

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

**APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22824

EXHIBIT INDEX

Compulsory Pooling Checklist

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A-1	Application & Proposed Notice of Hearing
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A-4	Sample Well Proposal Letter and AFEs
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Exhibit B	Self-Affirmed Statement of David DaGian
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Owners

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

Case No.:	22824
Hearing Date:	7/7/2022
Applicant	Colgate Operating, LLC
Designated Operator & OGRID	371449
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	COG Operating LLC
Well Family	Dundee 4 Fed Com
Formation/Pool	
Formation Name(s) or Vertical Extent	Wolfcamp
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Wolfcamp
Pool Name and Pool Code	Wolfcamp North Gas Pool (Code 73520)
Well Location Setback Rules	Standard
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320
Building Blocks	quarter-quarter
Orientation	West/East
Description: TRS/County	N/2 S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	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	Dundee 4 Fed Com 202H (API # pending) SHL: 1396' FSL & 165' FEL, Unit I, Section 5, T20S-R28E BHL: 2321' FSL & 10' FEL, Unit I, Section 3, T20S-R28E Completion Target: Wolfcamp (Approx. 8,825' TVD) Well Orientation: West to East
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 \$	\$8,000.00
Production Supervision/Month \$	\$800.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
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
Ownership Depth Severance (including percentage above & below)	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	Exhibit A-4
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-6
Gross Isopach	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibits B-4, B-5
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-6
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibits B-4, B-5
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:	7/5/2022

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

**APPLICATION OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22824

**SELF-AFFIRMED STATEMENT
OF MARK HADJIK**

1. I am a Senior Landman at Colgate Operating, LLC (“Colgate”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in petroleum 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 Colgate’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. Colgate seeks an order pooling all uncommitted interests in the Burton Flat, Wolfcamp North Gas Pool (Code 73520) within the Wolfcamp formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Dundee 4 Fed Com 202H** well (“Well”) to be horizontally drilled from a surface hole location NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3.

6. The completed interval of the Well will be orthodox.

7. **Exhibit A-2** contains the C-102 for the Well.

8. **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 Colgate seeks to pool highlighted in yellow. The exhibit also identifies any unlocatable parties.

9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Well. 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.

10. Colgate has conducted a diligent search of all county public records, including phone directories and computer databases.

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

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

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

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

15. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony 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 next to my electronic signature below.

Mark Hajdik

Mark Hajdik

6/30/2022

Date

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

APPLICATION OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22824

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following.

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Dundee 4 Fed Com 202H** well, which will be horizontally drilled from a surface hole location in the NE/4SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4SE/4 (Unit I) of Section 3.
3. The completed interval of the Well will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.
6. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Applicant should be designated the operator of the Well and Unit.

Colgate Operating, LLC
Case No. 22824
Exhibit A-1

WHEREFORE, Applicant requests this application be set for hearing on June 2, 2022, and that after notice and hearing, the Division enter an order:

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

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

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Colgate Operating, LLC

Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

Applicant applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Dundee 4 Fed Com 202H** well, which will be horizontally drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 12 miles northeast of Carlsbad, New Mexico.

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code 73520		3 Pool Name Burton Flat, Wolfcamp North Gas Pool	
4 Property Code		5 Property Name DUNDEE 4 FED COM			6 Well Number 202H
7 OGRID No. 371449		8 Operator Name COLGATE ENERGY LLC			9 Elevation 3289.71'

10 Surface Location

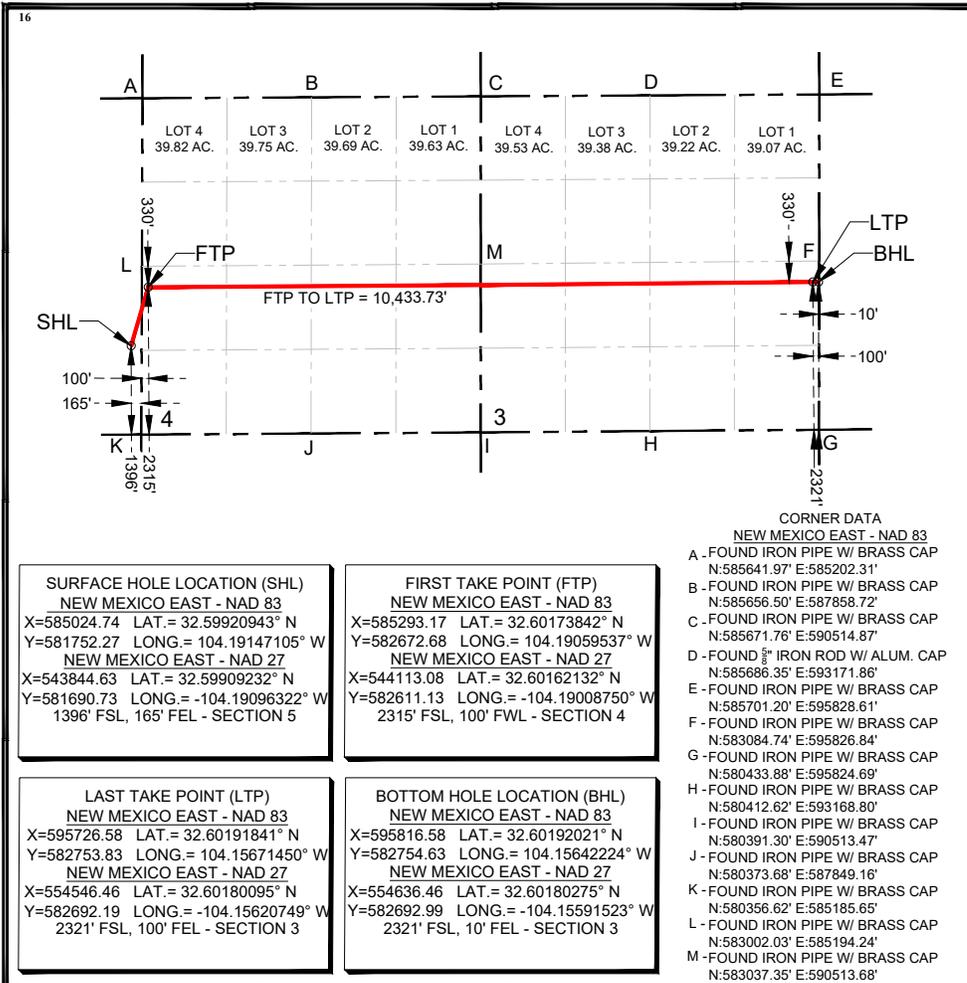
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	5	20-S	28-E		1396'	SOUTH	165'	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	3	20-S	28-E		2321'	SOUTH	10'	EAST	EDDY

12 Dedicated Acres 320	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



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

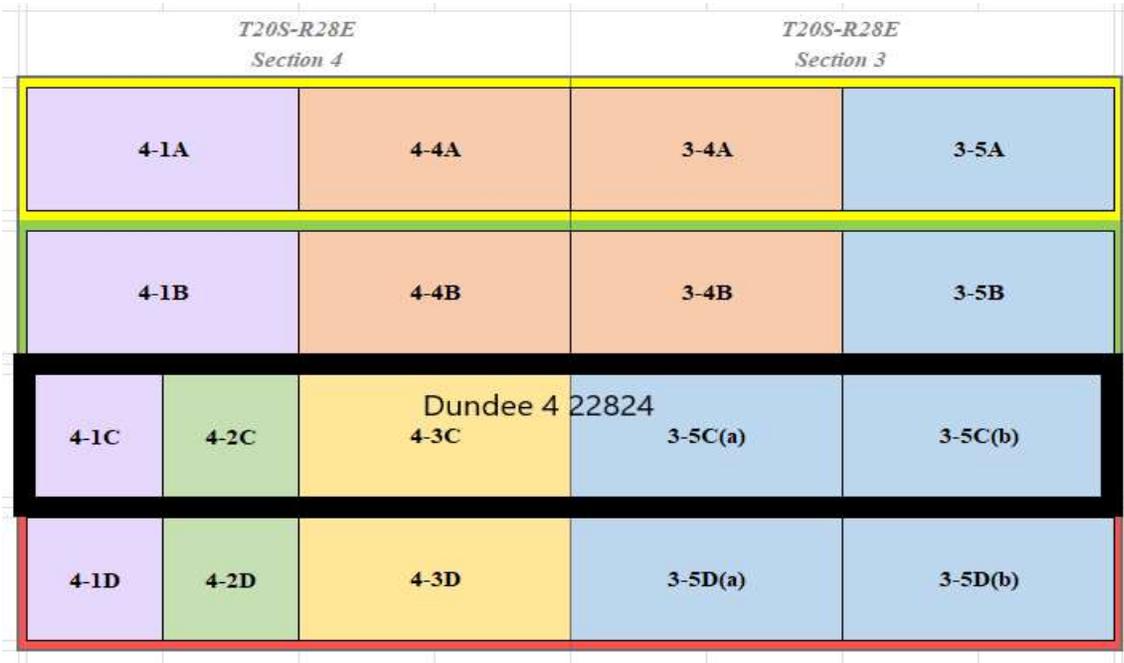
Signature _____ Date _____
Printed Name _____
E-mail Address _____

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

Date of Survey _____
Signature and Seal of Professional Surveyor:  _____
Certificate Number 2/24/2022

Colgate Operating, LLC
Case No. 22824
Exhibit A-2

DUNDEE 4 FED COM 202H (N/2S/2)				
WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	4-1C, 4-2C, 3-5C(b), 3-5C(a)	240.00	75.00%	Operator
COG Operating LLC	4-3C	80.00	25.00%	No
		320.00	100.00%	



LESSEE OF RECORD	FORCE POOL	TRACT
COG Operating, LLC	Yes	4-3C

OVERRIDING ROYALTY INTERESTS
Realtimzone, Inc.
Long, LLC

Colgate Operating, LLC
 Case No. 22824
 Exhibit A-3

Sandra Thoma
John Kyle Thoma, Trustee of the Cornerstone Family Trust
Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated
Monarch Oil and Gas Inc.
Scott Exploration, Inc.
Stelaron, Inc.
Stephen T. Mitchell
Qualia Interests, LLC
Hutchings Oil Company
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated
Robert W. Hanagan
Natalie V. Hanagan
The Heirs and/or Devisees of the Estate of Harold S
Stephens Enterprises
Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated
OGI, Inc.

ROEC, Inc.
Doris R. Stinson
Energy Properties Limited, L.P.
Sam L. Shackelford
Robin K. Shackelford
William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan
Robin L. Morgan
Colgate Royalties, LP
Lowe Royalty Partners, LP
MAP 98A-OK, an Oklahoma general partnership
MAP 98B-NET, a Texas general partnership
Wambaugh Exploration LLC
S & E Royalty, LLC
Motowi, LLC
Frannifin Minerals, LLC
Alan R. Hannifin, a single man
Michelle R. Hannifin, as single woman
MW Oil Investment Company Inc.
FFF, Inc.
Trinity Royalty Holdings I, LP
Shelley Schutz Dominguez
Nuevo Seis, Limited Partnership

Adventure Exploration, L.P.
Paul Davis, Ltd.
PDIII Exploration, Ltd.
JB & PDIII Partners, LLC
Merrick Properties, LLC
MKL Minerals, LLC
JAB Investments, Inc.
Tar Creek, LLC



March 4, 2022

Via Certified Mail

COG Operating LLC
600 W Illinois Ave
Midland, TX 79701

RE: Dundee 4 Fed Com – Well Proposals
Section 4: All, Section 3: All, T20S-R28E, Bone Spring and Wolfcamp Formation
Eddy County, New Mexico

To Whom It May Concern:

Colgate Operating, LLC, as operator for Colgate Production, LLC (“Colgate”), hereby proposes the drilling and completion of the following eleven (11) wells, the Dundee 4 Fed Com 111H, 112H, 113H, 114H, 121H, 122H, 123H, 124H, 131H, 132H, 133H, 134H, 201H, 202H, & 203H at the following approximate locations within Township 20 South, Range 28 East:

- 1. Dundee 4 Fed Com 111H**
SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10’ FEL & 990’ FNL of Section 3
FTP: 100’ FWL & 990’ FNL of Section 4
LTP: 100’ FEL & 990’ FNL of Section 3
TVD: 6,160’
TMD: Approximately 16,887’
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

- 2. Dundee 4 Fed Com 112H**
SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10’ FEL & 2310’ FNL of Section 3
FTP: 100’ FWL & 2310’ FNL of Section 4
LTP: 100’ FEL & 2310’ FNL of Section 3
TVD: 6,160’
TMD: Approximately 16,887’
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

300 N. Marienfeld St., Suite 1000, Midland, Texas 79701
P: (432) 695-4222 | F: (432) 695-4063
www.ColgateEnergy.com

Colgate Operating, LLC
Case No. 22824
Exhibit A-4

Dundee 4 Fed Com Well Proposal

3. Dundee 4 Fed Com 113H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 1650' FSL of Section 3
FTP: 100' FWL & 1650' FSL of Section 4
LTP: 100' FEL & 1650' FSL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

4. Dundee 4 Fed Com 114H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

5. Dundee 4 Fed Com 121H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

6. Dundee 4 Fed Com 122H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 2310' FNL of Section 3
FTP: 100' FWL & 2310' FNL of Section 4
LTP: 100' FEL & 2310' FNL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

7. Dundee 4 Fed Com 123H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 1650' FSL of Section 3
FTP: 100' FWL & 1650' FSL of Section 4
LTP: 100' FEL & 1650' FSL of Section 3
TVD: 7,509'
TMD: Approximately 12,794'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

8. Dundee 4 Fed Com 124H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

9. Dundee 4 Fed Com 131H

SHL: At a legal location the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

10. Dundee 4 Fed Com 132H

SHL: At a legal location the NE/4NE/4 of Section 5
BHL: 10' FEL & 2,310' FNL of Section 3
FTP: 100' FWL & 2,310' FNL of Section 4
LTP: 100' FEL & 2,310' FNL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

11. Dundee 4 Fed Com 133H

SHL: At a legal location the SE/4 of Section 5
BHL: 10' FEL & 1,650' FSL of Section 3
FTP: 100' FWL & 1,650' FSL of Section 4
LTP: 100' FEL & 1,650' FSL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

12. Dundee 4 Fed Com 134H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

13. Dundee 4 Fed Com 201H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 1,650' FNL of Section 3
FTP: 100' FWL & 1,650' FNL of Section 4
LTP: 100' FEL & 1,650' FNL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

14. Dundee 4 Fed Com 202H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 2,310' FSL of Section 3
FTP: 100' FWL & 2,310' FSL of Section 4
LTP: 100' FEL & 2,310' FSL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

15. Dundee 4 Fed Com 203H

SHL: At a legal location in the SE/4SE/4 of Section 5
BHL: 10' FEL & 990' FSL of Section 3
FTP: 100' FWL & 990' FSL of Section 4
LTP: 100' FEL & 990' FSL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Colgate is proposing to drill these wells under the modified terms of the 1989 AAPL Operating Agreement and a form of said Operating Agreement is available upon request. The Operating Agreement has the following general provisions:

- 100%/300%/300% non-consent provisions
- \$8,000/\$800 drilling and producing rates
- Colgate Operating, LLC named as Operator

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the proposed AFE, a signed copy of the insurance declaration and your geologic well requirements.

In the interest of time, should we not reach an agreement within thirty (30) days of the date of your receipt of this letter, Colgate will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well. If you do not wish to participate, Colgate would be interested in acquiring your interest in the subject lands which is subject to further negotiation.

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.257.3886 or by email at mhajdik@colgateenergy.com.

Respectfully,



Mark Hajdik
Senior Staff Landman
Enclosures

Dundee 4 Fed Com Well Proposal

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Dundee 4 Fed Com 111H		
Dundee 4 Fed Com 112H		
Dundee 4 Fed Com 113H		
Dundee 4 Fed Com 114H		
Dundee 4 Fed Com 121H		
Dundee 4 Fed Com 122H		
Dundee 4 Fed Com 123H		
Dundee 4 Fed Com 124H		
Dundee 4 Fed Com 131H		
Dundee 4 Fed Com 132H		
Dundee 4 Fed Com 133H		
Dundee 4 Fed Com 134H		
Dundee 4 Fed Com 201H		
Dundee 4 Fed Com 202H		
Dundee 4 Fed Com 203H		

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Dundee 4 Fed Com Well Proposal

Participate / Rejection Declaration

Please return this page to Colgate by the date specified in the letter, signed indicating your election to either participate in or reject this insurance program. If you reject the insurance coverage arranged by Colgate, then, to the extent that Colgate has an obligation to secure any such insurance on your behalf under any applicable agreements or otherwise, Colgate will be relieved of such obligation, and Colgate will assume that you maintain appropriate levels of insurance and will provide a current Certificate of Insurance upon request. If you fail to make an election within 30 days from receipt of this notice, you will be deemed a participant in the program as detailed on the attached and billed for your percentage participation as such.

- I hereby elect to participate in the insurance coverage arranged by Colgate Operating, LLC and understand that I will be charged for such participation.
- I hereby elect to reject the insurance coverage arranged by Colgate Operating, LLC.

Agreed this _____ day of _____, 2022 by:

Company Name (If Applicable):

Signature

Printed Name

Title

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	3/3/2022	AFE NO.:	0
WELL NAME:	Dundee 4 Fed Com 202H	FIELD:	Old Millman Ranch, BONE SPRING
LOCATION:	Section 5, Block T205-R28E	MD/TVD:	19552' MD / 8825' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,400
Colgate WI:		DRILLING DAYS:	21.0
GEOLOGIC TARGET:	WCXY	COMPLETION DAYS:	19

REMARKS: Drill a horizontal WCXY well and complete. AFE includes drilling, completions, flowback and Initial AL install cost

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	207,601	13,000	25,000	245,601
4 Freight / Transportation	34,270	30,250	-	64,520
5 Rental - Surface Equipment	93,261	153,700	13,060	260,021
6 Rental - Downhole Equipment	147,810	26,250	-	174,060
7 Rental - Living Quarters	35,745	43,450	-	79,195
10 Directional Drilling, Surveys	322,288	-	-	322,288
11 Drilling	566,837	-	-	566,837
12 Drill Bits	72,080	-	-	72,080
13 Fuel & Power	142,742	300,000	-	442,742
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	24,000	-
16 Perforating, Wireline, Slickline	-	292,525	28,000	320,525
17 High Pressure Pump Truck	-	46,000	18,000	64,000
18 Completion Unit, Swab, CTU	-	75,950	-	75,950
20 Mud Circulation System	79,486	-	-	79,486
21 Mud Logging	16,236	-	-	16,236
22 Logging / Formation Evaluation	7,419	6,000	-	13,419
23 Mud & Chemicals	264,957	316,753	-	581,709
24 Water	31,270	487,976	-	519,246
25 Stimulation	-	562,286	-	562,286
26 Stimulation Flowback & Disp	-	102,125	-	102,125
28 Mud / Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision / Engineering	93,190	102,075	4,800	200,065
32 Drig & Completion Overhead	7,875	-	-	7,875
34 Vacuum Truck	-	-	2,000	-
35 Labor	103,986	50,000	20,000	173,986
54 Proppant	-	1,029,600	-	1,029,600
95 Insurance	10,363	-	-	10,363
97 Contingency	-	16,869	-	16,869
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,568,320	3,698,808	134,860	6,375,988

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 18,835	\$ -	\$ -	\$ 18,835
61 Intermediate Casing	123,096	-	-	123,096
62 Drilling Liner	-	-	-	-
63 Production Casing	485,741	-	-	485,741
64 Production Liner	-	-	-	-
65 Tubing	-	-	85,500	85,500
66 Wellhead	46,640	-	40,200	86,840
67 Packers, Liner Hangers	10,600	-	7,500	18,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	84,000	84,000
70 Flow Lines	-	-	94,800	94,800
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	23,000	23,000
73 Compressor	-	-	42,500	42,500
74 Installation Costs	-	-	34,000	34,000
75 Surface Pumps	-	-	20,000	20,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	26,000	26,000
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	15,400	15,400
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	40,000	40,000
82 Tank / Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical / Grounding	-	-	-	-
85 Communications / SCADA	-	-	15,000	15,000
86 Instrumentation / Safety	-	-	-	-
TOTAL TANGIBLES >	684,912	0	527,900	1,212,812
TOTAL COSTS >	3,253,232	3,698,808	662,760	7,588,800
	\$ 313	\$ 356	\$ 730	

PREPARED BY Colgate Energy:

Drilling Engineer:	SS/RM/PS
Completions Engineer:	BA/ML
Production Engineer:	Levi Harris

Colgate Energy APPROVAL:

Co-CEO	WH	Co-CEO	JW	VP - Operations	CRM
VP - Land & Legal	BG	VP - Geosciences	SO		

NON OPERATING PARTNER APPROVAL:

Company Name:	Working Interest (%):	Tax ID:
Signed by:	Date:	
Title:	Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No (mark one)	

The costs on this AFE are estimates only and may not be construed as collings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of approval.

Dundee 4 Communication Timeline

March 2022 – Initial proposals sent for the Dundee 4 Wells

March-Present 2022 – The following actions were taken for Estate of Don Hoffman and T E Ray Resources:

- From March to present non deliverable proposals were resent to additional addresses
- Colgate utilized a number of resources to locate parties or new addresses
 - Researched online and county records
 - Utilized idiCore which is a subscription based online investigative search tool to locate last known addresses and other information about parties
 - Searched obituaries to identify possible heirs to send notice to
 - Searched Secretary of State website for details regarding entities that had bad delivery or were not locatable

March 2022 – Rubin and Mordka elected to non consent the proposals. Neitzel and AGS Resources 2007 elected to participate and appears to intend to participate under the orders.

March-May 2022 – Exchanged correspondence with Kirk & Sweeney via email and they plan to participate pursuant to the orders closer to actual spud. Exchanged email and telephone conversations with various parties including Locker and Kennedy. Did not receive a final election or enter into JOA negotiations from several of the parties communicated with.

June 2022 – Negotiated JOA and finalized execution of JOA covering all spacing units with COG.

March 2022 to present – Several parties have not responded to the proposals that were received and two parties were completely unlocatable necessitating compulsory pooling.

Colgate Operating, LLC
Case No. 22824
Exhibit A-5

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

**APPLICATION OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22824

**SELF-AFFIRMED STATEMENT
OF DAVID DAGIAN**

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

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

3. **Exhibit B-1** is a regional locator map that identifies the Dundee project area, in proximity to the Capitan Reef within the Delaware Basin, for the Wolfcamp horizontal spacing units that are the subject of these applications.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Wolfcamp formation. The approximate wellbore path for the proposed Dundee 4 Fed Com 202H well (“Well”) is represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity to the proposed well.

5. **Exhibit B-3** is a Wolfcamp Structure map on the top of the Wolfcamp formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore path for the Dundee 4 Fed Com 202H proposed Well with a purple dashed line. It also identifies the

location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast 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-4** identifies three wells penetrating the targeted interval I used to construct a structural cross-section from A to A'. The structural cross section from west to east shows the regional dip to the East-Southeast for the Wolfcamp Well. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The target zones for the proposed Well is the Wolfcamp formation, which is consistent across the units. The approximate well-path for the proposed Well is indicated by dashed lines to be drilled from west to east across the units.

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit B-4**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zone for the Well is labeled on the exhibit. The approximate well-path for the proposed well is indicated by dashed lines to be drilled from west to east across the units. This cross-section demonstrates the target interval is continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the Dundee 4 Fed Com 202H well in the Wolfcamp formation.

9. In my opinion, a laydown orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

10. 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 Well.

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

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

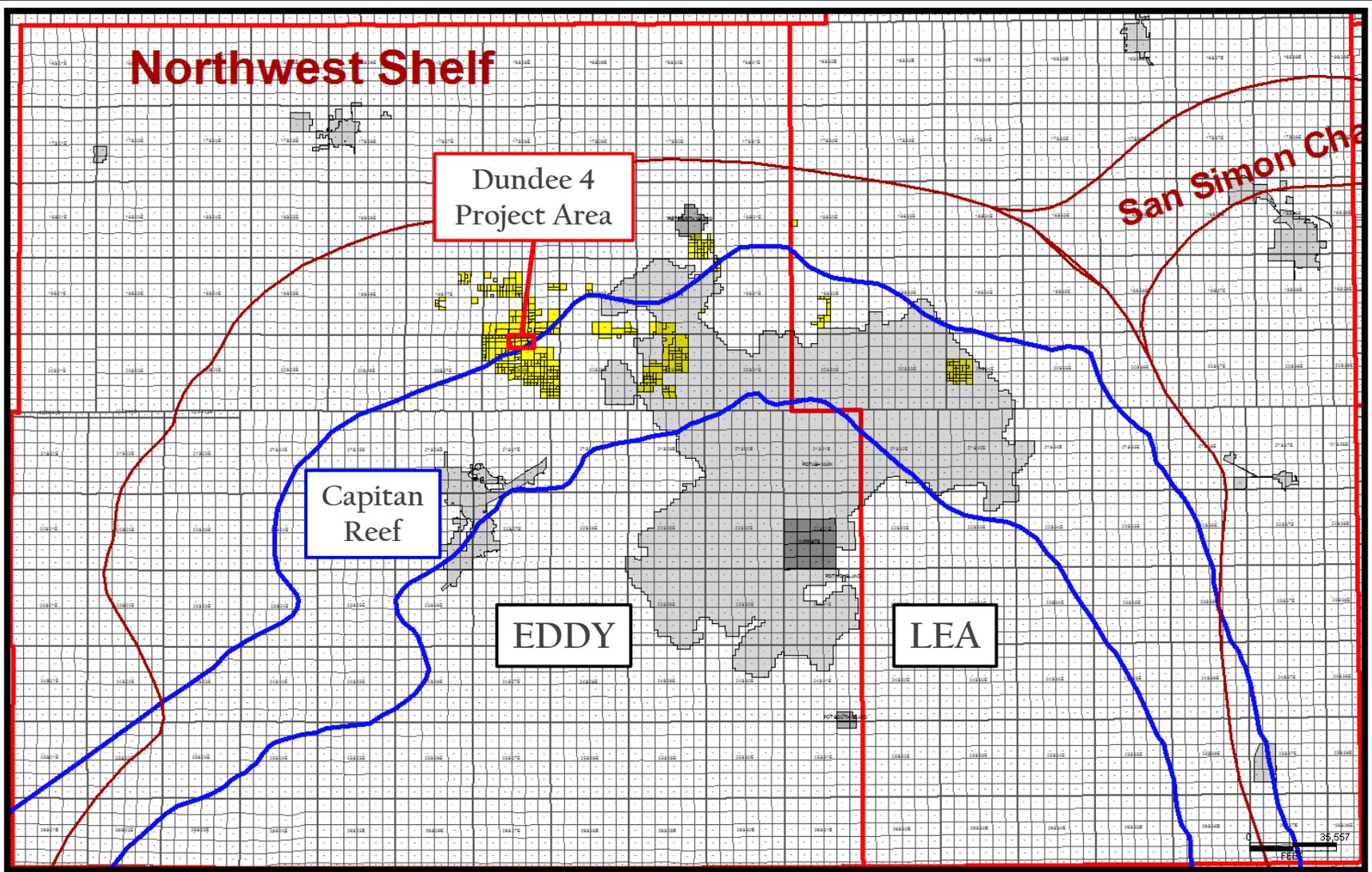
13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 12 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.



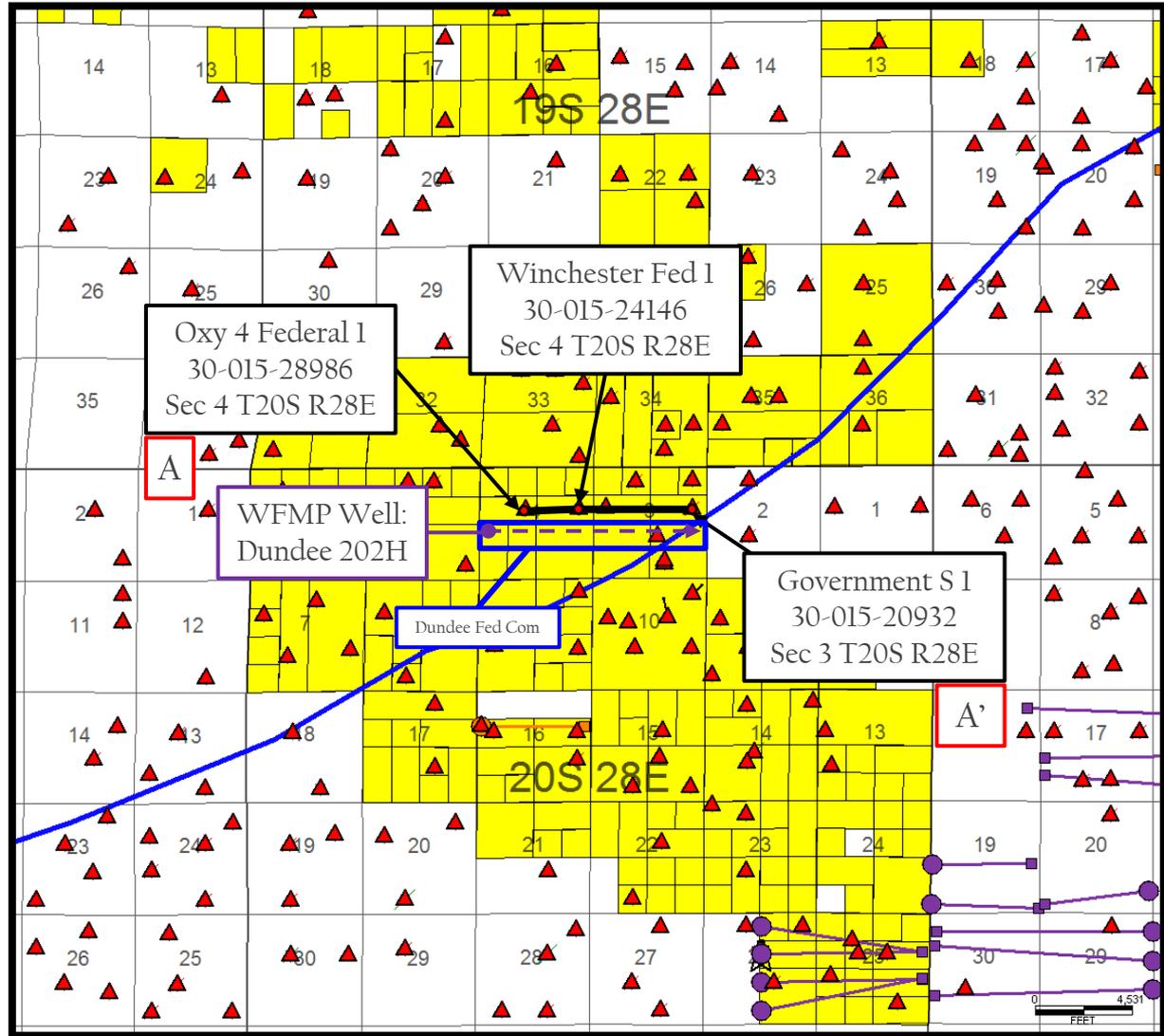
David DaGian

5/25/22

Date



 Colgate Energy



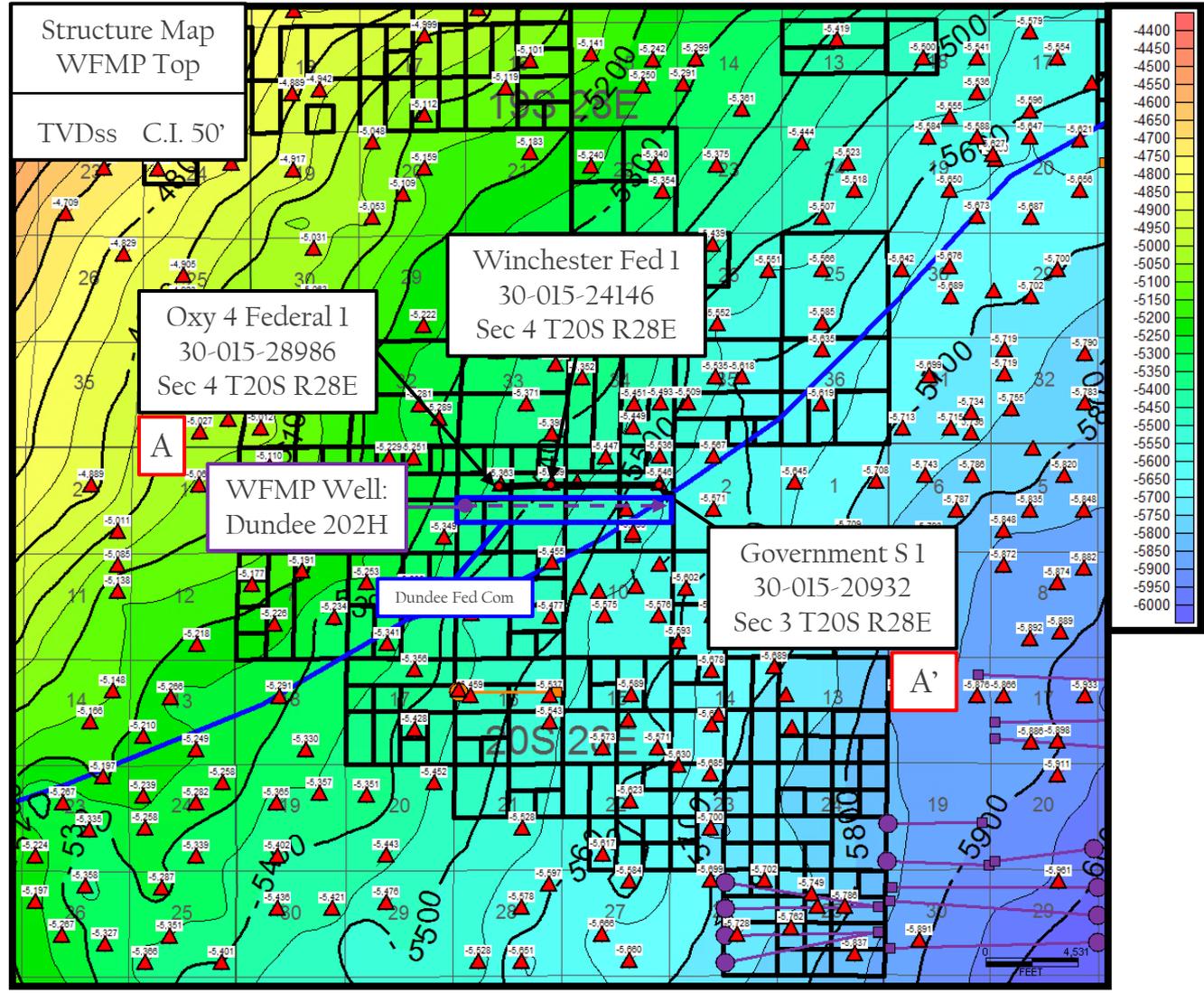
Proposed Wells



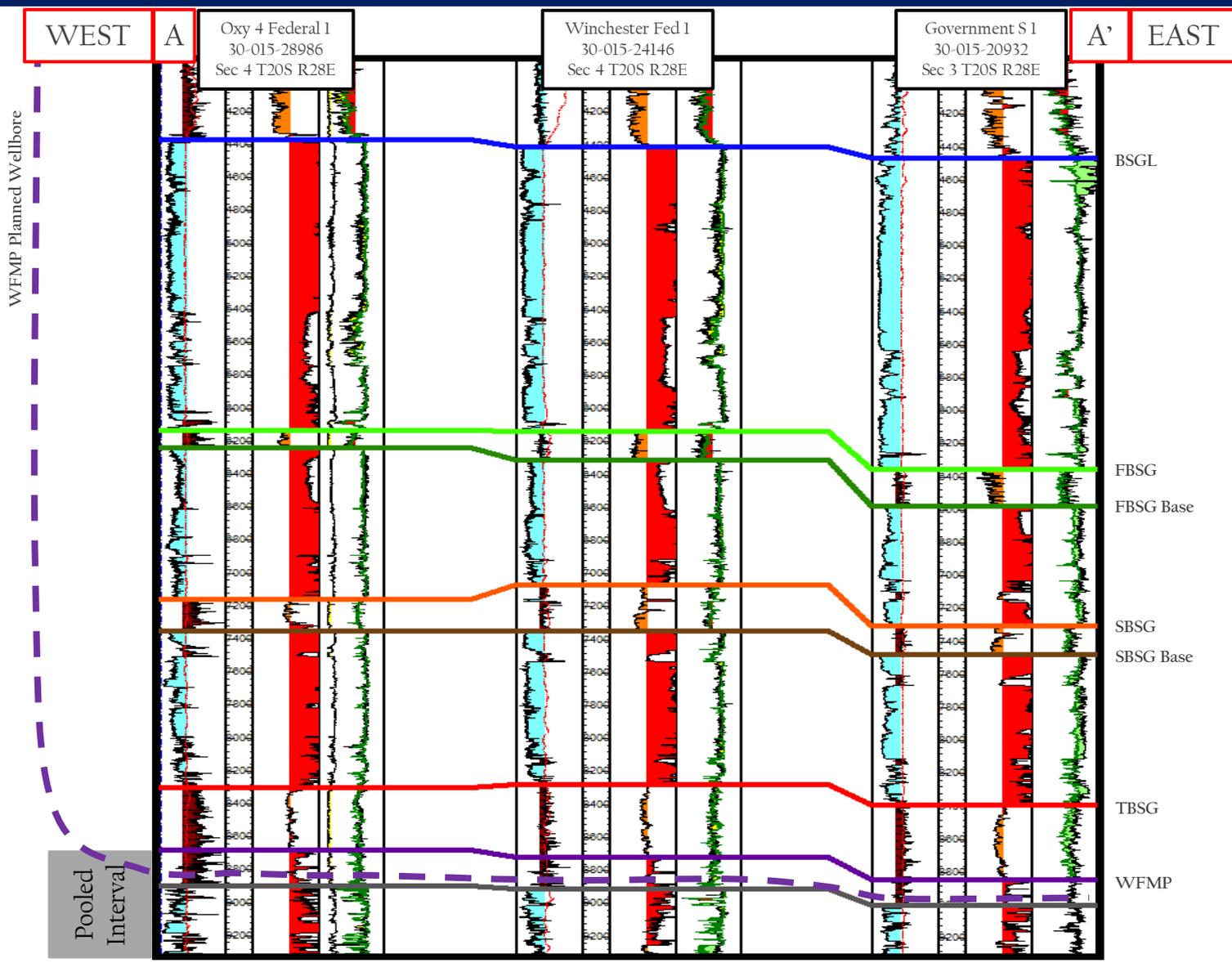
Producing Wells

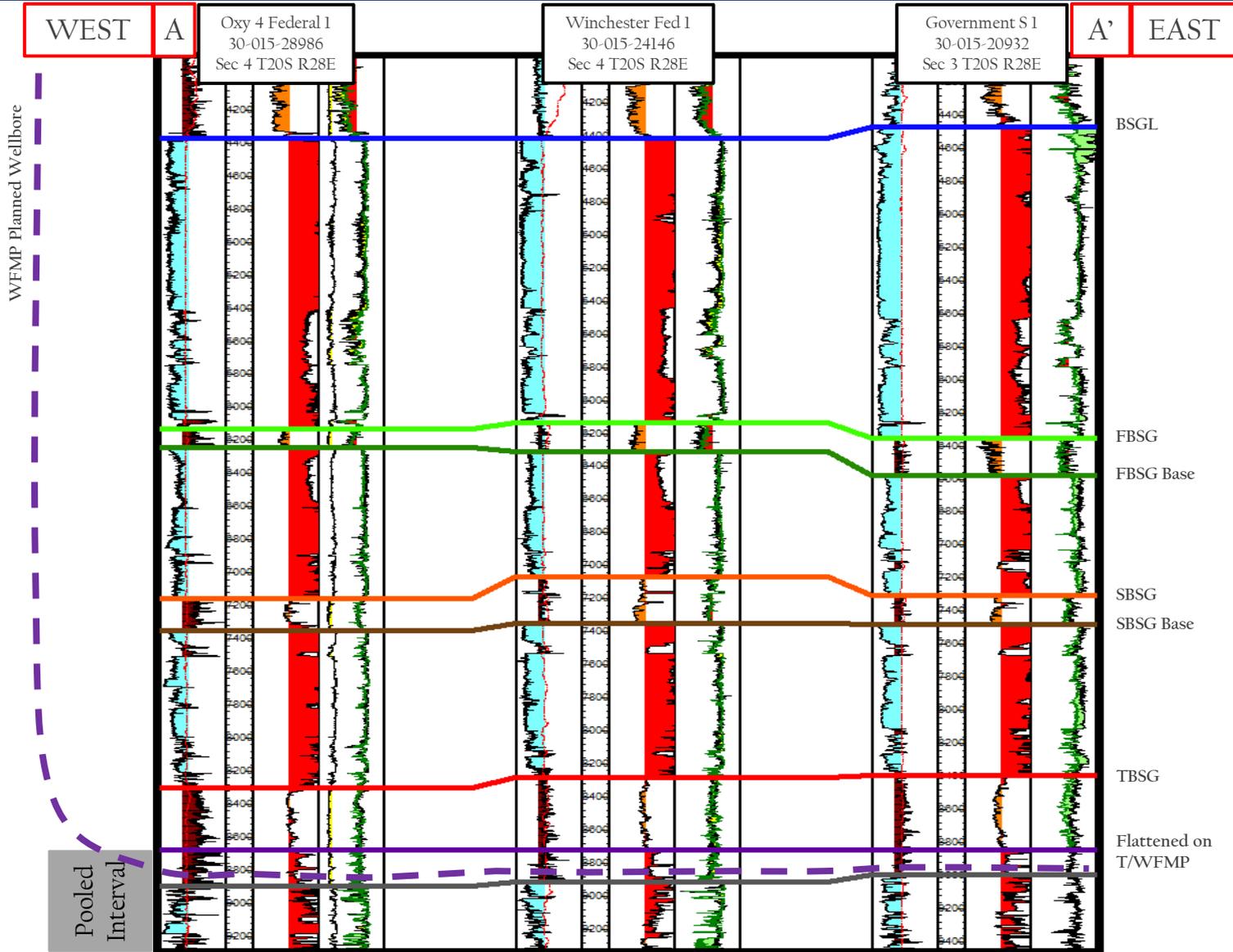


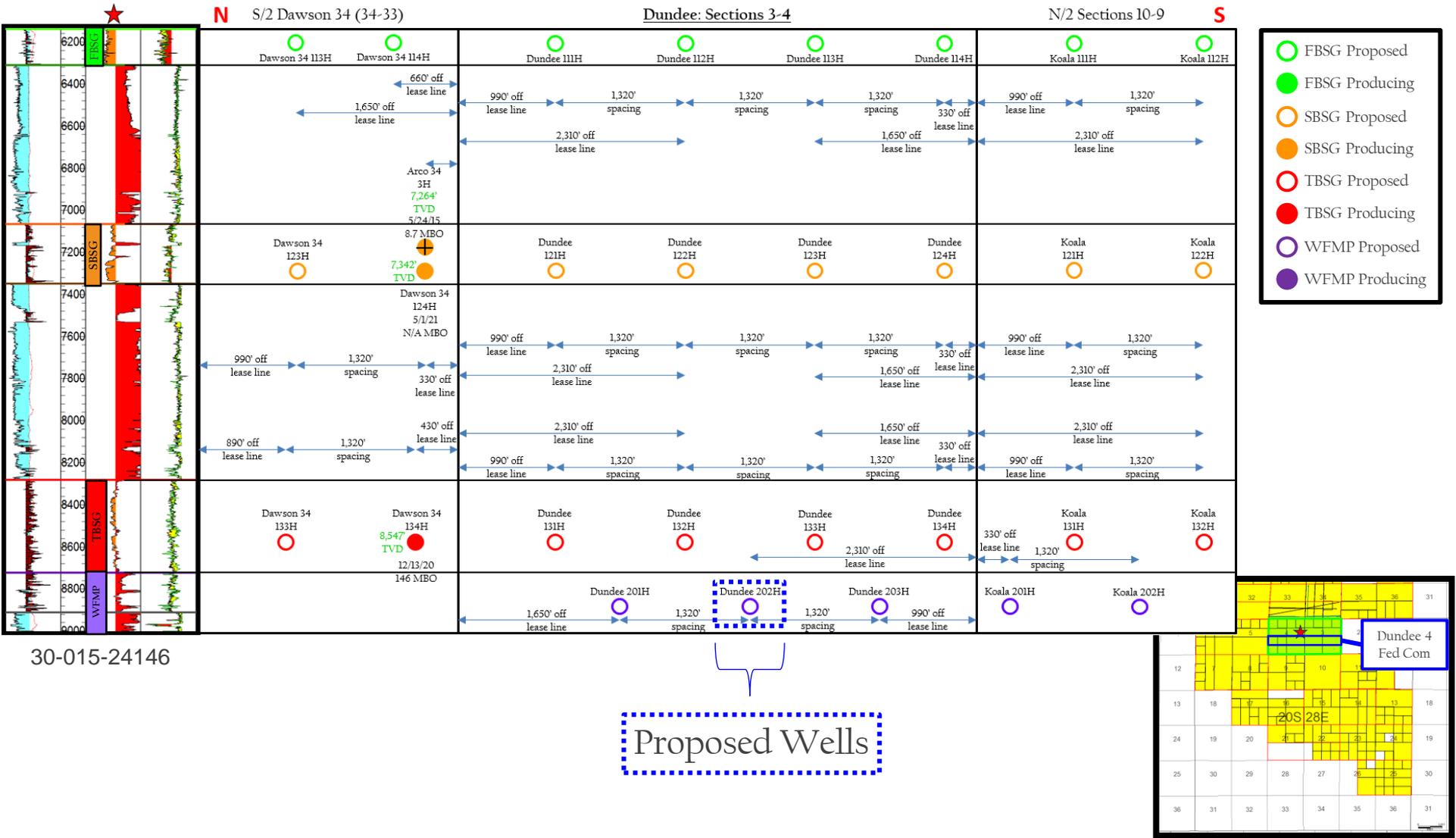
Colgate Energy



Colgate Energy







30-015-24146

Proposed Wells

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

**APPLICATIONS OF COLGATE OPERATING, LLC
FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.**

CASE NO. 22824

**SELF-AFFIRMED STATEMENT OF
DANA S. HARDY**

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

2. I am familiar with the Notice Letters attached as **Exhibit C-1** and caused the Notice Letters to be sent to the parties set out in the chart attached as **Exhibit C-2**.

3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit C-2.

4. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.

5. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.

6. On May 18, 2022, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.

/s/ Dana S. Hardy
Dana S. Hardy

July 2, 2022
Date

Colgate Operating, LLC
Case No. 22824
Exhibit C



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. 22824 – Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy 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/ocd/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/ocd/ocdpermitting/>) 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 Mark Hadjik at 432-257-3886 if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

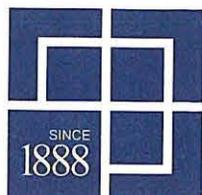
Enclosure

Colgate Operating, LLC
 Case No. 22824
 Exhibit C-1

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

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

7601 JEFFERSON ST NE · SUITE 180
 ALBUQUERQUE, NEW MEXICO 87109
 505-858-8320
 (FAX) 505-858-8321



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

May 12, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE

Re: Case Nos. 22824, 22825, 22826, 22827, 22828, 22829, 22830, 22831, 22834 – Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy 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.

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Please do not hesitate to contact Mark Hadjik at 432-257-3886 if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554
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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 COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22824

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
COG Operating LLC 600 W Illinois Ave Midland, TX 79701	05/13/22	05/25/22

Colgate Operating, LLC
Case No. 22824
Exhibit C-2

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Adventure Exploration L.P. P.O. Box 11354 Midland, TX 79702	05/13/22	Per USPS Tracking: In Transit to Next Facility as of 05/21/22.
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002 25812 South Danford Dr Sun Lake, AZ 85248	05/13/22	05/20/22
John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532	05/13/22	05/25/22
Shelley Schutz Dominguez 725 Live Oak El Paso, TX 79932	05/13/22	05/25/22
Energy Properties Limited, L.P. PO Box 51408 Casper, WY 82605	05/13/22	06/01/22
FFF, Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Frannifin Minerals, LLC PO Box 13128 Las Cruces, NM 88013	05/13/22	05/20/22
Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801	05/13/22	06/07/22
Robert W. Hanagan PO Box 750 Big Horn, WY 82833	05/13/22	06/01/22
Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707	05/13/22	05/18/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan PO Box 2944 Casper, WY 82602	05/13/22	05/25/22
Hutchings Oil Company PO Box 1216 Albuquerque, NM 87103	05/13/22	05/25/22
JAB Investments, Inc. 612 W Plains Ave Clovis, NM 88101	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/20/22.
JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702	05/13/22	05/25/22
Long, LLC 215 South State St #100 Salt Lake City, UT 84111	05/13/22	05/31/22 Return to sender. Vacant.
Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703	05/13/22	05/25/22
MKL Minerals LLC 1901 Ward Midland, TX 79705	05/13/22	05/18/22
MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	05/25/22
MAP 98A-OK, an Oklahoma general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514	05/13/22	05/20/22
MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514	05/13/22	05/25/22
Merrick Properties, LLC P.O. Box 144 Midland, TX 79702	05/13/22	05/25/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707	05/13/22	06/02/22
Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202	05/13/22	05/18/22
Robin L. Morgan 135 Cottonwood Rd Artesia, NM 88210	05/13/22	05/18/22
Motowi, LLC 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202	05/13/22	05/18/22
Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012 706 Brazos St. Roswell, NM 88201	05/13/22	05/18/22
Nuevo Seis, Limited Partnership PO Box 2588 Roswell, NM 82202	05/13/22	05/20/22
OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147	05/13/22	05/25/22
PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702	05/13/22	05/25/22
Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702	05/13/22	05/25/22

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Qualia Interests, LLC PO Box 991 Midland, TX 79702	05/13/22	05/25/22
ROEC, Inc 528 Corona St. Denver, CO 80209	05/13/22	06/01/22 Return rec'd 06/28/22 Return to Sender Rec'd – not at this address
Realtimzone, Inc. PO Box 1834 Roswell, NM 88202	05/13/22	05/20/22
S & E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226	05/13/22	06/01/22
Michelle R. (Hannifin) Sandoval PO Box 131570 Carlsbad, CA 92013	05/13/22	Per USPS Tracking: In Transit to Next Facility as of 05/20/22.
Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202	05/13/22	05/20/22
Harold Scott 12025 N 1878 Rd Sayre, OK 73662-7601	05/13/22	05/20/22
Robin K. Shackelford 108 Paradise Canyon Ruidoso, NM 88345	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211	05/13/22	05/25/22
Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell 315 N Orchard Ln Covington, LA 70433	05/13/22	06/16/22 Return to sender. Unclaimed.

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Cristina Elizabeth Shelton 315 N Orchard Ln Covington, LA 70433	05/13/22	06/16/22 Return to sender. Unclaimed.
Stelaron, Inc. P.O. Box 7787 Amarillo, Texas 79114	05/13/22	06/01/22
Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042	05/13/22	05/20/22
Doris R. Stinson 30 SKP Ranch RD 33 Lakewood, NM, 88254	05/13/22	06/21/22 Return to sender.
Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401	05/13/22	05/25/22
John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831	05/13/22	06/02/22
Sandra Thoma 789 West Hells Gate Strawn, TX 76475	05/13/22	06/15/22 Return to sender.
Trinity Royalty Holdings I LP 1330 Post Oak Blvd Ste 1888 Houston, TX 77056	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981 4151 Woronzof Dr. Anchorage, AK 99517	05/13/22	06/10/22 Return to sender.

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

APPLICATIONS OF COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Wambaugh Exploration LLC 4747 RESEARCH FOREST DR STE 410 THE WOODLANDS, TX 77381- 4903	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.
--	----------	--

7021 0950 0002 0370 8657

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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 \$ _____

COG Operating LLC
 600 W Illinois Ave
 Midland, TX 79701

Colgate Dundee - 22824

Postmark Here
 MAY 13 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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Douglas R</i></p> <p>C. Date of Delivery <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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>COG Operating LLC 600 W Illinois Ave Midland, TX 79701</p> <p>Colgate Dundee - 22824</p> <p> 9590 9402 6746 1074 2469 24</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) 7021 0950 0002 0370 8657</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Colgate Operating, LLC
Case No. 22824
Exhibit C-3

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MAY 1 Here 2022

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7595 5220

7019 2970 0000 7595 5220

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
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002
25812 South Danford Dr
Sun Lake, AZ 85248

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

Colgate Dundee - ORRI 22824-31 & 34

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>PR</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>PR</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>1. Article Addressed to:</p> <p style="text-align: center;">Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002 25812 South Danford Dr Sun Lake, AZ 85248</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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: 1.5em; color: red;">7019 2970 0000 7595 5220</p>	<p style="text-align: right; font-size: 1.5em; color: red;">7595 5220</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7019 2970 0000 7642 4947

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.		John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532
City, State, ZIP+4®		Biloxi, MS 39532-3134

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><input checked="" type="checkbox"/> <i>John P. Conn</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>JOHN P. Conn</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>1. Article Addressed to:</p> <p style="text-align: center;">John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORR1 22824-31 & 34</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4947</p>	<p>9590 9402 6746 1074 3890 89</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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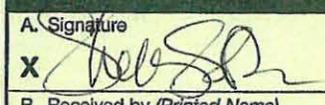
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7019 2970 0000 7642 4978

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. Shelley Schutz Dominguez 725 Live Oak	
City, State, ZIP+4® El Paso, TX 79932 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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 checked="" type="checkbox"/>  <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Shelley Schutz Dominguez 725 Live Oak El Paso, TX 79932</p> <p style="font-size: 0.8em; margin-top: 5px;">Colgate Dundee - ORRI 22824-31 & 34</p> </div>	<p>B. Received by (Printed Name) C. Date of Delivery Shelley Dominguez 5/19/22</p>												
<p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 4978</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 3890 58</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>	<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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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7019 2970 0000 7642 4879

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.	Energy Properties Limited, L.P. PO Box 51408 Casper, WY 82605
City, State, ZIP+4®	Casper, WY 82605 <small>Colgate Domicile - ORRI 22824-31 & 34</small>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Tom George</u> C. Date of Delivery <u>5/24/22</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>1. Article Addressed to:</p> <p style="text-align: center;">Energy Properties Limited, L.P. PO Box 51408 Casper, WY 82605</p> <p style="text-align: center;"><small>Colgate Domicile - ORRI 22824-31 & 34</small></p>													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 4879</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> 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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>													
<p>Domestic Return Receipt</p>													

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7019 2970 0000 7642 5128

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. Frannifin Minerals, LLC
PO Box 13128

City, State, ZIP+4® Las Cruces, NM 88013
Colgate Dundee - ORRI 22824-31 & 34

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><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FRANNIFIN</i> C. Date of Delivery <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 type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Frannifin Minerals, LLC PO Box 13128 Las Cruces, NM 88013</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></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>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">9590 9402 6746 1074 2264 90</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 5128</p>	<p style="text-align: center;">Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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MAY 19 2022

USPS

7019 2970 0000 7595 5251

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. Natalie V. Hanagan 1922 18th Ave West City, State, ZIP+4® Williston, ND 58801 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801 <small>Colgate Dundee - ORRI 22824-31 & 34</small> </div> <div style="text-align: center;">  9590 9402 6746 1074 3892 25 </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7595 5251</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Natalie Hanagan</p> <p>C. Date of Delivery 6-1-22</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> </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													

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

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MAY 13 2022

USPS

7019 2970 0000 7595 5244

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. Robert W. Hanagan PO Box 750	
City, State, ZIP+4® Big Horn, WY 82833	

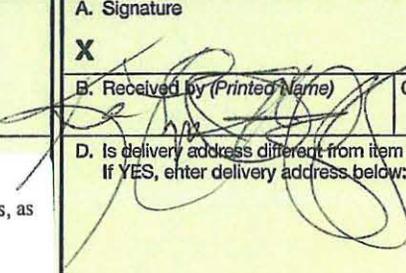
Colgate Dundee - ORRI 22824-31 & 34

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 checked="" type="checkbox"/> <i>Brenda Hanagan</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brenda Hanagan</i> C. Date of Delivery <i>5/24/22</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;">Robert W. Hanagan PO Box 750 Big Horn, WY 82833</p> <p style="text-align: center;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> 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; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5244</p>	<p><input type="checkbox"/> Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>													
<p>Domestic Return Receipt</p>													

7019 2970 0000 7642 4954

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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. _____ City, State, ZIP+4® _____ Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707 Colgate Dundee - ORRI 22824-31 & 34	
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"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____
1. Article Addressed to: Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	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) 7019 2970 0000 7642 4954	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"/> 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)

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® _____

William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan
 PO Box 2944
 Casper, WY 82602

Colgate Dundee - ORRI 22824-31 & 34

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

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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 X <i>Tom Heiss</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>5-19-22</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>1. Article Addressed to:</p> <p>William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan PO Box 2944 Casper, WY 82602</p> <p>Colgate Dundee - ORRI 22824-31 & 34</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>9590 9402 6746 1074 3891 26</p> <p>7019 2970 0000 7642 4909</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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MAY 13 2022

7019 2970 0000 7595 5213

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.		Hutchings Oil Company PO Box 1216
City, State, ZIP+4®		Albuquerque, NM 87103 <small>Colgate Dundee - DRR1 22824-31 & 34</small>

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>X <i>Jane Sildan</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p>Hutchings Oil Company PO Box 1216 Albuquerque, NM 87103</p> <p style="font-size: 0.8em; text-align: right;"><small>Colgate Dundee - DRR1 22824-31 & 34</small></p> </div>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Janelle W. ...</i> MAY 18 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2970 0000 7595 5213</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 3892 63</p>	<p>3. Service Type <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</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</p> <p style="text-align: right;">Restricted Delivery</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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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. JB & PDIII Partners, LLC
P.O. Box 1811
Midland, TX 79702

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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>JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702</p> <p style="font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 3973 36</p> </div> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 5036</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Paul L. Navin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Paul L. Navin</i> 5/19/2022</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><input type="checkbox"/> 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													
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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. Lowe Royalty Partners, LP
1717 W. 6th Street, Suite 470
Austin, Texas 78703

City, State, ZIP+4® _____ Colgate Dundee - ORRI 22824-31 & 34

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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</p> <p><input checked="" type="checkbox"/> <i>Secure</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703</p> <p style="text-align: center;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>  <p style="text-align: center;">9590 9402 6746 1074 3973 05</p>	<p>B. Received by (Printed Name)</p> <p style="text-align: center;"><i>Mailbox</i></p>	<p>C. Date of Delivery</p> <p style="text-align: center;"><i>5/18</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 5067</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"/> Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

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1522

7019 2970 0000 7642 5142

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. MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	

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>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; font-size: 1.2em;">MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011</p> <p style="font-size: 0.8em; text-align: center;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>3. Service Type <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</p> <p><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</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 5142</p>	<p>restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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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. _____ City, State, ZIP+4® _____	

MAP 98A-OK, an Oklahoma general partnership
 101 North Robinson, Suite 1000
 Oklahoma City, OK 73102-5514
 Colgate Dundee - ORRI 22824-31 & 34

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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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michelle Creach</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>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;"> MAP 98A-OK, an Oklahoma general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514 <small>Colgate Dundee - ORRI 22824-31 & 34</small> </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>	<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; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5074</p>	<p style="text-align: right; font-size: 0.8em;">stricted Delivery</p>												

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Certified Mail Fee	
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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.	MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514
City, State, ZIP+4®	Oklahoma City, OK 73102-5514 <small>Colgate Damlac - ORRI 22824-31 & 34</small>

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Damlac - ORRI 22824-31 & 34</small></p> <div style="text-align: center;">  9590 9402 6746 1074 3972 82 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 5081</p>	<p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">X <i>M. Creach</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.2em; color: blue;"><i>Mitchelle Creach 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><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 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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7019 2970 0000 7642 5050

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	
MKL Minerals LLC	
1901 Ward	
Midland, TX 79705	
Colgate Dundee - ORRI 22824-31 & 34	
City, State, ZIP+4®	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</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 style="text-align: center;">MKL Minerals LLC 1901 Ward Midland, TX 79705</p> </div> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>Wase Summons</u> <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>												
<div style="text-align: center;"> <p>9590 9402 6746 1074 3973 12</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5050</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> </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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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7019 2970 0000 7642 5043

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.		Merrick Properties, LLC P.O. Box 144 Midland, TX 79702
City, State, ZIP+4®		Midland, TX 79702 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

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><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i> 5/23/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>													
<p>1. Article Addressed to:</p> <p style="text-align: center;">Merrick Properties, LLC P.O. Box 144 Midland, TX 79702</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> <p style="text-align: center; font-weight: bold;">9590 9402 6746 1074 3973 29</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>		<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="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5043</p> <p style="text-align: right; font-size: 0.8em;">Restricted Delivery</p>														

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7019 2970 0000 7595 5190

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® _____	
Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707	
<small>Colgate Dundee - ORRI 22824-31 & 34</small>	
<small>PS Form 3800, April 2015 PSN 7530-02-000-9047</small>	
<small>See Reverse for Instructions</small>	

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 <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>Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707</p> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> </div> <p style="text-align: center;">9590 9402 6746 1074 3892 87</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>STEPHEN T. MITCHELL 5/31/22</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7595 5190</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature 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</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p style="text-align: center;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	
<p style="text-align: right;">Domestic Return Receipt</p>	

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Certified Mail Fee \$ _____	SANTA, FE, NM 87504 Postmark Here MAY 13 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. Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	

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><i>Viola A. Vigil</i> 5-16-22</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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>	<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; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7595 5176</p>	<p>Insured Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (0)</p>												

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7019 2970 0000 7642 4916

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.	Robin L. Morgan 135 Cottonwood Rd
City, State, ZIP+4®	Artesia, NM 88210

Colgate Dundee - ORRI 22824-31 & 34

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>TAYLOR MORGAN</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> <p style="text-align: center; padding: 10px;">Robin L. Morgan 135 Cottonwood Rd Artesia, NM 88210</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</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> </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; font-size: 1.2em;">7019 2970 0000 7642 4916</p>	<p style="text-align: right;">Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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7019 2970 0000 7642 4831

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.	Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202
City, State, ZIP+4®	Roswell, NM 88202 Colgate Dundee - ORRI 22824-31 & 34

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><input checked="" type="checkbox"/> <i>Mark B. Murphy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Diana Ruiz</i> MAY 16 2022</p>												
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><i>Mark B. Murphy Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202</i></p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 4831</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> </table> <p style="text-align: right;">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													

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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. Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012

City, State, ZIP+4® Roswell, NM 88201

Postmark Here MAY 13 2022

Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7595 5169

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) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012 706 Brazos St. Roswell, NM 88201</p> <p>Colgate Dundee - ORRI 22824-31 & 34</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 3893 17</p> <p>7019 2970 0000 7595 5169</p>	<p>Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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MAY 13 2022

14376

14376

7019 2970 0000 7642 4985

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.	Nuevo Seis, Limited Partnership PO Box 2588
City, State, ZIP+4®	Roswell, NM 82202 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

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 style="text-align: center; font-size: 1.2em;">Nuevo Seis, Limited Partnership PO Box 2588 Roswell, NM 82202</p> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></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>	<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; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 4985</p>	<p>mail mail Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

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MAY 17 2022
Postmark Here
USPS

PAGOSA SPRINGS, CO
81147

7019 2970 0000 7642 4848

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.	OGI, Inc. PO Box 5686
City, State, ZIP+4®	Pagosa Springs, CO 81147 <small>Colgate Dundee - ORRI 22824-31 & 34</small>

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 style="margin: 0;">OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147</p> <p style="font-size: 0.8em; margin: 0;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> </div> <div style="text-align: center; margin: 5px 0;"> <p style="font-size: 1.2em; margin: 0;">9590 9402 6746 1074 3891 88</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; margin: 0;">7019 2970 0000 7642 4848</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Anne Zeller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Anne Zeller</i> MAY 20 2022</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> </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>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	\$
Sent To	
Street and Apt. No., or PO Box No.	PDIII Exploration, LTD. P.O. Box 871
City, State, ZIP+4®	Midland, Texas 79702
<small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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>PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702</p> <p style="font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> </div> <p style="text-align: center;">9590 9402 6746 1074 3973 50</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2970 0000 7642 5029</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Paul L. Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>Paul L. Davis</i> 5/19/2022</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> </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													

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7019 2970 0000 7642 5012

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. Paul Davis, Ltd. P.O. Box 871 City, State, ZIP+4® Midland, TX 79702 <small>Colgate Dundee - ORRI 22824-31 & 34</small>	

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"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Paul L Davis 5/19/2022</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;"> Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702 </div> <p style="font-size: 0.8em; text-align: center;">Colgate Dundee - ORRI 22824-31 & 34</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>	<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> <div style="text-align: center; font-size: 1.2em; font-weight: bold;"> 7019 2970 0000 7642 5012 </div>	<p style="font-size: 0.8em;">all Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7019 2970 0000 7595 5206

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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. Qualia Interests, LLC PO Box 991 Midland, TX 79702 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 FSN 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. 	A. Signature <input checked="" type="checkbox"/> <i>C. [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Qualia Interests, LLC PO Box 991 Midland, TX 79702 <small>Colgate Dundee - ORRI 22824-31 & 34</small> </div>	B. Received by (Printed Name) <i>C. [Signature]</i> 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
2. Article Number (Transfer from service label) <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 7019 2970 0000 7595 5206 </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"/> all Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Rec	

7020 0640 0000 0304 2637

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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. Realtimezone, Inc.
 PO Box 1834

City, State, ZIP+4® Roswell, NM 88202

Colgate Danice - ORRI 22824-31 & 34

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Anna-Marie</i> 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>Realtimezone, Inc. PO Box 1834 Roswell, NM 88202</p> <p><small>Colgate Danice - ORRI 22824-31 & 34</small></p> <p>9590 9402 6746 1074 3893 55</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>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2637</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>



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USPS

91501

7019 2970 0000 7642 5104

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.		S & E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226
City, State, ZIP+4®		Lakewood, CO 80226 <small>Colgate Danlee - ORRI 22824-31 & 34</small>

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>S & E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226</p> <p style="font-size: 0.8em;">Colgate Danlee - ORRI 22824-31 & 34</p> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 2265 13</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5104</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Mary Gollivan 5/23/22</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: 0.9em;"> <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> </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													
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

7019 2970 0000 7595 5183

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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. Scott Exploration, Inc.
 PO Box 1834
 Roswell, NM 88202
 City, State, ZIP+4® Colgate Dundee - ORR1 22824-31 & 34

Postmark Here
 MAY 19 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Anna-Marie</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>Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202</p> <p>Colgate Dundee - ORR1 22824-31 & 34</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"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 3892 94</p> <p>7019 2970 0000 7595 5183</p>	<p>11 2022 88201</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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USPS

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. Harold Scott
12025 N 1878 Rd
City, State, ZIP+4® Sayre, OK 73662-7601
Colgate Dundee - ORRI 22824-31 & 34

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

7019 2970 0000 7642 4817

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sandra Scott</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;">Harold Scott 12025 N 1878 Rd Sayre, OK 73662-7601</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></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>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4817</p>	<p style="text-align: center;"> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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MAY 13 2022

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. Sam L. Shackelford
1096 Mechem Dr.

City, State, ZIP+4® Ruidoso, NM 88211

Colgate Dundee - ORR1 22824-31 & 34

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

7019 2970 0000 7642 4886

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>SAM L. SHACKELFORD 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>1. Article Addressed to:</p> <p style="text-align: center;">Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - ORR1 22824-31 & 34</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4886</p>	<p style="text-align: right;">Restricted Delivery</p>
<p>9590 9402 6746 1074 3891 40</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7019 2970 0000 7642 5173

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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. Stelaron, Inc.
 P.O. Box 7787
 Amarillo, Texas 79114
 City, State, ZIP+4® Colgate Dimeco - ORRI 22824-31 & 34

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 <i>Karen L. Moore</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen L. Moore</i></p> <p>C. Date of Delivery MAY 26 2022</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>Stelaron, Inc. P.O. Box 7787 Amarillo, Texas 79114</p> <p>Colgate Dimeco - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 2465 04</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 5173</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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MAY 13 2022

7019 2970 0000 7642 4824

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 Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042 <small>Colgate Dundee - ORRI 22924-31 & 34</small>	

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;"> Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042 <small>Colgate Dundee - ORRI 22924-31 & 34</small> </div> <div style="text-align: center;"> <p>9590 9402 6746 1074 3892 01</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 4824</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stephanie Stephen</i></p> <p>C. Date of Delivery <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 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 style="text-align: right; font-weight: bold;">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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USPS

7019 2970 0000 7642 5005

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.		Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401
City, State, ZIP+4®		Colgate Dundee - ORRI 22824-31 & 34

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Daniel Sheavring 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>1. Article Addressed to:</p> <p style="text-align: center;">Tar Creek, LLC 2217 Cardinal Road Ardmore 3401</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input checked="" 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 checked="" 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 checked="" 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; font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 5005</p> <p style="text-align: center; font-size: 0.8em;">(over 500)</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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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. _____

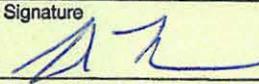
City, State, ZIP+4® _____

John Kyle Thoma, Trustee of the Cornerstone Family Trust
 PO Box 558
 Peyton, Colorado 80831

Postmark Here MAY 1 2022

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

7019 2970 0000 7595 5152

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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>John Thoma</u> C. Date of Delivery <u>5/28/2022</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831</p> <p><small>Colgate Dundee - ORRI 22824-31 & 34</small></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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5152</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7642 4992

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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. Adventure Exploration L.P.
P.O. Box 11354
Midland, TX 79702
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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7019 2970 0000 7642 5159

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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. FFF, Inc.
2307 Stagecoach Dr
Las Cruces, NM 88011
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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7019 2970 0000 7642 5166

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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. JAB Investments, Inc.
612 W Plains Ave
Clovis, NM 88101
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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7019 2970 0000 7642 5111

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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. Motowi, LLC
2307 Stagecoach Dr
Las Cruces, NM 88011
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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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. Michelle R. (Hannifin) Sandoval
PO Box 131570
Carlsbad, CA 92013
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7642 4893

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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. Robin K. Shackelford
108 Paradise Canyon
Ruidoso, NM 88345
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7642 4961

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ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Long, LLC
215 South State St #100
Salt Lake City, UT 84111

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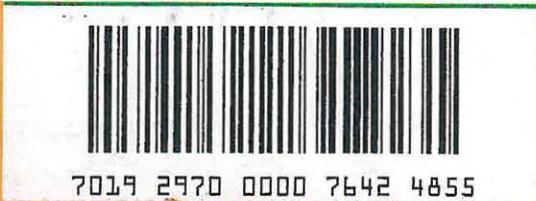
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528 Corona St.
Denver, CO 80209

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TO

ROEC, Inc
528 Corona St.
Denver, CO 80209

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315 N Orchard Ln
Covington, LA 70433

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SANTA FE, NEW MEXICO 87504

TO

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Prescott A. Sherman Grandchildren's Trust for the
benefit of Cristina Elizabeth Shelton
315 N Orchard Ln
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Covington, LA 70433

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SANTA FE, NEW MEXICO 87504

TO

Elizabeth Sherman Shelton, as Trustee of the
Prescott A. Sherman Grandchildren's Trust for the
benefit of Any Shelton Murrell
315 N Orchard Ln
Covington, LA 70433

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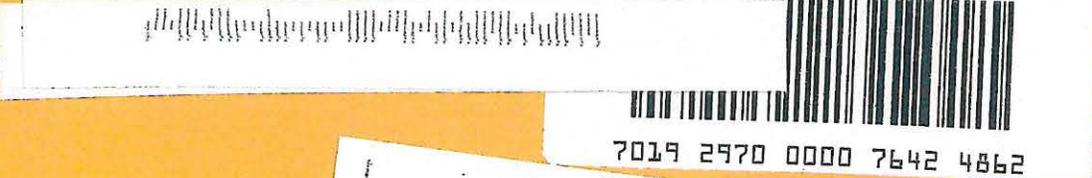
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LAKEWOOD, NM, 88254

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789 West Hells Gate
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Sandra Thoma
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4151 Woronzof Dr.
Anchorage, AK 99517

Street and Apt. No., or PO Box No. _____

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PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981
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Anchorage, AK 99517

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I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof in editions dated as follows:

05/18/2022



Legal Clerk

Subscribed and sworn before me this May 18, 2022:



State of WI, County of Brown
NOTARY PUBLIC
1-2-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

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PO #: 5261993
of Affidavits 1

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Colgate Operating, LLC
Case No. 22824
Exhibit C-4

This is to notify all interested parties, including COG Operating LLC; Realtimezone, Inc.; Long, LLC; Sandra Thoma; John Kyle Thoma, Trustee of the Cornerstone Family Trust; Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2021; Monarch Oil and Gas Inc.; Scott Exploration, Inc.; Stephen T. Mitchell; Qualia Interests, LLC; Hutchings Oil Company; Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002; Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement date May 21, 1981; Robert W. Hanagan; Natalie V. Hanagan; Harold Scott; Stephens Enterprises; Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust agreement dated December 11, 2012; OGI, Inc.; ROEC, Inc; Doris R. Stinson; Energy Properties Limited, L.P.; Sam L. Shackelford; Robin K. Shackelford; William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan; Robin L. Morgan; Elizabeth S. Shelton, Trustee of the Elizabeth S. Shelton Living Trust; Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell; John P. Conn and Eileen C. Knecht; Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust; Trinity Royalty Holdings I LP; Shelley Shutz Dominguez; Nuevo Seis, Limited Partnership; Adventure Exploration L.P.; Tar Creek, LLC; Paul Davis, Ltd.; PDIII Exploration, LTD; JB & PDIII Partners, LLC; Merrick Properties, LLC; MKL Minerals LLC; Lowe Royalty Partners, LP; MAP 98A-OK, an Oklahoma general partnership; MAP 98B-NET, a Texas general partnership; Wambaugh Exploration, LLC; S & E Royalty, LLC; Motowi, LLC; Frannifin Mineral, LLC; Alan R. Hannifin, a single man; Michelle R. (Hannifin) Sandoval; MW Oil Investment Company Inc.; FFF, Inc.; JAB Investments, Inc.; Stelaron, Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22824). 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.emnr.d.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Dundee 4 Fed Com 202H well, which will be horizontally drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 12 miles northeast of Carlsbad, New Mexico. #5261993, Current Argus, May 18, 2022