, 2022, 7:55 am
Arrived at USPS Regional Facility
AMARILLO TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203697340

Remove X

The delivery status of your item has not been updated as of May 24, 2022, 12:46 am. We apologize that it may arrive later than expected.

USPS Tracking Plus® Available v

Awaiting Delivery Scan

May 24, 2022 at 12:46 am

Get Updates v

Feedback

Text & Email Updates v

Tracking History ^

May 24, 2022, 12:46 am

Awaiting Delivery Scan

The delivery status of your item has not been updated as of May 24, 2022, 12:46 am. We apologize that it may arrive later than expected.

May 23, 2022, 6:46 am

Out for Delivery

SANTA FE, NM 87505

May 23, 2022, 6:35 am

Arrived at Post Office

SANTA FE, NM 87505

May 22, 2022, 1:15 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

May 21, 2022

In Transit to Next Facility

May 20, 2022, 8:59 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70192970000075955473

Remove X

Your item was picked up at the post office at 12:28 pm on May 25, 2022 in MIDLAND, TX 79704.

USPS Tracking Plus® Available v

✓ Delivered, Individual Picked Up at Post Office

May 25, 2022 at 12:28 pm

MIDLAND, TX 79704

Get Updates v

Text & Email Updates



Tracking History



May 25, 2022, 12:28 pm

Delivered, Individual Picked Up at Post Office
MIDLAND, TX 79704

Your item was picked up at the post office at 12:28 pm on May 25, 2022 in MIDLAND, TX 79704.

Reminder to Schedule Redelivery of your item

May 16, 2022, 12:31 pm

Available for Pickup
MIDLAND, TX 79704

May 16, 2022, 12:31 pm

Arrived at Post Office
MIDLAND, TX 79701

May 16, 2022, 2:11 am

Departed USPS Regional Facility
MIDLAND TX DISTRIBUTION CENTER

May 14, 2022, 5:26 pm

Arrived at USPS Regional Facility
MIDLAND TX DISTRIBUTION CENTER

May 13, 2022

In Transit to Next Facility

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback



Product Information



See Less ^

Tracking Number: 70192970000075955527

Remove X

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

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item

Get Updates v

Feedback

Text & Email Updates



Tracking History



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

May 14, 2022, 12:14 pm
Notice Left (No Authorized Recipient Available)
EL PASO, TX 79924

May 14, 2022, 1:10 am
Departed USPS Regional Facility
EL PASO TX DISTRIBUTION CENTER

May 13, 2022, 1:50 pm
Arrived at USPS Regional Facility
EL PASO TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



Feedback

See Less ^

Tracking Number: 70210950000203702310

Remove X

Your item could not be delivered on May 31, 2022 at 5:13 am in SEMINOLE, OK 74868. It was held for the required number of days and is being returned to the sender.

USPS Tracking Plus® Available v

Unclaimed/Being Returned to Sender

May 31, 2022 at 5:13 am
SEMINOLE, OK 74868

Get Updates v

Text & Email Updates



Tracking History



May 31, 2022, 5:13 am

Unclaimed/Being Returned to Sender
SEMINOLE, OK 74868

Your item could not be delivered on May 31, 2022 at 5:13 am in SEMINOLE, OK 74868. It was held for the required number of days and is being returned to the sender.

Reminder to Schedule Redelivery of your item

May 16, 2022, 11:00 am

Notice Left (No Authorized Recipient Available)
SEMINOLE, OK 74868

May 15, 2022, 5:46 pm

Departed USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

May 14, 2022, 12:52 pm

Arrived at USPS Regional Facility
OKLAHOMA CITY OK DISTRIBUTION CENTER

May 13, 2022

In Transit to Next Facility

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70200640000003041081

Remove X

Your item departed our USPS facility in COPPELL TX DISTRIBUTION CENTER on May 31, 2022 at 1:04 am. The item is currently in transit to the destination.

USPS Tracking Plus® Available v

Departed USPS Regional Facility

May 31, 2022 at 1:04 am
COPPELL TX DISTRIBUTION CENTER

Feedback

Get Updates v

Text & Email Updates



Tracking History



May 31, 2022, 1:04 am

Departed USPS Regional Facility
COPPELL TX DISTRIBUTION CENTER

Your item departed our USPS facility in COPPELL TX DISTRIBUTION CENTER on May 31, 2022 at 1:04 am. The item is currently in transit to the destination.

May 30, 2022

In Transit to Next Facility

May 16, 2022, 4:52 pm

Forwarded
FRISCO, TX

May 14, 2022, 9:26 am

Arrived at USPS Regional Facility
COPPELL TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Feedback

Product Information



See Less ^

Tracking Number: 70210950000203702396

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available v

In Transit to Next Facility

May 19, 2022

Get updates 

Text & Email Updates



Tracking History



May 19, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

May 15, 2022, 6:00 pm

Departed USPS Regional Facility
NORTH HOUSTON TX DISTRIBUTION CENTER

May 14, 2022, 1:14 pm

Arrived at USPS Regional Facility
NORTH HOUSTON TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less 

Tracking Number: 70210950000203702358

Remove X

The customer has requested that the Postal Service redeliver this item on May 18, 2022 in FORT WORTH, TX 76123.

USPS Tracking Plus® Available ✓

Redelivery Scheduled

May 16, 2022
FORT WORTH, TX 76123

Get Updates ✓

Text & Email Updates



Tracking History



Feedback

May 16, 2022

Redelivery Scheduled
FORT WORTH, TX 76123

The customer has requested that the Postal Service redeliver this item on May 18, 2022 in FORT WORTH, TX 76123.

May 16, 2022, 2:04 pm

Notice Left (No Authorized Recipient Available)
FORT WORTH, TX 76123

May 16, 2022, 6:52 am

Out for Delivery
FORT WORTH, TX 76132

May 16, 2022, 6:41 am

Arrived at Post Office
FORT WORTH, TX 76132

May 15, 2022, 1:24 am

Departed USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 14, 2022, 11:13 am

Arrived at USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 13, 2022

In Transit to Next Facility

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70192970000075955466

Remove X

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

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item

Get Updates 

Text & Email Updates 

Tracking History 

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

May 16, 2022, 4:34 pm
Notice Left (No Authorized Recipient Available)
WEATHERFORD, TX 76087

May 16, 2022, 8:05 am
Arrived at Post Office
WEATHERFORD, TX 76086

May 15, 2022
In Transit to Next Facility

May 14, 2022, 10:44 pm
Departed USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 14, 2022, 11:13 am
Arrived at USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm
Arrived at USPS Facility

Feedback

ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203702051

Remove X

Your item was delivered to the front desk, reception area, or mail room at 10:28 am on May 16, 2022 in DALLAS, TX 75240.

Feedback

USPS Tracking Plus® Available v

✓ Delivered, Front Desk/Reception/Mail Room

May 16, 2022 at 10:28 am
DALLAS, TX 75240

Get Updates v

Text & Email Updates



Tracking History



May 16, 2022, 10:28 am

Delivered, Front Desk/Reception/Mail Room

DALLAS, TX 75240

Your item was delivered to the front desk, reception area, or mail room at 10:28 am on May 16, 2022 in DALLAS, TX 75240.

May 16, 2022, 5:46 am
Departed USPS Regional Facility
DALLAS TX DISTRIBUTION CENTER

May 15, 2022
In Transit to Next Facility

May 14, 2022, 12:09 pm
Arrived at USPS Regional Facility
DALLAS TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203702433

Remove X

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

USPS Tracking Plus® Available v

Reminder to Schedule Redelivery of your item

Get Updates 

Text & Email Updates 

Tracking History 

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

May 16, 2022, 1:42 pm
Notice Left (No Authorized Recipient Available)
GLEN ROSE, TX 76043

May 16, 2022, 8:42 am
Out for Delivery
GLEN ROSE, TX 76043

May 16, 2022, 8:31 am
Arrived at Post Office
GLEN ROSE, TX 76043

May 15, 2022, 8:28 pm
Departed USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 15, 2022, 8:43 am
Arrived at USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 14, 2022
In Transit to Next Facility

May 13, 2022, 6:32 pm
Departed USPS Facility

Feedback

ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70192970000076415709

Remove

Feedback

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

USPS Tracking Plus® Available

Reminder to Schedule Redelivery of your item

Get Updates

Text & Email Updates



Tracking History



Reminder to Schedule Redelivery of your item

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

May 16, 2022, 1:50 pm

Notice Left (No Authorized Recipient Available)

KERRVILLE, TX 78028

May 15, 2022, 7:27 pm

Departed USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

May 15, 2022

In Transit to Next Facility

May 14, 2022, 11:50 am

Arrived at USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203702419

Remove X

Your item was delivered to an individual at the address at 8:23 pm on May 16, 2022 in DALLAS, TX

75206

USPS Tracking Plus® Available ✓

✓ Delivered, Left with Individual

May 16, 2022 at 8:23 pm
DALLAS, TX 75206

Get Updates ✓

Text & Email Updates



Tracking History



May 16, 2022, 8:23 pm

Delivered, Left with Individual
DALLAS, TX 75206

Your item was delivered to an individual at the address at 8:23 pm on May 16, 2022 in DALLAS, TX 75206.

Feedback

May 16, 2022, 5:46 am

Departed USPS Regional Facility
DALLAS TX DISTRIBUTION CENTER

May 14, 2022, 12:09 pm

Arrived at USPS Regional Facility
DALLAS TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203687471

Remove X

Your item was picked up at a postal facility at 5:51 am on May 26, 2022 in SANTA FE, NM 87501.

USPS Tracking Plus® Available v

Delivered, Individual Picked Up at Postal Facility

May 26, 2022 at 5:51 am
SANTA FE, NM 87501

Feedback

Get Updates v

Text & Email Updates



Tracking History



May 26, 2022, 5:51 am

Delivered, Individual Picked Up at Postal Facility
SANTA FE, NM 87501

Your item was picked up at a postal facility at 5:51 am on May 26, 2022 in SANTA FE, NM 87501.

May 26, 2022, 5:41 am

Arrived at Post Office
SANTA FE, NM 87501

May 25, 2022, 3:09 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 24, 2022, 6:09 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70192970000075955459

Remove X

Your item was picked up at the post office at 1:46 pm on May 25, 2022 in WHITNEY, TX 76692.

USPS Tracking Plus® Available v

Delivered, Individual Picked Up at Post Office

May 25, 2022 at 1:46 pm
WHITNEY, TX 76692

Get Updates v

Text & Email Updates



Tracking History



May 25, 2022, 1:46 pm

Delivered, Individual Picked Up at Post Office
WHITNEY, TX 76692

Your item was picked up at the post office at 1:46 pm on May 25, 2022 in WHITNEY, TX 76692.

May 21, 2022, 11:25 am

Available for Pickup
WHITNEY, TX 76692

Reminder to Schedule Redelivery of your item

May 16, 2022, 4:02 pm

Available for Pickup
WHITNEY, TX 76692

May 16, 2022, 11:53 am

Delivery Attempted - No Access to Delivery Location
WHITNEY, TX 76692

May 15, 2022, 3:03 pm

Departed USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 14, 2022, 11:13 am

Arrived at USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 13, 2022

In Transit to Next Facility

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210980000203702426

Remove X

Status Not Available

The tracking number may be incorrect or the status update is not yet available. Please verify your tracking number and try again later.

Feedback

Tracking Number: 70210950000203702457

Remove X

Your item was picked up at the post office at 2:02 pm on May 19, 2022 in WEST, TX 76691.

USPS Tracking Plus® Available v

Delivered, Individual Picked Up at Post Office

May 19, 2022 at 2:02 pm
WEST, TX 76691

Get Updates v

Text & Email Updates



Tracking History



May 19, 2022, 2:02 pm

Delivered, Individual Picked Up at Post Office
WEST, TX 76691

Your item was picked up at the post office at 2:02 pm on May 19, 2022 in WEST, TX 76691.

May 16, 2022, 2:50 pm

Notice Left (No Authorized Recipient Available)
WEST, TX 76691

May 15, 2022, 1:53 pm

Departed USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 14, 2022, 11:13 am

Arrived at USPS Regional Facility
FORT WORTH TX DISTRIBUTION CENTER

May 13, 2022

In Transit to Next Facility

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Tracking Number: 70210950000203702440

Remove X

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

USPS Tracking Plus® Available v

In Transit to Next Facility

May 20, 2022

Get Updates v

Feedback

Text & Email Updates v

Tracking History ^

May 20, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

May 16, 2022, 2:49 am

Departed USPS Regional Facility
MIDLAND TX DISTRIBUTION CENTER

May 14, 2022, 5:26 pm

Arrived at USPS Regional Facility
MIDLAND TX DISTRIBUTION CENTER

May 12, 2022, 9:13 pm
Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm
Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Product Information



See Less ^

Feedback

Tracking Number: 70210950000203702402

Remove X

Your item was delivered to an individual at the address at 12:35 pm on May 16, 2022 in MIDLAND, TX 79701.

USPS Tracking Plus® Available v

Delivered, Left with Individual

May 16, 2022 at 12:35 pm
MIDLAND, TX 79701

Get Updates v

Text & Email Updates



Tracking History



May 16, 2022, 12:35 pm

Delivered, Left with Individual
MIDLAND, TX 79701

Your item was delivered to an individual at the address at 12:35 pm on May 16, 2022 in MIDLAND, TX 79701.

May 15, 2022, 10:02 pm

Departed USPS Regional Facility
MIDLAND TX DISTRIBUTION CENTER

May 14, 2022, 5:26 pm

Arrived at USPS Regional Facility
MIDLAND TX DISTRIBUTION CENTER

May 13, 2022

In Transit to Next Facility

May 12, 2022, 9:13 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 12, 2022, 8:54 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

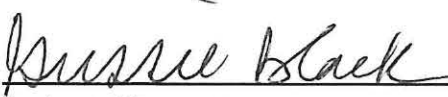
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
May 20, 2022
and ending with the issue dated
May 20, 2022.



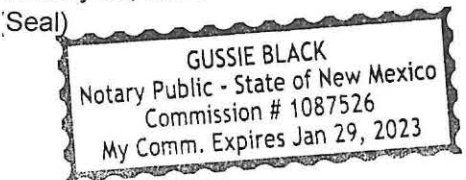
Publisher

Sworn and subscribed to before me this
20th day of May 2022.



Business Manager

My commission expires
January 29, 2023



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

LEGAL NOTICE
May 20, 2022

This is to notify all interested parties, including Oxy Y-1 Company; Marathon Oil Permian LLC; MRC Permian Company; Chief Capital (O&G) II LLC; EOG Resources; Terry Davis Holt; Allen Clay Davis; Shawn Freck; Jerry Nick Cappadonna; Sandra Lee Broman Powers a/ka/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; 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 Recovable 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, PR of the Estate of Jamie Ann Billington; Barbara K. Medlin, PR of the 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 Mosley, Jr., deceased; 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. 22847). 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 June 2, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks an order: (1) establishing a 960.16-acre, more or less, non-standard horizontal spacing unit comprised of irregular Section 1 and the N/2 of Section 12, Township 25 South, Range 34 East, Lea County, New Mexico ("Unit"); and (2) pooling all uncommitted interests in the WC-025 G-09 S243532M; Wolfbone Pool (98098), underlying the Unit. The Unit will be dedicated to the following wells ("Wells"): **Green Eyeshade Fed Com #601H well**, to be drilled from a surface hole 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 well** and **Green Eyeshade Fed Com #702H well**, to be drilled from a surface hole 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 well** and **Green Eyeshade Fed Com #703H well**, to be drilled from a surface hole 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 hole 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 intervals of the wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the cost, 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 approximately 13.6 miles west of Jal, New Mexico.
#37696

02107475

00267033

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

COG Operating LLC
Case No. 22847
Exhibit D-3