

**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. 22828**

**EXHIBIT INDEX**

Compulsory Pooling Checklist

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A-2	C102s for Wells
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# COMPULSORY POOLING APPLICATION CHECKLIST

## ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

<b>Case No.:</b>	<b>22828</b>
<b>Hearing Date:</b>	<b>7/7/2022</b>
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
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	First Bone Spring
Pool Name and Pool Code	Winchester, Bone Spring Pool (Code 65010)
Well Location Setback Rules	Standard
Spacing Unit Size	320-acre
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320
Building Blocks	quarter-quarter
Orientation	West/East
Description: TRS/County	S/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
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	Yes - top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government S #1 well log (API 30-015-20932)
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
<b>Well(s)</b>	
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 114H (API # pending) SHL: 1396' FNL & 135' FEL, Lot 1, Section 5, T20S-R28E BHL: 330' FSL & 10' FEL, Unit P, Section 3, T20S-R28E Completion Target: First Bone Spring (Approx. 6,160' 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
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$8,000.00
Production Supervision/Month \$	\$800.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
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
<b>Ownership Determination</b>	
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
<b>Joinder</b>	
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
<b>Geology</b>	
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	Exhibit A
<b>Forms, Figures and Tables</b>	
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
<b>Additional Information</b>	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	/s/ Dana S. Hardy
<b>Date:</b>	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. 22828**

**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 Winchester, Bone Spring Pool (Code 65010) from the top of the Bone Spring formation to the base of the First Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/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 114H** well (“Well”) to 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 SE/4 SE/4 (Unit P) of Section 3.

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

7. A depth severance exists in the Bone Spring formation within the Unit. Accordantly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government S #1 well log (API 30-015-20932).

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

9. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Colgate seeks to pool highlighted in yellow. The exhibit also identifies any unlocatable interests.

10. **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.

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

12. 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**.

13. 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.

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

15. 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.

16. 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.



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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. 22828

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order pooling all uncommitted interests from the top of the Bone Spring Formation to the base of the First Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/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 114H** 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 SE/4 SE/4 (Unit P) of Section 3.
3. The completed interval of the Well will be orthodox.
4. A depth severance exists in the Bone Spring Formation within the Unit. Accordingly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461’ TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570’ TVD as observed on the Government S #1 well log (API 30-015-20932).
5. 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.

Colgate Operating, LLC  
Case No. 22828  
Exhibit A-1

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

7. 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.

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 Wells 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 from the top of the Bone Spring Formation to the base of the First Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2S/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 114H** 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 SE/4 SE/4 (Unit P) of Section 3. A depth severance exists in the Bone Spring Formation within the Unit. Accordingly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461’ TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570’ TVD as observed on the Government S #1 well log (API 30-015-20932). 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**

<b>1 API Number</b>		<b>2 Pool Code</b> 65010		<b>3 Pool Name</b> Winchester, Bone Spring Pool	
<b>4 Property Code</b>		<b>5 Property Name</b> DUNDEE 4 FED COM			<b>6 Well Number</b> 114H
<b>7 OGRID No.</b> 371449		<b>8 Operator Name</b> COLGATE ENERGY LLC			<b>9 Elevation</b> 3289.81'

**10 Surface Location**

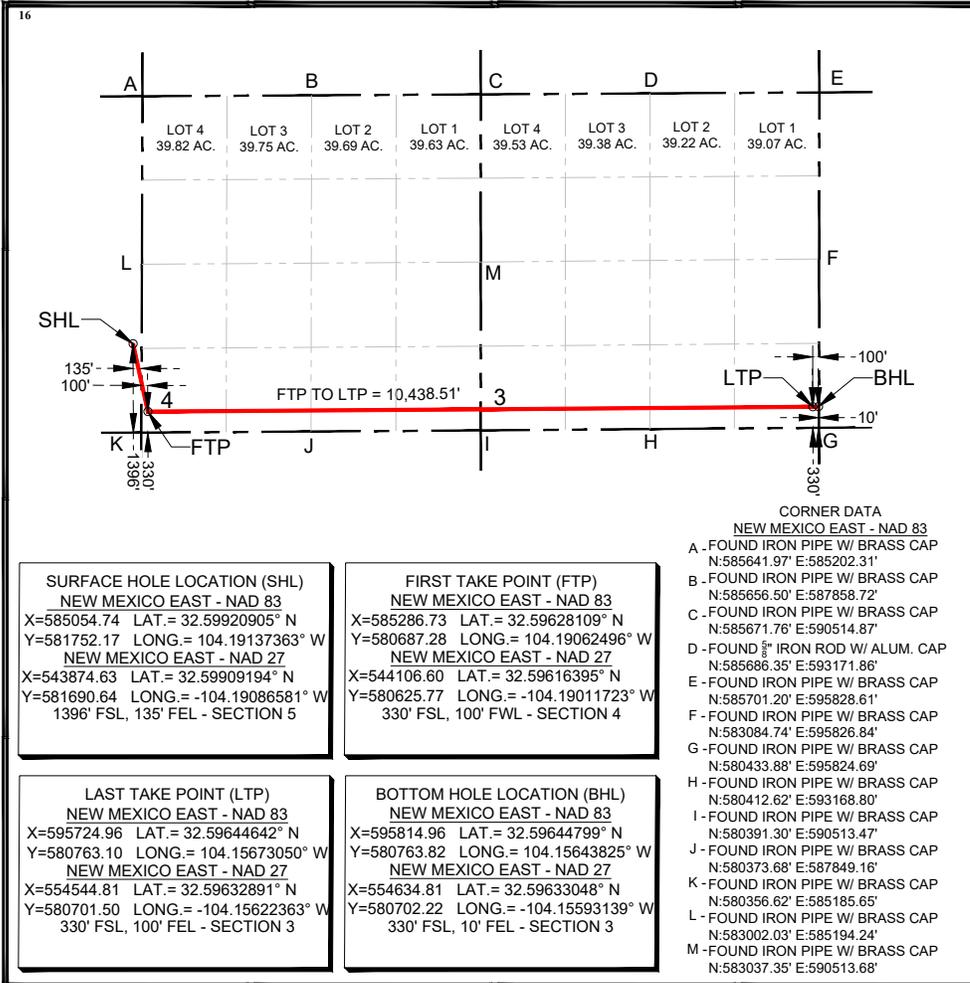
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	5	20-S	28-E		1396'	SOUTH	135'	EAST	EDDY

**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
P	3	20-S	28-E		330'	SOUTH	10'	EAST	EDDY

<b>12 Dedicated Acres</b> 320	<b>13 Joint or Infill</b>	<b>14 Consolidation Code</b>	<b>15 Order No.</b>
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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 \_\_\_\_\_

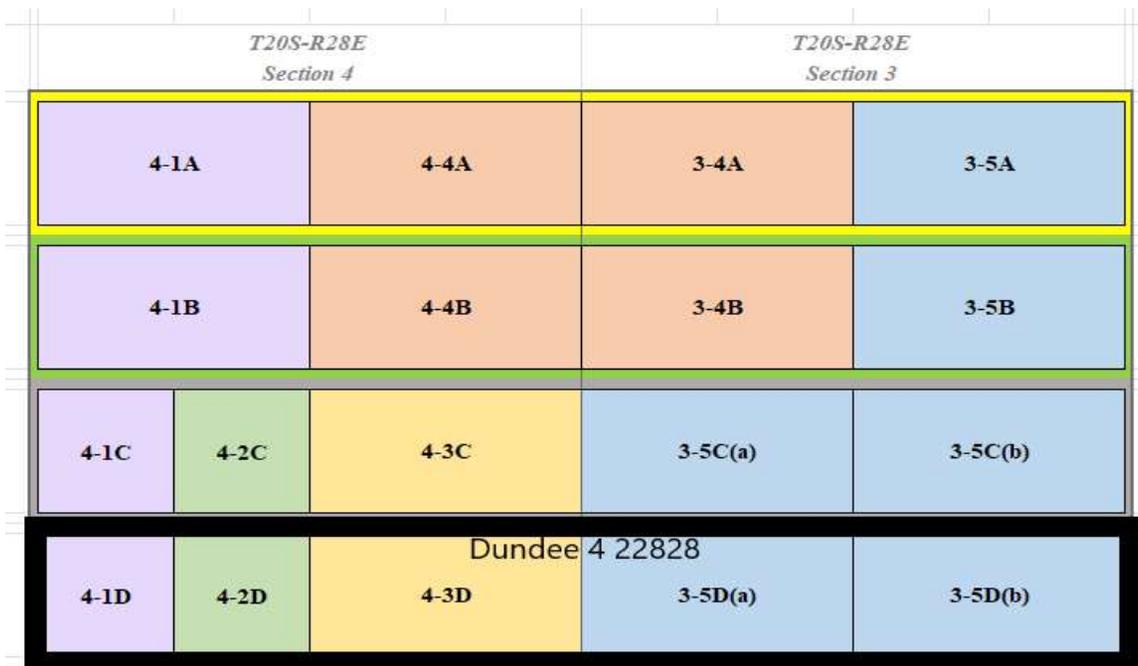
**18 SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey \_\_\_\_\_  
Signature and Seal of Professional Surveyor:   
Certificate Number \_\_\_\_\_

2/24/2022

Colgate Operating, LLC  
Case No. 22828  
Exhibit A-2

DUNDEE 4 FED COM 114H (S/2S/2)				
WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	4-1D, 4-2D, 4-3D, 3-5D(a), 3-5D(b)	260.747	81.48%	Operator
COG Operating LLC	4-3D, 3-5D(a)	53.3333	16.67%	No
Kirk & Sweeney, Ltd. Co.	4-3D, 3-5D(a)	0.16	0.05%	Yes
Karen Ralston Slade Revocable Trust	4-3D, 3-5D(a)	0.16	0.05%	Yes
Charles W. Seltzer Trust	4-3D, 3-5D(a)	0.8	0.25%	Yes
Shauna Seltzer Redwine Trust	4-3D, 3-5D(a)	0.8	0.25%	Yes
Midwest Resources 2008-1 Oil & Gas Income	3-5D(a)	2.08	0.65%	Yes
Te-Ray Resources, LLC*	3-5D(a)	0.96	0.30%	Yes
C & J Investments	3-5D(a)	0.8	0.25%	Yes
AGS Resources 2007 LLLP	3-5D(a)	0.16	0.05%	Yes
*Unlocatable		320.00	100.00%	



Colgate Operating, LLC  
 Case No. 22828  
 Exhibit A-3

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

OVERRIDING ROYALTY INTERESTS
Realtimzone, Inc.
Long, LLC
Sandra Thoma
John Kyle Thoma, Trustee of the Cornerstone Fam
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
Michael D. Hayes and Kathryn A. Hayes, Trustees of the Hayes Revocable Trust
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.
Colgate Production, LLC
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: 1<sup>st</sup> 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: 1<sup>st</sup> 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](http://www.ColgateEnergy.com)

Colgate Operating, LLC  
Case No. 22828  
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: 1<sup>st</sup> 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: 1<sup>st</sup> 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: 2<sup>nd</sup> 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: 2<sup>nd</sup> 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: 2<sup>nd</sup> 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: 2<sup>nd</sup> 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: 3<sup>rd</sup> 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: 3<sup>rd</sup> 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: 3<sup>rd</sup> 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: 3<sup>rd</sup> 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

<b>Well Elections:</b> <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 114H	FIELD:	Old Millman Ranch, BONE SPRING
LOCATION:	Section 5, Block T205-R28E	MD/TVD:	16887' MD / 6160' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,400
Colgate WI:		DRILLING DAYS:	14.5
GEOLOGIC TARGET:	FBSG	COMPLETION DAYS:	18.6

REMARKS: Drill a horizontal FBSG 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	205,693	13,000	25,000	243,693
4 Freight / Transportation	34,270	30,250	-	64,520
5 Rental - Surface Equipment	70,439	153,700	13,060	237,199
6 Rental - Downhole Equipment	145,281	26,250	-	171,531
7 Rental - Living Quarters	29,069	43,450	-	72,519
10 Directional Drilling, Surveys	258,752	-	-	258,752
11 Drilling	429,871	-	-	429,871
12 Drill Bits	82,680	-	-	82,680
13 Fuel & Power	101,959	290,000	-	391,959
14 Cementing & Float Equip	149,460	-	-	149,460
15 Completion Unit, Swab, CTU	-	-	24,000	-
16 Perforating, Wireline, Slickline	-	282,875	28,000	310,875
17 High Pressure Pump Truck	-	46,000	18,000	64,000
18 Completion Unit, Swab, CTU	-	75,950	-	75,950
20 Mud Circulation System	60,425	-	-	60,425
21 Mud Logging	10,584	-	-	10,584
22 Logging / Formation Evaluation	4,426	6,000	-	10,426
23 Mud & Chemicals	203,751	285,841	-	489,592
24 Water	31,270	437,000	-	468,270
25 Stimulation	-	483,149	-	483,149
26 Stimulation Flowback & Disp	-	102,125	-	102,125
28 Mud / Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision / Engineering	64,419	102,075	4,800	171,294
32 Drig & Completion Overhead	5,625	-	-	5,625
34 Vacuum Truck	-	-	2,000	-
35 Labor	103,986	50,000	20,000	173,986
54 Proppant	-	880,000	-	880,000
95 Insurance	8,950	-	-	8,950
97 Contingency	-	14,494	-	14,494
99 Plugging & Abandonment	-	-	-	-
<b>TOTAL INTANGIBLES &gt;</b>	<b>2,182,354</b>	<b>3,366,160</b>	<b>134,860</b>	<b>5,657,374</b>

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	420,204	-	-	420,204
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	-	-	-	-
<b>TOTAL TANGIBLES &gt;</b>	<b>619,374</b>	<b>0</b>	<b>527,900</b>	<b>1,147,274</b>
<b>TOTAL COSTS &gt;</b>	<b>2,801,729</b>	<b>3,366,160</b>	<b>662,760</b>	<b>6,804,648</b>
	\$ 269	\$ 324	\$ 680	

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. 22828  
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. 22828**

**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 Bone Spring 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 Bone Spring formation. The approximate wellbore path for the proposed Dundee 4 Fed Com 114H (“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 well names and a black line in proximity to the proposed wells.

5. **Exhibit B-3** is a First Bone Spring (FBSG) Structure map on the top of the First Bone Spring formation in TVD subsea with a contour interval of 100 ft. The map identifies the approximate wellbore path for the Dundee 4 Fed Com 114H proposed Well with a green 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 First Bone Spring 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 zone for the proposed Well is the First Bone Spring formation, which is consistent across the units. The approximate well-path for the proposed Wells 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 114H well in the First Bone Spring formation.

9. In my opinion, a laydown orientation for the Wells 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.

11. 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.

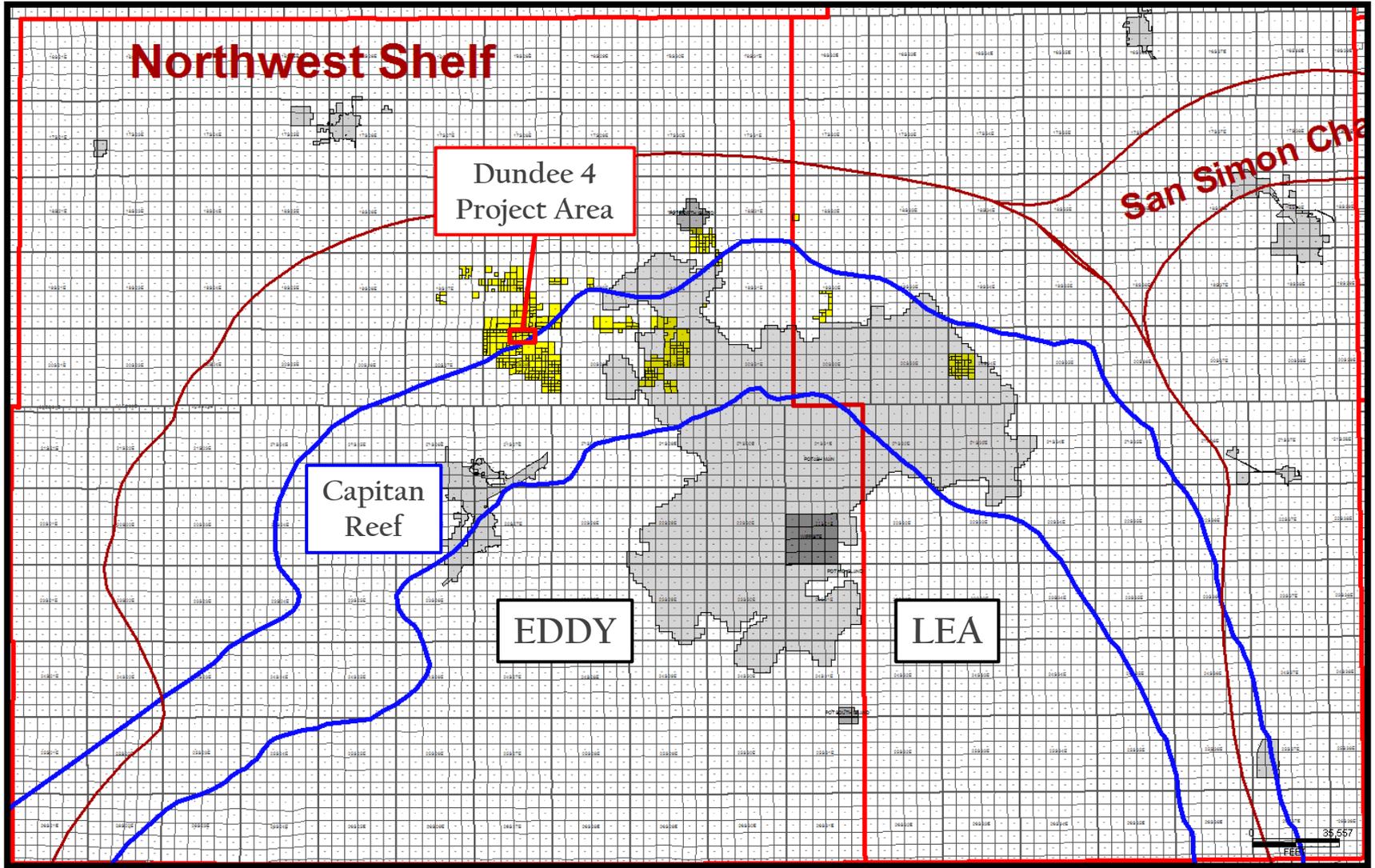
12. In my opinion, the granting of Colgate's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

14. 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

# Cross Section Locator Map

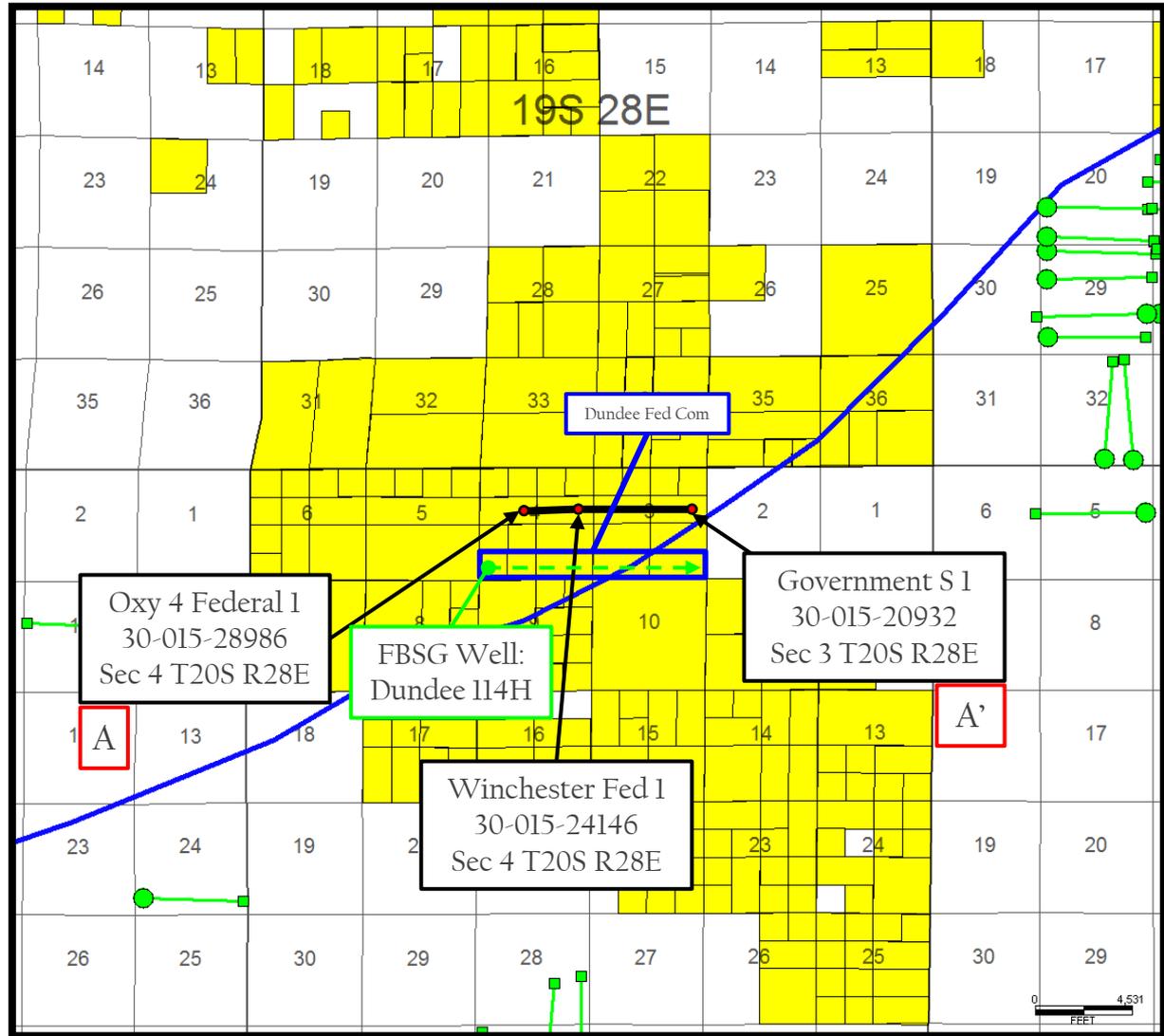
Dundee 4 Fed Com 114H

Colgate Operating, LLC

Case No. 22828

Exhibit B-2

**Exhibit B-2**



### Proposed Wells



### Producing Wells



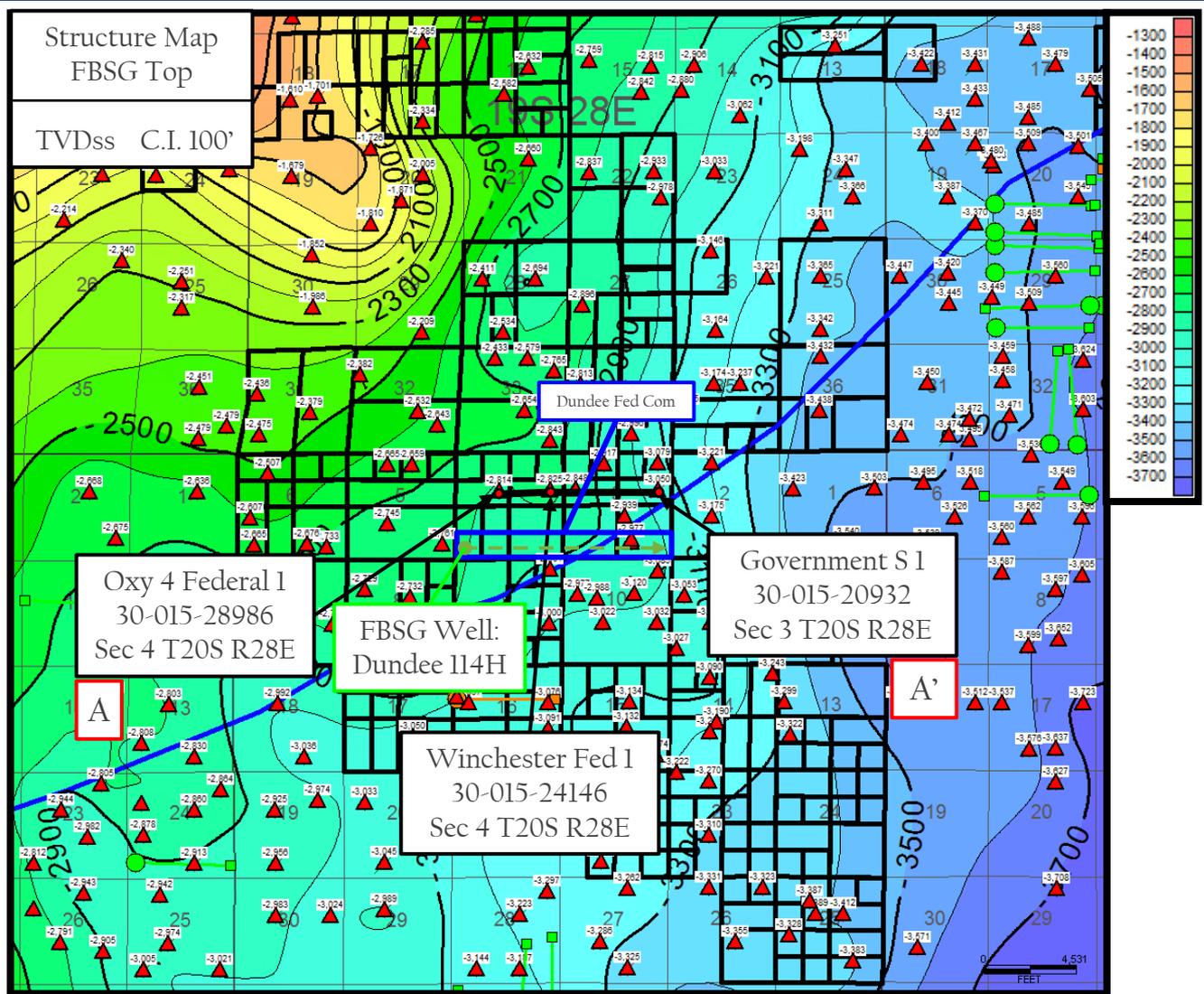
 Colgate Energy

# Structure Map

Dundee 4 Fed Com 114H

Colgate Operating, LLC  
Case No. 22828  
Exhibit B-3

Exhibit B-3



Colgate Energy

# Structural Cross Section A-A'

Dundee 4 Fed Com 114H

Colgate Operating, LLC

Case No. 22828

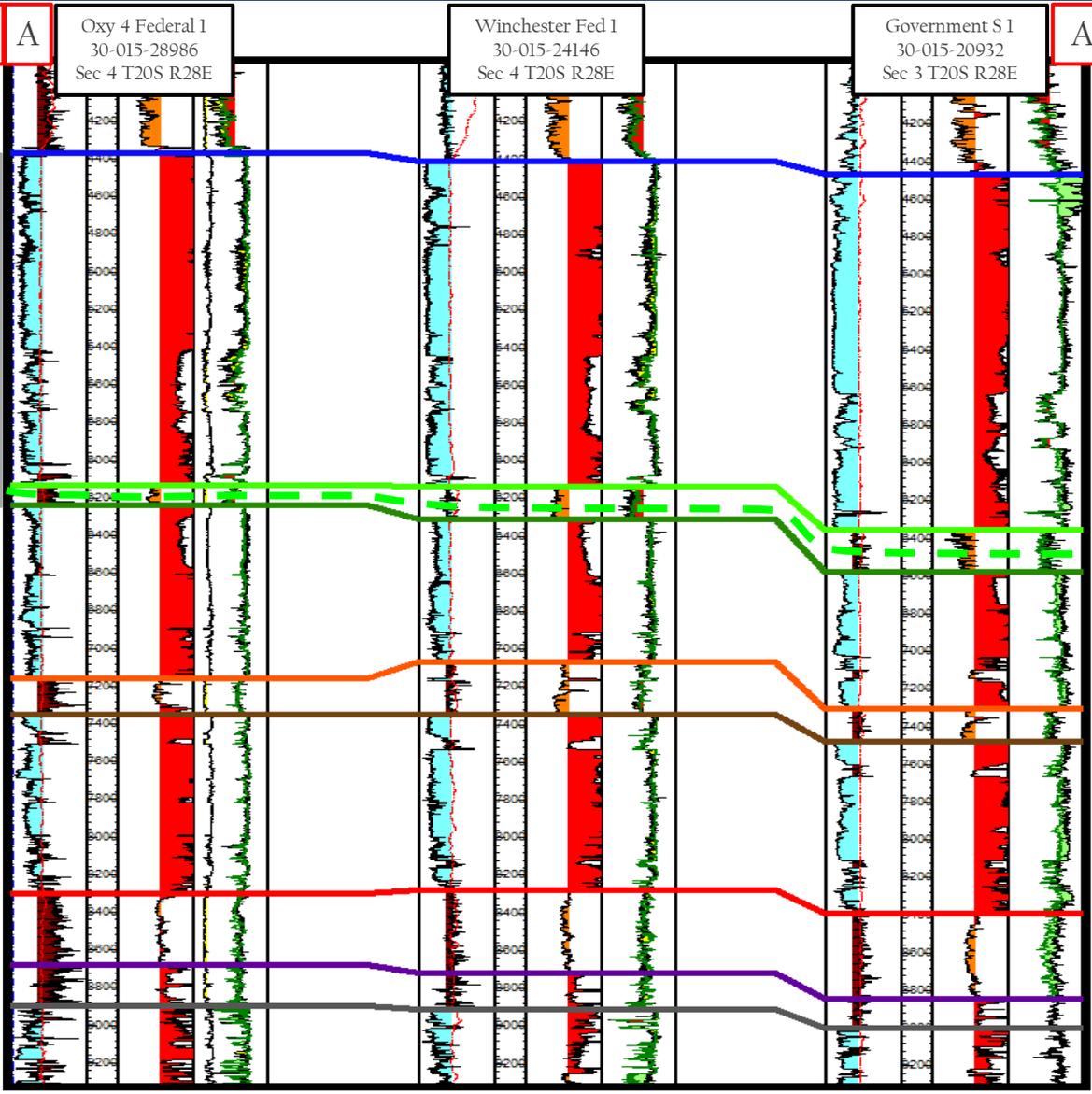
Exhibit B-4

**Exhibit B-4**

WEST A Oxy 4 Federal 1 30-015-28986 Sec 4 T20S R28E Winchester Fed 1 30-015-24146 Sec 4 T20S R28E Government S 1 30-015-20932 Sec 3 T20S R28E A' EAST

FBSG Planned Wellbore

Pooled Interval



BSGL

FBSG  
FBSG Base

SBSG  
SBSG Base

TBSG

WFMP

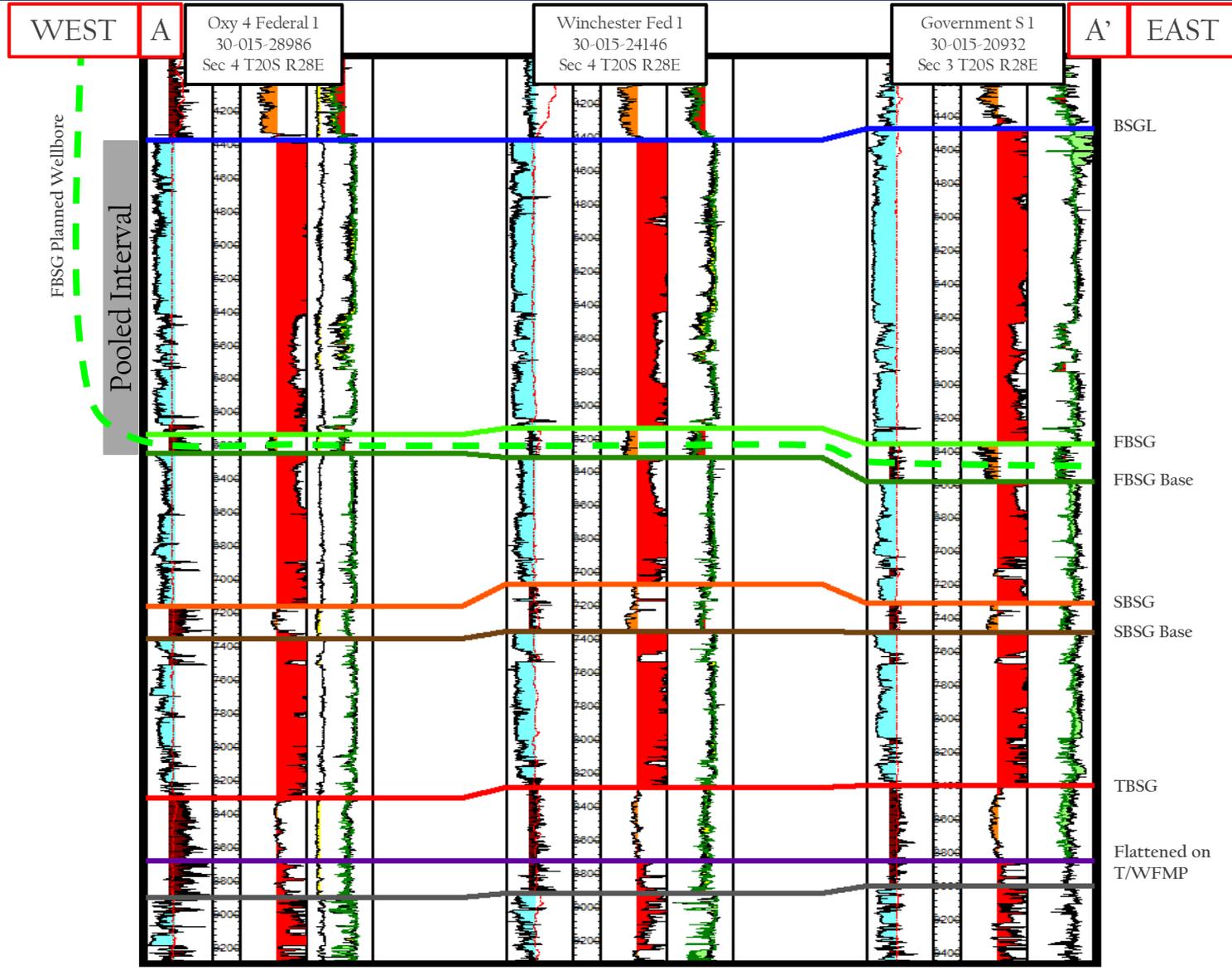
FBSG Well:  
Dundee 114H

# Stratigraphic Cross Section A-A'

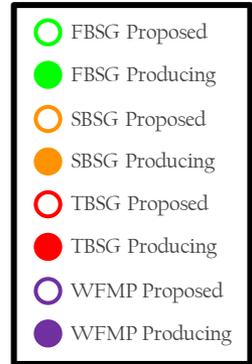
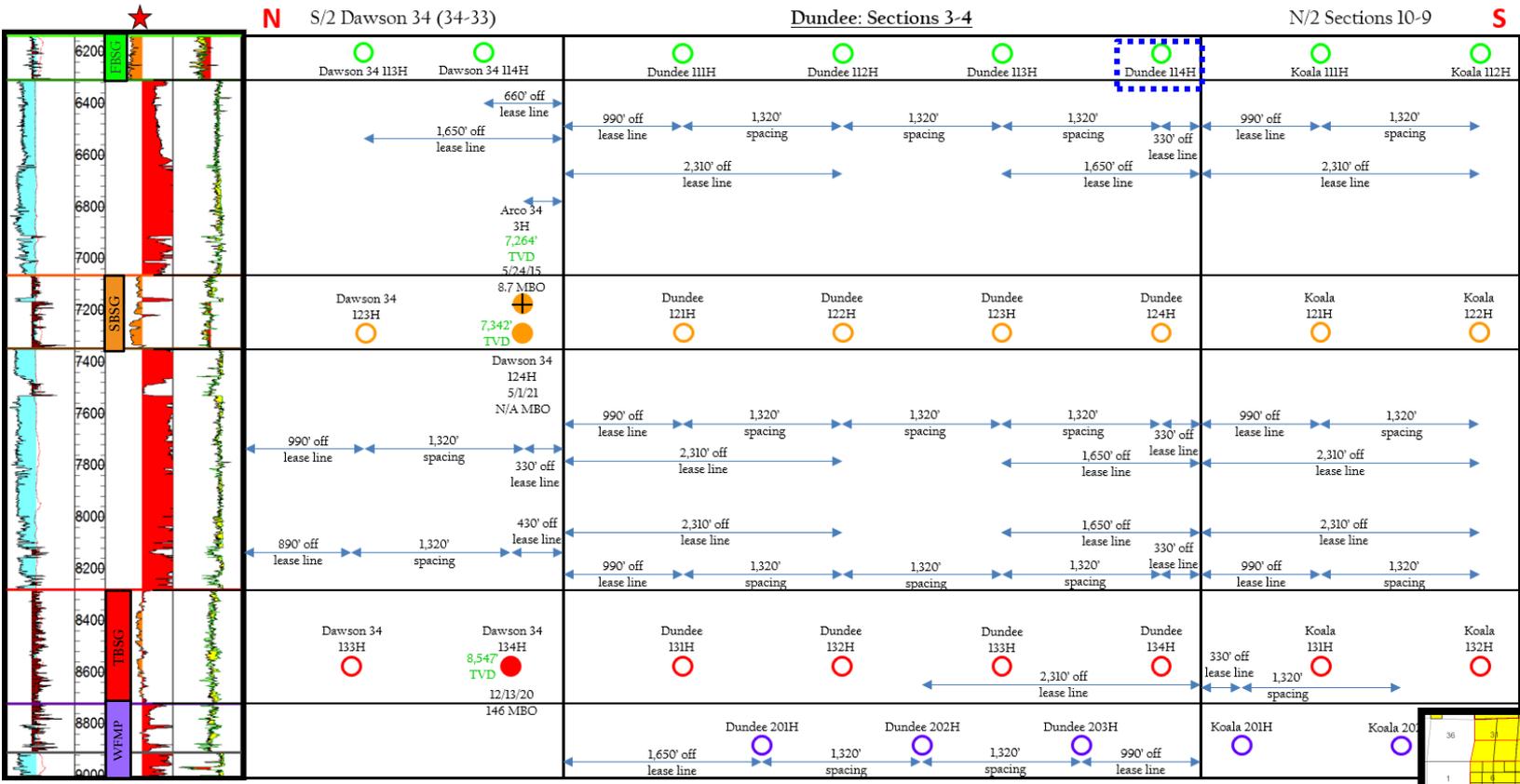
## Dundee 4 Fed Com 114H

Colgate Operating, LLC  
Case No. 22828  
Exhibit B-5

**Exhibit B-5**

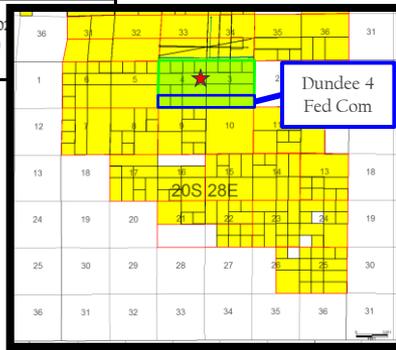


FBSG Well:  
Dundee 114H



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. 22828

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 Letter attached as **Exhibit C-1** and caused the Notice Letter 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. 22828  
Exhibit C



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 ALL PARTIES ENTITLED TO NOTICE**

**Re: Case No. 22828 – 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. 22828  
Exhibit C-1

PO BOX 10  
ROS WELL, 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



**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.

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

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

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 Nos. 22828

## NOTICE LETTERS

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
AGS Resources 2007 LLLP 10 Inverness Drive East, Suite 155 Englewood, Colorado 80112	05/13/22	06/01/22
C & J Investments 101 E Lohman Ave Las Cruces, NM 88001	05/13/22	05/18/22
C & J Investments 2 Avery St. Apt 21 B Boston, MA 02111	05/13/22	05/25/22
Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701	05/13/22	05/18/22
COG Operating LLC 600 W Illinois Ave Midland, TX 79701	05/13/22	05/25/22
Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095	05/13/22	06/01/22
Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202	05/13/22	05/20/22
Midwest Resources 2008-1 Oil and Gas Income Limited Partnership P.O. Box 76 Elm Grove, WI 53122	05/13/22	05/25/22
Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205	05/13/22	05/25/22
TE Ray Resources 13208 North MacArthur Blvd Oklahoma City, OK 73142	05/13/22	Per USPS Tracking:  Delivered, left with an individual on 05/17/22.

Colgate Operating, LLC  
Case No. 22828  
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

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
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  
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OIL CONSERVATION DIVISION

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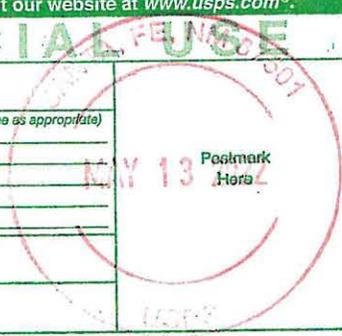
Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required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

**Sent To**

TE Ray Resources  
13208 North MacArthur Blvd  
Oklahoma City, OK 73142

Street and Apt. No., or PO Box No. \_\_\_\_\_  
City, State, ZIP+4® \_\_\_\_\_ Colgate Dundee - 22828

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



Colgate Operating, LLC  
Case No. 22828  
Exhibit C-3

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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 \$ _____ <b>Total Postage and Fees</b> \$ _____	Postmark Here <span style="font-size: 2em; color: red;">MAY 13 2022</span>
--	--

Sent To  
 Street and Apt. No., or PO Box No. AGS Resources 2007 LLLP  
 10 Inverness Drive East, Suite 155  
 Englewood, Colorado 80112  
 City, State, ZIP+4® Colgate Dundee - 22828

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>Jim Hardy</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Jim Hardy</i> <span style="float: right;"><i>5/27/22</i></span></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>
1. Article Addressed to:  <div style="text-align: center; padding: 10px;">                     AGS Resources 2007 LLLP                      10 Inverness Drive East, Suite 155                      Englewood, Colorado 80112  <small>Colgate Dundee - 22828</small> </div> <div style="text-align: center; margin-top: 10px;"> <p>9590 9402 6746 1074 2470 20</p> </div>	3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span> <input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span> <input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span> <input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0369 6794</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		
\$		
<b>Total Postage and Fees</b>		
\$		
<b>Sent To</b>		
Street and Apt. No., or PO Box No.		C & J Investments 101 E Lohman Ave Las Cruces, NM 88001
City, State, ZIP+4®		Colgate Dundee - 22828

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">C &amp; J Investments 101 E Lohman Ave Las Cruces, NM 88001</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - 22828</p> </div> <div style="text-align: center; margin: 5px 0;"> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 2470 44</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
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\$ _____	
Extra Services & Fees (check box, add fees as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$ _____	
<b>Total Postage and Fees</b>	
\$ _____	
Sent To	
Street and Apt. No., or PO Box No.	C&J Investments 2 Avery St. Apt 21 B Boston, MA 02111
City, State, ZIP+4®	Colgate Dundee - 22828

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

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<p>1. Article Addressed to:</p> <p style="text-align: center;">C&amp;J Investments 2 Avery St. Apt 21 B Boston, MA 02111</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - 22828</p>	
<p style="text-align: center;">             9590 9402 6746 1074 2470 37         </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0369 6787</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"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
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<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.	Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701
City, State, ZIP+4®	Colgate Dundee - 22828
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<p>1. Article Addressed to:</p> <p>Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701</p> <p style="text-align: right; font-size: small;">Colgate Dundee - 22828</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 1935</p>	
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® \_\_\_\_\_

COG Operating LLC  
 600 W Illinois Ave  
 Midland, TX 79701

Colgate Dundee - 22828

Postmark Here  
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<p>1. Article Addressed to:</p> <p>COG Operating LLC          600 W Illinois Ave          Midland, TX 79701</p> <p>Colgate Dundee - 22828</p> <p></p> <p>9590 9402 6746 1074 2484 85</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 1904</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095 City, State, ZIP+4® Colgate Dundee - 22828	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>Karen Slade</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Karen Slade</i> <span style="float: right;"><i>5/24/22</i></span></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;">Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095</p> <p style="text-align: right; font-size: 0.8em;">Colgate Dundee - 22828</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0350 0001 3336 1928</p>																	

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

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OFFICIAL USE

7021 0350 0001 3336 1911

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
<b>Total Postage and Fees</b>	
\$	
<b>Sent To</b>	
Street and Apt. No., or PO Box No.	Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202
City, State, ZIP+4®	Colgate Dundee - 22828

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>Tally Dean <span style="float: right;">MAY 17 2022</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Kirk &amp; Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202</p> <p style="text-align: right; font-size: small;">Colgate Dundee - 22828</p> </div>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0350 0001 3336 1911</p>	<p style="text-align: center;">9590 9402 6746 1074 2484 78</p> <p style="text-align: center;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p>

Domestic Return Receipt

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7021 0350 0001 3336 1959

Certified Mail Fee \$ _____	Postmark Here <b>MAY 13 2022</b> 91501
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 \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or P.O. Box No. _____ City, State, ZIP+4® _____	

Midwest Resources 2008-1 Oil and Gas Income Limited Partnership  
P.O. Box 76  
Elm Grove, WI 53122  
Colgate Dundee - 22828

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Midwest Resources 2008-1 Oil and Gas Income Limited Partnership P.O. Box 76 Elm Grove, WI 53122  Colgate Dundee - 22828	B. Received by (Printed Name) _____ C. Date of Delivery <b>5-17-22</b>  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) <b>7021 0350 0001 3336 1959</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
9590 9402 6746 1074 2484 30	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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

7021 0350 0001 3336 1942

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
OFFICIAL USE	
Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205  Colgate Dundee - 22828	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<b>A. Signature</b> <input checked="" type="checkbox"/> <i>Shauna Redwine</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <b>B. Received by (Printed Name)</b> <i>SHAUNA Redwine</i> <b>C. Date of Delivery</b> <i>5/17/22</i>
<b>1. Article Addressed to:</b>  Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205 <i>4416</i> Colgate Dundee - 22828	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 6746 1074 2484 47	<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<b>2. Article Number (Transfer from service label)</b> 7021 0350 0001 3336 1942	Domestic Return Receipt
PS Form 3811, July 2020 PSN 7530-02-000-9053	

7020 0640 0000 0304 2644

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

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

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



*Vacant*

**FROM** **HINKLE SHANOR LLP**  
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

VAC

NIXIE 842 CZ 1 0105/19/22

RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD

EC: 87504206868 0091N139161-01353

NIXIE 842 5E 1 0105/26/22

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

EC: 87504206868 0091N146154-00311

**RECEIVED**

MAY 1 2022

Hinkle Shanor LLP  
Santa Fe, NM 87504

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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® \_\_\_\_\_

ROEC, Inc  
528 Corona St.  
Denver, CO 80209

Colgate Dime® - ORR1 22826-31 A 34

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



*Handwritten mark: SJ*

**FROM**

**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW

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

**TO**

ROEC, Inc  
528 Corona St.  
Denver, CO 80209

Colgate Dime® - ORR1 22826-31 A 34

*Handwritten mark: AS*

*Handwritten note: not at this address*

**RECEIVED**  
JUN 28 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b></p> <p>X <i>BP916CL9</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <i>BP</i> <b>C. Date of Delivery</b> <i>5-27-22</i></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>ROEC, Inc 528 Corona St. Denver, CO 80209</p> <p>Colgate Dime® - ORR1 22826-31 A 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>7019 2970 0000 7642 4855</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

\* 808 DE 1 N C7205/24/22  
UNABLE TO FORWARD/FOR REVIEW  
\*\*C016\*\*

-R-T-S- 802095204-1N 06/23/22

RETURN TO SENDER  
UNABLE TO FORWARD  
UNABLE TO FORWARD  
RETURN TO SENDER



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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. \_\_\_\_\_ 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

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

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7019 2970 0000 7642 4923



FIRST-CLASS

US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.76<sup>0</sup>  
 02 7H  
 0006052409 MAY 13 2022

**FROM**

**HINKLE SHANOR LLP**  
 ATTORNEYS AT LAW

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

**TO**

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

Colgate Dundee - ORRI 22824-31 & 34

Not  
5/18/22  
de Kal

NAME \_\_\_\_\_

1ST NOTICE 5/18

2ND NOTICE \_\_\_\_\_

RETURN 6/2

**UNCLAIMED**

RECEIVED

JUN 16 2022

Hinkle Shanor LLP  
Santa Fe NM 87504

NIXIE 773 DE 1 0006/10/22

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 87504206868 2091N161175-00101

7019 2970 0000 7642 4930

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Certified Mail Fee \$ \_\_\_\_\_

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

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

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

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

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

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

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

Total Postage and Fees \$ \_\_\_\_\_

Sent To Elizabeth 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

City, State, ZIP+4® \_\_\_\_\_

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



**FROM HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068 • 218 MONTEZUMA  
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

*Not  
5/18/22  
de R21*

NAME \_\_\_\_\_  
1ST NOTICE 5/18  
2ND NOTICE \_\_\_\_\_  
RETURN 6/2

**RECEIVED**

JUN 16 2022

Hinkle Shanor LLP  
Santa Fe NM 87504

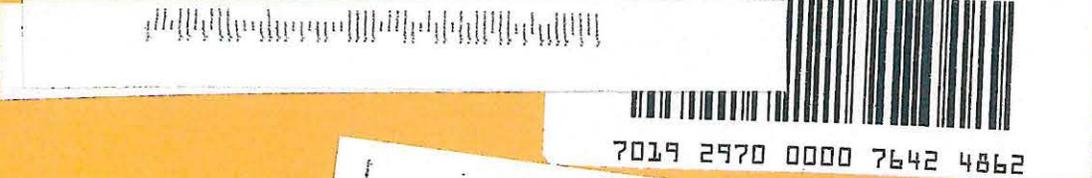
**UNCLAIMED**

NIXIE 773 DE 1 8686/16/22

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 87504206868 2091N161175-00105

CERTIFIED MAIL



FIRST CLASS



US POSTAGE PITNEY BOWES  
ZIP 87501 02 7H \$ 008.76  
0006052409 MAY 13 2022

BC: 87504229868  
2067N15175-0023  
UNABLE TO FORWARD  
RETURN TO SENDER  
NOT KNOWN  
731 SE 1  
NIXIE  
0106/14/22

Ank  
5/16

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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. Doris R. Stinson  
30 SKP RANCH RD 33  
City, State, ZIP+4® LAKEWOOD, NM, 88254  
Colgate Dundee - ORR1 22824-31 & 34

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

Postmark MAY 13 2022

**FROM**

**HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068 • 218 MONTEZUMA  
SANTA FE, NEW MEXICO 87504

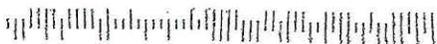
**TO**

Doris R. Stinson  
30 SKP RANCH RD 33  
LAKEWOOD, NM, 88254

Colgate Dundee - ORR1 22824-31 & 34

RECEIVED  
JUN 21 2022  
Hinkle Shanor LLP  
Santa Fe NM 87504

MMR



7020 0640 0000 0304 2651

FIRST-CLASS



US POSTAGE <sup>SM</sup>PITNEY BOWES

ZIP 87501 02 7H \$ 008.76<sup>0</sup>  
0006052409 MAY 13 2022

BC: 87504206868  
2266N159144-00663  
UNABLE TO FORWARD  
NO MAIL TO RECONTACT  
RETURN TO SENDER  
731 DE 1  
MIXIE

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**OFFICIAL USE**

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Sandra Thoma  
789 West Hells Gate  
City, State, ZIP+4® Strawn, TX 76475

Colgate Dendur - ORRI 22824-31 & 34

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

**FROM** **HINKLE SHANOR LLP**  
ATTORNEYS AT LAW  
PO BOX 2068 • 218 MONTEZUMA  
SANTA FE, NEW MEXICO 87504

**TO**

Sandra Thoma  
789 West Hells Gate  
Strawn, TX 76475

Postmark Here  
MAY 13 2022

Colgate Dendur - ORRI 22824-31 & 34

RECEIVED

JUN 15 2022

Hinkle Shanor LLP  
Santa Fe NM 87504

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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 Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981  
 Street and Apt. No., or PO Box No. 4151 Woronzof Dr.  
 City, State, ZIP+4® Anchorage, AK 99517

Postmark Here  
 MAY 13 2022

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

7019 2970 0000 7595 5237



7019 2970 0000 7595 5237

FIRST-CLASS



US POSTAGE  
 ZIP 87501 \$ 008.70  
 02 7H  
 0086052409 MAY 13 2022

Ann

FROM **HINKLE SHANOR LLP**  
 ATTORNEYS AT LAW  
 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  
 4151 Woronzof Dr.  
 Anchorage, AK 99517

-R-T-S- 995175043-1N 06/06/22  
 RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD  
 RETURN TO SENDER

RECEIVED

JUN 10 2022

Hinkle Shanor LLP  
 Santa Fe, NM 87504

4/5  
 1/10

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

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

7019 2970 0000 7642 5135

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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

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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

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7019 2970 0000 7642 4961

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<b>OFFICIAL USE</b>	
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.	Trinity Royalty Holdings LLP 1330 Post Oak Blvd Ste 1888 Houston, TX 77056
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 5098

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<b>OFFICIAL USE</b>	
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.	Wambaugh Exploration LLC 4747 RESEARCH FOREST DR STE 410 THE WOODLANDS, TX 77381-4903
City, State, ZIP+4®	Colgate Dundee - ORRI 22824-31 & 34
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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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  
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

Postmark Here 2022  
MAY 16 11:30 AM  
USPS

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7019 2970 0000 7595 5220

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b> X <i>PR</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>B. Received by (Printed Name)</b> <i>PR</i> <span style="float: right;"><b>C. Date of Delivery</b> <i>5-16-22</i></span></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="padding-left: 20px;">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 &amp; 34</p>	<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7595 5220</p>	<p style="text-align: center;">9590 9402 6746 1074 3892 56</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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Certified Mail Fee	\$
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532	
<small>Colgate Dunlop - ORR122824-31 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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: 1.2em;"></p> <p style="text-align: center;">9590 9402 6746 1074 3890 89</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>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) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>JOHN P. Conn</i> <span style="float: right;">5/17/22</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

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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. Shelley Schutz Dominguez  
 725 Live Oak

City, State, ZIP+4® El Paso, TX 79932 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Shelley Schutz Dominguez</i> <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
<p>Shelley Schutz Dominguez          725 Live Oak          El Paso, TX 79932</p> <p><small>Colgate Dundee - ORRI 22824-31 &amp; 34</small></p>	Shelley Dominguez	5/19/22
	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)	3. Service Type	
7019 2970 0000 7642 4978	<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	
	all Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

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MAY 13 2022  
Postmark Here

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. Energy Properties Limited, L.P.  
PO Box 51408  
Casper, WY 82605

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

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

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 &amp; 34</p> <div style="text-align: center;">             9590 9402 6746 1074 3891 57         </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7642 4879</p>	<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Tom George</u></p> <p>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> <div style="text-align: center;">  </div> <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"/> Mail Restricted Delivery (0)</p>
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MAY 13 2022  
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USPS

7019 2970 0000 7642 5128

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.	Frannifin Minerals, LLC PO Box 13128
City, State, ZIP+4®	Las Cruces, NM 88013 <small>Colgate Dundee - ORRI 22824-31 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Frannifin Minerals, LLC</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>FRANNIFIN MINERALS, LLC</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 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;">Colgate Dundee - ORRI 22824-31 &amp; 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;">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: right;">Restricted Delivery</p>												

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

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Postmark Here  
**MAY 13 2022**

USPS

7019 2970 0000 7595 5251

Certified Mail Fee \$ _____	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. Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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                 </div> <p style="font-size: 0.8em; text-align: right;">Colgate Dundee - ORRI 22824-31 &amp; 34</p> <div style="text-align: center;"> <p>9590 9402 6746 1074 3892 25</p> </div> <p>2. Article Number (Transfer from service label) <b>7019 2970 0000 7595 5251</b></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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7019 2970 0000 7595 5244

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 &amp; 34</p> <div style="text-align: center;">             9590 9402 6746 1074 3892 32         </div> <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>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Brenda Hanagan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Brenda Hanagan</i> <span style="float: right;"><i>5/24/22</i></span></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><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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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	\$	

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MIDLAND, TX, FE. NM 87507

**Sent To**  
Street and Apt. No., or PO Box No. Michael D. Hayes and Kathryn A. Hayes, as  
Co-Trustees of the Hayes Revocable Trust  
3608 Meadowridge Lane  
City, State, ZIP+4® Midland, TX 79707  
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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b>  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>1. Article Addressed to:</p> <p>Michael D. Hayes and Kathryn A. Hayes, as  Co-Trustees of the Hayes Revocable Trust  3608 Meadowridge Lane  Midland, TX 79707</p> <p><small>Colgate Dundee - ORRI 22824-31 &amp; 34</small></p>	<p><b>3. Service Type</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> 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															
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 4954</p>	<p>Restricted Delivery</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. \_\_\_\_\_

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>Wm 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 &amp; 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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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 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> <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 &amp; 34</small></p> </div>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Janelle W. ...</i> <span style="float: right;">MAY 18 2022</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; text-align: center;">7019 2970 0000 7595 5213</p>	<p>3. Service Type <span style="float: right;"><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"/> Restricted Delivery</span></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>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></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

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">JB &amp; PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 &amp; 34</p> <div style="text-align: center;">  <p>9590 9402 6746 1074 3973 36</p> </div> <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 5036</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Paul L. Navin</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>Paul L. Navin</i> <span style="float: right;">5/19/2022</span></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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7019 2970 0000 7642 5067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703</p> <p style="font-size: 0.8em; color: gray;">Colgate Dundee - ORRI 22824-31 &amp; 34</p> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 3973 05</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">7019 2970 0000 7642 5067</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Secure</i> <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>Mailbox</i> <span style="float: right; font-size: 1.5em;"><i>5/18</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 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"/> 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															
<input type="checkbox"/> Restricted Delivery															
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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 \$ _____ <b>Total Postage and Fees</b> \$ _____	
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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 &amp; 34</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</span></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 5142</p>	<p style="text-align: center; font-size: 1.5em; font-weight: bold;">2207 Stagecoach</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></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.	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 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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 &amp; 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;">M. Creach</p> <p style="text-align: right;"><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;">Michelle Creach 5-16-22</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%; 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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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	
PS Form 3800, April 2015 PSN 7530-02-000-9047	
See Reverse for Instructions	

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<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>MKL Minerals LLC 1901 Ward Midland, TX 79705</p> <p style="font-size: 0.8em; margin: 0;">Colgate Dundee - ORRI 22824-31 &amp; 34</p> </div>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><u>Waseem Sumra</u> <span style="float: right;"><u>5-16-22</u></span></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</p>													
<p>Domestic Return Receipt</p>													

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Certified Mail Fee	
\$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$ _____	
Total Postage and Fees	
\$ _____	
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 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Merrick Properties, LLC P.O. Box 144 Midland, TX 79702</p> <p style="font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 &amp; 34</p>  <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 3973 29</p> </div>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">7019 2970 0000 7642 5043</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												
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>												

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No. Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707	
City, State, ZIP+4®	
<small>Colgate Dundee - ORRI 22824-31 &amp; 34</small>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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<p><b>1. Article Addressed to:</b></p> <p style="text-align: center;">Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 &amp; 34</small></p>	<p><b>3. Service Type</b></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><b>2. Article Number (Transfer from service label)</b></p> <p style="text-align: center; font-size: 1.5em;">7019 2970 0000 7595 5190</p>	<p><b>Mail Restricted Delivery</b></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	\$ _____
<b>Total Postage and Fees</b>	\$ _____
<b>Sent To</b>	
Street and Apt. No., or PO Box No.	Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202
City, State, ZIP+4®	Roswell, NM 88202 <small>Colgate Dundee - ORRI 22824-31 &amp; 34</small>

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

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">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 &amp; 34</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Viola A. Vigil</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Viola A. Vigil</i> <i>5-16-22</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>												
<p style="text-align: center;">             9590 9402 6746 1074 3893 00         </p> <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 5176</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><input type="checkbox"/> Insured Mail (Mail 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™												
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <i>TAYLOR MORGAN</i> <span style="float: right;"><i>5-16-22</i></span></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 &amp; 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: 1.2em;">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 <span style="float: right;">Domestic Return Receipt</span></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. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

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

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

7019 2970 0000 7642 4831



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b></p> <p><input checked="" type="checkbox"/> <i>Diana Ruiz</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>B. Received by (Printed Name)</b> <span style="float: right;"><b>C. Date of Delivery</b></span></p> <p><i>Diana Ruiz</i> <span style="float: right;"></span></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="font-size: 0.8em; text-align: right;">Colgate Dundee - ORRI 22824-31 &amp; 34</p>	<p><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p>If YES, enter delivery address below:</p> <div style="text-align: center;"> </div>												
<div style="text-align: center;"> <p>9590 9402 6746 1074 3891 95</p> </div> <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 4831</p>	<p><b>3. Service Type</b></p> <table border="0" 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> <p style="text-align: right; margin-top: 5px;">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													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></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 \$ _____	Postmark Here <span style="font-size: 1.5em; color: red;">MAY 13 2022</span> SANTA FE, NM 87501
Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	

Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012  
 706 Brazos St.  
 Roswell, NM 88201  
 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b>    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b>                  Susan S. Murphy</p> <p><b>C. Date of Delivery</b>                  5/16/22</p> <p><b>D. Is delivery address different from item 1?</b> <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;">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 style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 &amp; 34</p>	<p><b>3. Service Type</b></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 7595 5169</p>	<p style="text-align: center; font-size: 0.8em;">Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>													

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MAY 13 2022

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 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b>  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b>      <b>C. Date of Delivery</b>            Patti Stacy      5/16/22</p> <p><b>D. Is delivery address different from item 1?</b>    <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;">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 &amp; 34</small></p>	<p><b>3. Service Type</b></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 4985</p>	<p>mail Restricted Delivery</p>												

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

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MAY 17 2022  
Postmark Here  
USPS

7019 2970 0000 7642 4848

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. OGI, Inc.  
PO Box 5686

City, State, ZIP+4® Pagosa Springs, CO 81147  
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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 &amp; 34</small></p> </div> <div style="text-align: center; margin: 5px 0;"> <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 3891 88</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">7019 2970 0000 7642 4848</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Anne Zoelner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Anne Zoelner</i> <span style="float: right; border: 1px solid red; border-radius: 50%; padding: 5px; color: red; font-weight: bold;">MAY 20 2022</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> </table> <p style="font-size: 0.8em;"><small>Mail Restricted Delivery (0)</small></p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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Certified Mail Fee	
\$	
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
<b>Total Postage and Fees</b>	\$
<b>Sent To</b>	
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 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702</p> <p style="text-align: right; font-size: 0.8em;"><small>Colgate Dundee - ORRI 22824-31 &amp; 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="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 5029</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Paul L. Davis</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>Paul L. Davis</i> <span style="float: right;">5/19/2022</span></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™												
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>													

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7019 2970 0000 7642 5012

Certified Mail Fee \$ _____	SANITA, TX, 76107 Postmark Here <b>MAY 13 2022</b> SPS
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 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <u><i>Paul Davis</i></u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 10px; text-align: center;">                     Paul Davis, Ltd.                      P.O. Box 871                      Midland, TX 79702                 </div>	B. Received by (Printed Name) <u>Paul L Davis</u> C. Date of Delivery <u>5/19/2022</u>
2. Article Number (Transfer from service label) 9590 9402 6746 1074 3973 43 7019 2970 0000 7642 5012	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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

7019 2970 0000 7595 5206

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Certified Mail Fee \$ \_\_\_\_\_

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

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

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

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

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

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

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

Total Postage and Fees \$ \_\_\_\_\_

Sent To

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Qualia Interests, LLC          PO Box 991          Midland, TX 79702</p> <p>Colgate Dundee - ORRI 22824-31 &amp; 34</p>	<p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5206</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Rec</p>

7020 0640 0000 0304 2637

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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. 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>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 &amp; 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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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® \_\_\_\_\_

Postmark Here MAY 17 2022

USPS

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

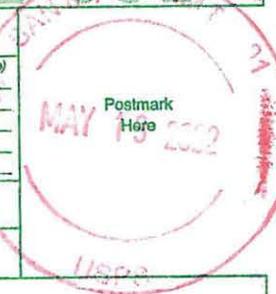
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>S &amp; E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226</p> <p style="font-size: 0.8em;">Colgate Danlee - ORRI 22824-31 &amp; 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: 1.5em; 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 border="0"> <tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr> <tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr> <tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<p>4. Delivery Point</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Mail 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ <b>Total Postage and Fees</b> \$ _____	Postmark Here 
Sent To Street and Apt. No., or PO Box No. Scott Exploration, Inc. PO Box 1834 City, State, ZIP+4® Roswell, NM 88202 <small>Colgate Dundee - ORR1 22824-31 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202</p> <p style="text-align: center; font-size: 0.8em;"><small>Colgate Dundee - ORR1 22824-31 &amp; 34</small></p> <div style="text-align: center;">             9590 9402 6746 1074 3892 94         </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7019 2970 0000 7595 5183</p>	<p>A. Signature  <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          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> <div style="text-align: center;">  </div> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </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													
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. 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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 &amp; 34</small></p> <div style="text-align: center;">                   9590 9402 6746 1074 3892 18             </div> <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>A. Signature  <input checked="" type="checkbox"/> <i>Sandra Scott</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>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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**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

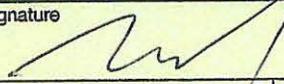
Street and Apt. No., or PO Box No. Sam L. Shackelford  
1096 Mechem Dr.

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORR1 22824-31 &amp; 34</p> <div style="text-align: center;">             9590 9402 6746 1074 3891 40         </div> <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>A. Signature</p> <p><input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>SAM L. SHACKELFORD</b> C. Date of Delivery <b>5/18/22</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; 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												

7019 2970 0000 7642 5173

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

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Stelaron, Inc.  
P.O. Box 7787  
Amarillo, Texas 79114

Colgate Dmdcc - ORRI 22824-31 & 34



9590 9402 6746 1074 2465 04

2. Article Number (Transfer from service label)

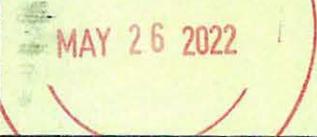
7019 2970 0000 7642 5173

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Karen L. Moore*  Agent  Addressee

B. Received by (Printed Name) *Karen L. Moore* C. Date of Delivery

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



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

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

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7019 2970 0000 7642 4824

Certified Mail Fee \$ _____	Postmark Here <b>MAY 13 2022</b>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042 <small>Colgate Dundee - ORRI 22924-31 &amp; 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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>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 &amp; 34</small> </div> <div style="text-align: center; margin: 5px 0;"> <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</p> <p><b>X</b> </p> <p style="text-align: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p style="font-size: 1.2em;">Stephanie Stephen      5-17-22</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®												
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<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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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.	Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401
City, State, ZIP+4®	Ardmore, OK 73401-3401

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Daniel Sheavira 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 &amp; 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>ii Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7019 2970 0000 7595 5152

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OFFICIAL USE	
Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. City, State, ZIP+4®	John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831 <small>Colgate Dundee - ORRI 22824-31 &amp; 34</small>
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831 <small>Colgate Dundee - ORRI 22824-31 &amp; 34</small>	B. Received by (Printed Name) John Thoma
	C. Date of Delivery 5/28/2022
	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)  9590 9402 6746 1074 3893 24  7019 2970 0000 7595 5152	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

# Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

## Affidavit of Publication

Ad # 0005262022

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ROSWELL, NM 88202-0010

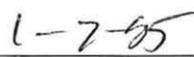
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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

  
My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad # 0005262022  
PO #: 5262022  
# of Affidavits 1

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Colgate Operating, LLC  
Case No. 22828  
Exhibit C-4

This is to notify all interested parties, including COG Operating LLC; Kirk & Sweeney Ltd. Co; Karen Ralston Slade Revocable Trust; Charles W. Seltzer Trust; Shauna Seltzer Redwine Trust; Midwest Resources 2008-1 Oil and Gas Income Limited Partnership; TE Ray Resources; C&J Investments; AGS Resources 2007 LLP; 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; Qualla 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; Franniifin 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. 22828). 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.wemr.d.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests from the top of the Bone Spring Formation to the base of the First Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the 5/25/2 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 114H 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 SE/4 SE/4 (Unit P) of Section 3. A depth severance exists in the Bone Spring Formation within the Unit. According-

ly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government 5 #1 well log (API 30-015-20932). 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.  
#5262022, Current Argus, May 18, 2022