

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

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

CASE NO. 23814

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Mark Hajdik
A-1	Application & Proposed Notice of Hearing
A-2	C-102
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Pooled Parties, Unit Recapitulation
A-4	Sample Well Proposal Letter & AFE
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Christopher Cantin
B-1	Regional Locator Map
B-2	Cross-Section Location Map of the Dawson 34 Fed Com #203H and #204H wells
B-3	Wolfcamp Subsea Structure Map
B-4	Stratigraphic Cross-Section
B-5	Gun Barrel Diagram
Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	Sample Notice Letter to All Interested Parties
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C-3	Copies of Certified Mail Receipts and Returns
C-4	Affidavit of Publication for October 5, 2023

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

Case: 23814	APPLICANT'S RESPONSE
Hearing Date	October 19, 2023
Applicant	Permian Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID No. 372165
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	None.
Well Family	Dawson
Formation/Pool	
Formation Name(s) or Vertical Extent:	Wolfcamp
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Wolfcamp
Pool Name and Pool Code:	Winchester; Wolfcamp Gas pool (Code 87760)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	640 acres
Building Blocks:	Quarter-quarter
Orientation:	East to West
Description: TRS/County	S/2 of Sections 33 and 34, Township 19 South, Range 28 E; Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N/A
Proximity Tracts: If yes, description	Yes, the completed interval of the Dawson 34 Fed Com #204H well will be located within 330' of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 33 and 34 to allow for the creation of a standard 640-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Dawson 34 Fed Com #204H
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed

Well #1	Dawson 34 Fed Com #203H (API # ---) SHL: 2484' FSL & 211' FEL (Unit I), Section 34, T19S, R28E BHL: 2310' FSL & 10' FWL (Unit L), Section 33, T19S, R28E Completion Target: Wolfcamp (9,984' TVD)
Well #2	Dawson 34 Fed Com #204H (API # ---) SHL: 2489' FSL & 340' FEL (Unit I), Section 34, T19S, R28E BHL: 1068' FSL & 10' FWL (Unit M), Section 33, T19S, R28E Completion Target: Wolfcamp (8,984' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibits A, C
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-5
Well Orientation (with rationale)	Exhibit B

Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	10/17/2023

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

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

CASE NO. 23814

**SELF-AFFIRMED STATEMENT
OF MARK HAJDIK**

1. I am a Senior Staff Landman at Permian Resources Operating, LLC (“Permian Resources”) 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 the 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. Permian Resources seeks an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 33 and 34, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the following wells (“Wells”):

- a. **Dawson 34 Fed Com #203H**, which will be drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 34 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 33; and

Permian Resources Operating, LLC
Case No. 23814
Exhibit A

14. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled, and \$1,000 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Permian Resources and other operators in the vicinity.

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

16. In my opinion, the granting of Permian Resources' application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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



Mark Hajdik

10/16/23

Date

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

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

CASE NO. 23814

APPLICATION

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (“Applicant”) (OGRID No. 372165) applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 33 and 34, Township 19 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 following wells (“Wells”):
 - a. **Dawson 34 Fed Com #203H**, which will be drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 34 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 33; and
 - b. **Dawson 34 Fed Com #204H**, which will be drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 34 to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 33.
3. The completed interval of the Wells will be orthodox.
4. The completed interval of the Dawson 34 Fed Com #204H well will be located within 330’ of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 33 and 34 to allow for the creation of a standard 640-acre horizontal spacing unit.

**Permian Resources Operating, LLC
Case No. 23814
Exhibit A-1**

5. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.

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 interests in the Unit should be pooled and Applicant should be designated the operator of the Wells and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on October 5, 2023, and, after notice and hearing as required by law, the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy _____

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

*Counsel for Permian Resources Operating,
LLC*

Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 33 and 34, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). The Unit will be dedicated to the following wells (“Wells”): **Dawson 34 Fed Com #203H**, which will be drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 34 to a bottom hole location in the NW/4 SW/4 (Unit L) of Section 33; and **Dawson 34 Fed Com #204H**, which will be drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 34 to a bottom hole location in the SW/4 SW/4 (Unit M) of Section 33. The completed interval of the Wells will be orthodox. The completed interval of the Dawson 34 Fed Com #204H well will be located within 330’ of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 33 and 34 to allow for the creation of a standard 640-acre horizontal spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as 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
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazon Road, Artec, NM 87410
District IV
1220 S. St Francis Dr., NM 87505
Phone: (505) 476-3460 Fax (505) 476-3462

State of New Mexico Permian Resources Operating, LLC Form C-102
Energy, Minerals & Natural Resources Department Case No. 23814
OIL CONSERVATION DIVISION Exhibit A-2 Revised August 1, 2011
1220 South St. Francis Dr. Submit one copy to appropriate District Office
Santa Fe, NM 87505
AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

Table with 3 columns: API Number, Pool Code, Pool Name, Property Code, Property Name, Well Number, OGRID No., Operator Name, Elevation.

Surface Location

Table with 10 columns: UL or lot no., Section, Township, Range, Lot Idn, Feet from the, North/South line, Feet from the, East/West line, County.

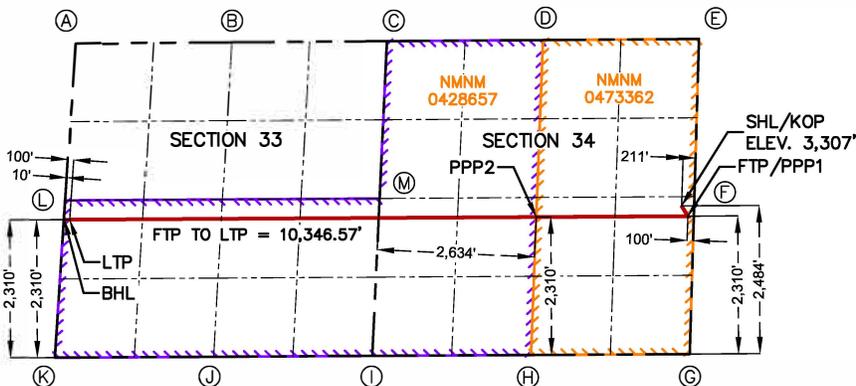
Bottom Hole Location If Different From Surface

Table with 10 columns: UL or lot no., Section, Township, Range, Lot Idn, Feet from the, North/South line, Feet from the, East/West line, County.

Table with 5 columns: Dedicated Acres, Joint or Infill, Consolidation Code, Order No.

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16



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, Date, Email Address, Date

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: 9/5/2023



MARK J. MURRAY P.L.S. NO. 12177

Table with 5 columns: SURFACE HOLE LOCATION & KICK-OFF POINT, FIRST TAKE POINT & PENETRATION POINT 1, PENETRATION POINT 2, LAST TAKE POINT, BOTTOM HOLE LOCATION. Each column contains coordinates and bearings.

Table with 6 columns: CORNER COORDINATES, NEW MEXICO EAST - NAD 83. Each column contains corner labels (A-F) and their respective coordinates.

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazon Road, Artec, NM 87410
District IV
1220 S. St Francis Dr., NM 87505
Phone: (505) 476-3460 Fax (505) 476-3462

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

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code 87760	³ Pool Name Winchester; Wolfcamp Gas
⁴ Property Code	⁵ Property Name DAWSON 34 FED COM	
⁷ OGRID No. 372165	⁸ Operator Name PERMIAN RESOURCES OPERATING, LLC	⁹ Elevation 3,309'

¹⁰ Surface Location

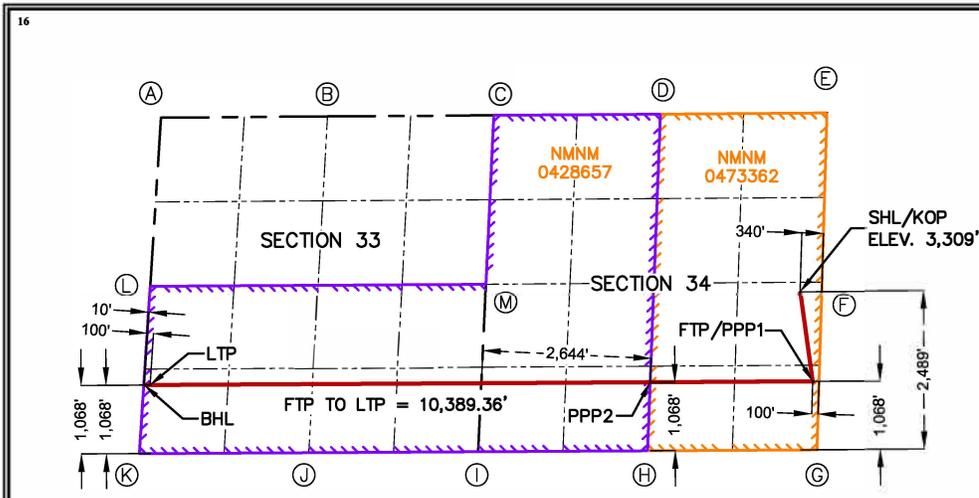
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	34	19 S	28 E		2,489'	SOUTH	340'	EAST	EDDY

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
M	33	19 S	28 E		1,068'	SOUTH	10'	WEST	EDDY

¹² Dedicated Acres 640	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION

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

Signature	Date
Printed Name	Date
Email Address	Date

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: 9/5/2023



MARK J. MURRAY P.L.S. NO. 12177

SURFACE HOLE LOCATION & KICK-OFF POINT	FIRST TAKE POINT & PENETRATION POINT 1	PENETRATION POINT 2	LAST TAKE POINT	BOTTOM HOLE LOCATION
2,489' FSL & 340' FEL NEW MEXICO EAST-NAD 83 NORTH:588,189.11' EAST:595,562.95' LAT:32.61685925 LONG:-104.15721861	1,068' FSL & 100' FEL NEW MEXICO EAST-NAD 83 NORTH:586,768.83' EAST:595,760.54' LAT:32.61295439 LONG:-104.15658254	1,068' FSL & 2,644' FWL NEW MEXICO EAST-NAD 83 NORTH:586,754.63' EAST:593,212.49' LAT:32.61292672 LONG:-104.16485794	1,068' FSL & 100' FWL NEW MEXICO EAST-NAD 83 NORTH:586,710.91' EAST:585,371.34' LAT:32.61283814 LONG:-104.19032390	1,068' FSL & 10' FWL NEW MEXICO EAST-NAD 83 NORTH:586,710.42' EAST:585,281.12' LAT:32.61283712 LONG:-104.19061691
NEW MEXICO EAST-NAD 27 NORTH:588,127.35' EAST:564,382.93' LAT:32.61674193 LONG:-104.15670919	NEW MEXICO EAST-NAD 27 NORTH:586,707.10' EAST:554,580.49' LAT:32.61283704 LONG:-104.15607524	NEW MEXICO EAST-NAD 27 NORTH:586,692.92' EAST:552,032.45' LAT:32.61280945 LONG:-104.16435043	NEW MEXICO EAST-NAD 27 NORTH:586,649.27' EAST:544,191.31' LAT:32.61272114 LONG:-104.18981577	NEW MEXICO EAST-NAD 27 NORTH:586,648.77' EAST:544,101.10' LAT:32.61272012 LONG:-104.19010876

CORNER COORDINATES, NEW MEXICO EAST - NAD 83		
A-FOUND IRON PIPE W/ BRASS CAP N:590,907.03' E:585,541.35'	F-FOUND IRON PIPE W/ BRASS CAP N:588,340.39' E:595,907.65'	K-FOUND IRON PIPE W/ BRASS CAP N:585,641.97' E:585,202.31'
B-FOUND 5/8" IRON ROD W/ ALUM CAP N:590,925.86' E:588,152.01'	G-FOUND IRON PIPE W/ BRASS CAP N:585,701.20' E:595,828.61'	L-FOUND IRON PIPE W/ BRASS CAP N:588,276.86' E:585,371.95'
C-FOUND IRON PIPE W/ BRASS CAP N:590,945.00' E:590,760.68'	H-FOUND 5/8" IRON ROD W/ ALUM CAP N:585,686.35' E:593,171.86'	M-FOUND IRON PIPE W/ BRASS CAP N:588,307.96' E:590,637.53'
D-FOUND IRON PIPE W/ BRASS CAP N:590,962.75' E:593,372.54'	I-FOUND IRON PIPE W/ BRASS CAP N:585,671.76' E:590,514.67'	
E-FOUND IRON PIPE W/ BRASS CAP N:590,981.15' E:595,983.74'	J-FOUND IRON PIPE W/ BRASS CAP N:585,656.50' E:587,858.72'	

Dawson 34 Wolfcamp Pooling 23814				
WI OWNER	WI	Net Ac	Tract No	FORCE POOL INTEREST
PERMIAN RESOURCES OPERATING LLC	80.2367%	513.5148	1, 2	Operator
COG Operating, LLC	0.6445%	4.125	2	Subject to JOA
Chase Oil Corp.*Merger from Bulldog Energy	0.1367%	0.875	2	Yes
James W. Bowen	0.1367%	0.8750016	2	Yes
Ronald S. Loyd et ux Billie R. Loyd	0.3906%	2.5	2	Yes
Edward J. Brown	0.3906%	2.5	2	Yes
JCJ Investments, LLC	0.2274%	1.455072	2	Yes
Northern Oil and Gas, Inc. (Alpha Energy)	0.1953%	1.25	2	Yes
Northern Oil and Gas, Inc.	4.3124%	27.599162	1	Subject to JOA
Margaret Andrews Avery	0.0184%	0.1179232	2	Yes
Margaret A. McCloud and Thomas D. McCloud, Trustees of the	0.0184%	0.1179232	2	Yes
Teryl D. Meyers, Trustee of the Teryl D. Meyers Separate Proper	0.0123%	0.0786176	2	Yes
Virginia B. Dean	0.0061%	0.0393088	2	Yes
Virginia B. Dean, Clinton H. Dean Jr., Michael Charles Dean, an	0.0061%	0.0393088	2	Yes
Clinton H. Dean, Jr.	0.0082%	0.0524096	2	Yes
Michael C. Dean	0.0082%	0.0524096	2	Yes
Robert R. Dean	0.0082%	0.0524096	2	Yes
BEF Mineral Holdings, LLC c/o David and Diane	0.7997%	5.1179232	2	Yes
Shirley Ann Egbert	0.1984%	1.2696544	2	Yes
Claudia Baker	0.1190%	0.761792	2	Yes
Wilfred E. Blessing and Victor F. Bogard, Trustees of Trust A u/	0.0595%	0.380896	2	Yes
Wilfred E. Blessing and Victor F. Bogard, Trustees of Trust A u/	0.0198%	0.1269664	2	Yes
Dorsar Investment Company	0.0184%	0.1179232	2	Yes
Tularosa Oil Company LLC	0.0123%	0.0786176	2	Yes
Edna Louise Miller	0.0123%	0.0786176	2	Yes
Virginia D. Kriz-Neessen	0.0123%	0.0786176	2	Yes
John T. Olive	0.0123%	0.0786176	2	Yes
John A. Ponsford	0.0123%	0.0786176	2	Yes
Sarador, a Partnership	0.0123%	0.0786176	2	Yes
Rockwoord Resources, LLC	0.0123%	0.0786144	2	Yes
Homer L. Wedig	0.0061%	0.0393088	2	Yes
James M. Welch	0.0061%	0.0393088	2	Yes
Becky Ruth Welch	0.0163%	0.1041664	2	Yes
Bryan Winston Welch	0.0163%	0.1041664	2	Yes
Stacy Ann Welch Green	0.0163%	0.1041664	2	Yes
Gene Wood Joint Venture Account	0.0473%	0.302672	2	Yes
Five J's Plus L, Inc.	0.3906%	2.5	2	Yes
Charles Eugene Cooper and DeAnn Hutson, Co-Trustees of the C	0.3906%	2.5	2	Yes
James W. Doak, Jr.	0.3906%	2.5	2	Yes
Joyce Ann Hansen	0.2441%	1.5624992	2	Yes
Hans Eric Hansen	0.0488%	0.3124992	2	Yes
Gregory Martin Hansen	0.0488%	0.3124992	2	Yes
Nicole Williams	0.0244%	0.1562496	2	Yes
Michelle Rank	0.0244%	0.1562496	2	Yes
Byrl W. Harris	0.3906%	2.5	2	Yes
International Petroleum Corporation	0.1953%	1.25	2	Yes
C. T. Hutchens, III	0.0716%	0.4584943	2	Yes
JoAnne Hutchens	0.0716%	0.4584943	2	Yes
Nancy Hutchens Mowrey	0.1074%	0.6875007	2	Yes
Eric Schmitz	0.0716%	0.4584943	2	Yes
Chief Capital (O&G) II, LLC	0.7813%	5	1	Yes
Bopaw Production Company, LLC	0.0977%	0.6250016	2	Yes
Togiak Resources, LLC	0.0977%	0.6249984	2	Yes
Peggy Runyan	0.7813%	5	2	Yes
Cheron Oil & Gas Company, Inc.	0.3174%	2.0312448	2	Yes
Pregler Oil Company, LLC	0.0732%	0.4687424	2	Yes
Malcolm G. MacNeill	0.7813%	5	2	Yes
B and H Royalty Company	0.1953%	1.25	2	Yes
Richard Pruett	0.3906%	2.5	2	Yes
Adene L. Sealy	0.1953%	1.25	2	Yes
James E. Sealy, Jr.	0.1953%	1.25	2	Yes
Marsha L. Brown	0.3906%	1.25	2	Yes
Stanley F. Smith	0.1953%	1.2499904	2	Yes
Krista Alicen Stephenson, Trustee of the Krista Alicen Stephensc	0.1953%	1.2499904	2	Yes

Permian Resources Operating, LLC

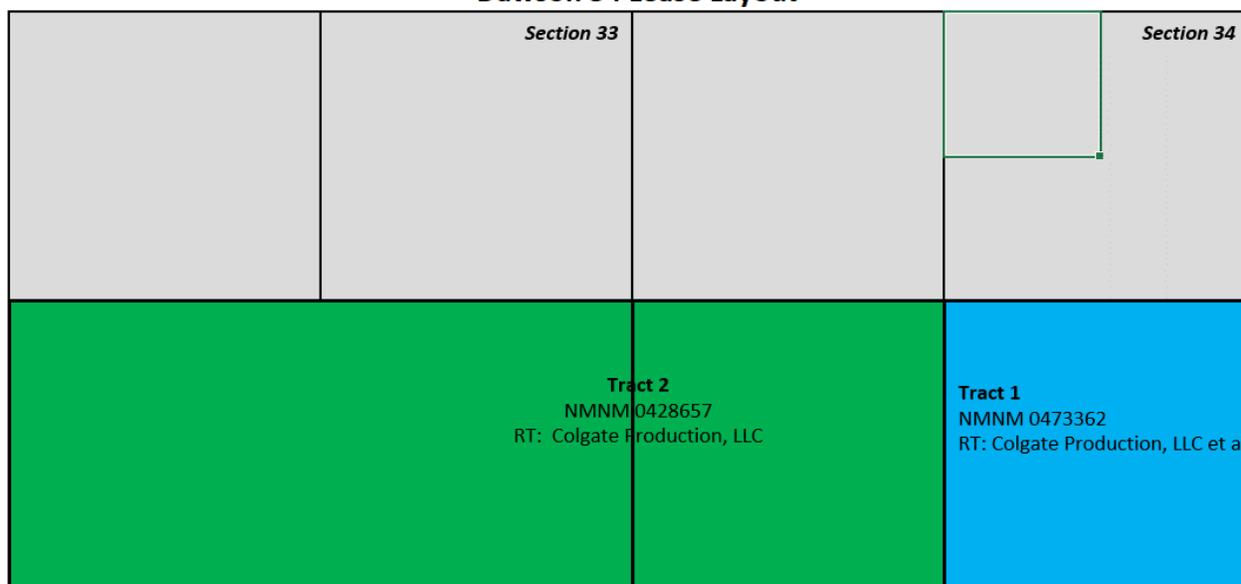
Case No. 23814

Exhibit A-3

Abbejane Masterson Bates	0.1953%	1.2499904	2	Yes
John G. Willy	0.1953%	1.2499904	2	Yes
Del Rey Minerals, LLC	0.9766%	6.2500032	2	Yes
Duer Wagner, III	0.0472%	0.3017984	1	Yes
Geoffrey Lancelo	0.0034%	0.021472	1	Yes
Douglas Cranmer	0.0067%	0.042624	1	Yes
Russel Cranmer	0.0067%	0.042624	1	Yes
Trustees of the Russel E. Cranmer Revocable Trust dated 12/28/1	0.0366%	0.234432	2	Yes
Katherine Ferguson	0.0533%	0.340992	2	Yes
Sombrero Associates	0.0325%	0.20784	1	Yes
Wildcat Energy, LLC	0.0698%	0.4470144	2	Yes
Hodge Natural Gas Gathering, Inc.	0.0100%	0.063936	2	Yes
Robert G. Ettleson, MSU	0.0167%	0.10656	2	Yes
William L. Hillard, MSU	0.0200%	0.1278592	2	Yes
Mary L. Kline, MSU	0.0167%	0.1065728	1	Yes
Estate of J. Darlene Kline	0.0350%	0.2237824	2	Yes
Shannon Michaud, Trustee of the Gerald L. Michaud Trust u/t/a c	0.0200%	0.1278592	2	Yes
Ted J. Werts, MSU	0.0100%	0.063936	2	Yes
Intrepid Energy, Ltd.	0.4820%	3.0848512	2	Yes
Douglas C. Cranmer and Russell B. Cranmer, Trustees of Russell	0.0067%	0.042624	1	Yes
Bill Ferguson, MSU	0.0799%	0.511488	1	Yes
Robert H. Kriebel, whose wife is Nancy B. Kriebel	0.0350%	0.2237568	2	Yes
Nelson & Co., fbo John D. Wile Marital Trust	0.0150%	0.0959104	2	Yes
Magnum Hunter Production, Inc.	0.7933%	5.0772096	1	Subject to JOA
SITL Energy, LLC	0.3359%	2.1498752	2	Yes
R.E.B. Resources, LLC	0.3359%	2.1498752	2	Yes
Carl Joseph Garrett, Executor, Estate of Jasper Ben Garrett, Jr.	0.0026%	0.016448	2	Yes
Robert K Hillin Jr	0.7813%	5	1	Yes
HCH Investments	0.0651%	0.4166656	1	Yes
Catherine Huffman	0.0651%	0.4166656	1	Yes
Galkay	0.1165%	0.7458816	2	Yes
Olin Garrett	0.0051%	0.0329088	2	Yes
	100%	640		

Lessee of Record	WI	Net Ac	Tract No	FORCE POOL INTEREST
CINDY TARVER	None	None	1	Yes
JODI PARR	None	None	1	Yes
MERIDETH STEPHENS	None	None	1	Yes

Dawson 34 Lease Layout



ORRI Owners
ABUELO LLC
BRIAN K EAMER
CHARLES L JOHNSON
DORIS JEAN BARNES
DUANE D ANDERSON
ERGODIC RESOURCES LLC
ERIN EAMER
FLATROCK ROYALTIES
FRANK J PISOR
HEIRS OF GEORGE A & MOLLY LAUCK
JAMES A LAWSON
LOCO HILLS PRODUCTION COMPANY
LORI LYNN JOHNSON NELSON
MARATHON OIL PERMIAN LLC
MARK & PAULA MCCLELLAN
MARK E BOLING REVOCABLE TRUST
MICHAEL OWEN JOHNSON
MOSER REVOCABLE TRUST
MS CAROL SUE MHOON
NESTEGG ENERGY COMPANY
ROSS & KANDACE MCCLELLAN
SILVERHAIR LLC
WILLIAM G ROSS & VEE K ROSS LIVING TRUST
CM ROYALTIES LP
CHERYL DIANE ETHEREDGE
GREENVILLE PARTNERS
KEVIN HAMMIT
MARSHALL & WINSTON, INC
MONGOOSE MINERALS LLC
National XP



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

August 16, 2023

Via Certified Mail

EOG Resources, Inc.
PO Box 4362
Houston, Texas 77210-4362

RE: Well Proposals: Dawson 34 Fed Com #203H & #204H

Section 33: S/2
Section 34: S/2
T19S-R28E, Eddy County, New Mexico
Wolfcamp Formation

To Whom It May Concern:

Permian Resources Operating, LLC, as operator (“Permian”), hereby proposes the drilling and completion of the following Dawson 34 Fed Com well at the following approximate locations within Township 19 South, Range 28 East:

1. Dawson 34 Fed Com #203H

SHL: Legal location in the East 1/4 of Section 34
BHL: 2310' FSL & 10' FWL of Section 33
FTP: 2310' FSL & 100' FEL
LTP: 2310' FSL & 100' FWL
TVD: 8,984'
TMD: Approximately 19,269'
Proration Unit: S/2 of Sections 34 & 33
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

2. Dawson 34 Fed Com #204H

SHL: Legal location in the East 1/4 of Section 34
BHL: 1068' FSL & 10' FWL of Section 33
FTP: 1068' FSL & 100' FEL
LTP: 1068' FSL & 100' FWL
TVD: 8,984'
TMD: Approximately 19,269'
Proration Unit: S/2 of Sections 34 & 33
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

Permian Resources Operating, LLC
Case No. 23814
Exhibit A-4

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Permian is proposing to drill these wells under



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

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
- \$10,000/\$1,00 drilling and producing rates
- Permian Resources 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 previously proposed AFE, and your geologic well requirements to the above address or by email to Kimberly.Smith@permianres.com.

In the interest of time, should we not reach an agreement within thirty (30) days of the date of your receipt of this letter, Permian 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, Permian 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 by email at mark.hajdik@permianres.com.

Respectfully,

A handwritten signature in blue ink, appearing to read "Mark Hajdik".

Mark Hajdik
Senior Staff
Landman
Enclosures



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Dawson 34 Fed Com #203H		
Dawson 34 Fed Com #204H		

Company / Working Interest Owner Name:

By: _____

Printed Name: _____

Date: _____



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$3,377,486
Completion Total (\$)	\$4,078,820
Facilities Total (\$)	\$677,472
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,038,778

AFE Description

9500' Lateral WC - SHL: Legal location in the East 1/4 of Section 34. BHL: 2310' FSL & 10' FWL of Section 33; T19S-R28E

Property Name Dawson 34 Fed Com 203H **State** NM

AFE Type Drill and Complete

Operator Permian Resources Operating, LLC **Field** Delaware Basin - NM

Scheduled Spud Date Q1/Q2 2024 **Estimated TVD (ft)** 9,984'

Target Zone Wolfcamp **Estimated MD (ft)** 19,269'

Sub-Target Zone

Non Operator Approval

Company _____

Approved By _____

Title _____

Date _____

Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$85,000.00
8015.1500	IDC - RIG MOB / TRUCKING	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$551,437.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$253,007.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$52,546.00
8015.2300	IDC - FUEL / POWER	\$153,398.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$15,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$183,629.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$22,500.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$55,781.00
8015.3700	IDC - DISPOSAL	\$112,638.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$52,500.00	8015.4300	IDC - WELLSITE SUPERVISION	\$90,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$15,000.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$8,250.00
8015.5200	IDC - CONTINGENCY	\$110,355.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$612,152.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$0.00	8020.1800	TDC - CONTINGENCY	\$0.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$0.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$0.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$370,770.00	8025.1600	ICC - COILED TUBING	\$224,298.00

8025.1700	ICC - CEMENTING & SERVICES	\$.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$432,705.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,904,264.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$116,364.00
8025.3100	ICC - WELLHEAD/FRACTREE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$.00
8025.3300	ICC - COMMUNICATIONS	\$.00	8025.3400	ICC - RENTAL EQUIPMENT	\$164,511.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00	8025.4200	ICC - CONTINGENCY	\$.00
8025.3050	ICC - SOURCE WATER	\$173,548.00	8025.4400	ICC - COMPANY LABOR	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$.00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$.00
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00	8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2500	FAC - CONSULTING SERVICES	\$.00	8035.2600	FAC - INJECTION PUMP	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00	8035.3500	FAC - COMPRESSOR	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$.00
8035.4300	FAC - INSURANCE	\$.00	8035.1310	FAC - PEMANENT EASEMENT	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00	8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PEMANENT EASEMENT	\$.00	8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00	8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00	8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00	8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2400	PLN - SUPERVISION	\$.00	8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2700	PLN - PIPELINE	\$.00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$.00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3300	PLN - PUMP	\$.00	8036.3400	PLN - METER	\$.00
8036.3500	PLN - COMPRESSOR	\$.00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.3700	PLN - AUTOMATION	\$.00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4300	PLN - INSURANCE	\$.00	8036.4400	PLN - COMPANY LABOR	\$.00
8036.4500	PLN - CONTINGENCY	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00	8040.1500	IFC - FUEL / POWER	\$.00
8040.1600	IFC - COILED TUBING	\$.00	8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRAC TREE REPAIR	\$.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$.00	8040.4400	IFC - COMPANY LABOR	\$.00
8040.4500	IFC - SWABBING	\$.00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00

Account	Description	Total (\$)	Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$.00	8045.4400	TFC - COMPANY LABOR	\$.00



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$3,377,486
Completion Total (\$)	\$4,078,820
Facilities Total (\$)	\$677,472
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,038,778

AFE Description

9500' Lateral WC - SHL: Legal Location in the East 1/4 of Section 34. BHL: 1068' FSL & 10' FWL of Section 33; T19S-R28E

Property Name	Dawson 34 Fed Com 204H	State	NM
AFE Type	Drill and Complete		
Operator	Permian Resources Operating, LLC	Field	Delaware Basin - NM

Scheduled Spud Date	Q4 2023/Q1 2024	Estimated TVD (ft)	8,984'
Target Zone	Wolfcamp	Estimated MD (ft)	19,269'
Sub-Target Zone			

Non Operator Approval

Company _____

Approved By _____

Title _____

Date _____

Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$85,000.00
8015.1500	IDC - RIG MOB / TRUCKING	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$551,437.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$253,007.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$52,546.00
8015.2300	IDC - FUEL / POWER	\$153,398.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$15,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$183,629.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$22,500.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$55,781.00
8015.3700	IDC - DISPOSAL	\$112,638.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$52,500.00	8015.4300	IDC - WELLSITE SUPERVISION	\$90,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$15,000.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$8,250.00
8015.5200	IDC - CONTINGENCY	\$110,355.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$612,152.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$0.00	8020.1800	TDC - CONTINGENCY	\$0.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$0.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$0.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$370,770.00	8025.1600	ICC - COILED TUBING	\$224,298.00

8025.1700	ICC - CEMENTING & SERVICES	\$0.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$0.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$432,705.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$0.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,904,264.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$116,364.00
8025.3100	ICC - WELLHEAD/FRACTREE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$0.00
8025.3300	ICC - COMMUNICATIONS	\$0.00	8025.3400	ICC - RENTAL EQUIPMENT	\$164,511.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$0.00	8025.4200	ICC - CONTINGENCY	\$0.00
8025.3050	ICC - SOURCE WATER	\$173,548.00	8025.4400	ICC - COMPANY LABOR	\$0.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$0.00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$0.00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$0.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$0.00
8035.1900	FAC - WATER DISPOSAL / SWD	\$0.00	8035.2000	FAC - WASTE DISPOSAL	\$0.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$0.00
8035.2500	FAC - CONSULTING SERVICES	\$0.00	8035.2600	FAC - INJECTION PUMP	\$0.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$0.00	8035.3500	FAC - COMPRESSOR	\$0.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$0.00
8035.4300	FAC - INSURANCE	\$0.00	8035.1310	FAC - PEMANENT EASEMENT	\$0.00
8035.4400	FAC - COMPANY LABOR	\$0.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$0.00	8036.1100	PLN - STAKING & SURVEYING	\$0.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$0.00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PEMANENT EASEMENT	\$0.00	8036.1400	PLN - ROAD LOCATIONS PITS	\$0.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$0.00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$0.00
8036.1700	PLN - RENTAL EQUIPMENT	\$0.00	8036.1900	PLN - WATER DISPOSAL / SWD	\$0.00
8036.2000	PLN - WASTE DISPOSAL	\$0.00	8036.2100	PLN - INSPECTION & TESTING	\$0.00
8036.2200	PLN - CONTRACT LABOR	\$0.00	8036.2300	PLN - FRAC TANK RENTAL	\$0.00
8036.2400	PLN - SUPERVISION	\$0.00	8036.2500	PLN - CONSULTING SERVICES	\$0.00
8036.2700	PLN - PIPELINE	\$0.00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$0.00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$0.00
8036.3100	PLN - TREATING EQUIPMENT	\$0.00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$0.00
8036.3300	PLN - PUMP	\$0.00	8036.3400	PLN - METER	\$0.00
8036.3500	PLN - COMPRESSOR	\$0.00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$0.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$0.00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$0.00
8036.3700	PLN - AUTOMATION	\$0.00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$0.00
8036.4300	PLN - INSURANCE	\$0.00	8036.4400	PLN - COMPANY LABOR	\$0.00
8036.4500	PLN - CONTINGENCY	\$0.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$0.00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$0.00	8040.1500	IFC - FUEL / POWER	\$0.00
8040.1600	IFC - COILED TUBING	\$0.00	8040.1700	IFC - CEMENTING & SERVICES	\$0.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$0.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$0.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$0.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRAC TREE REPAIR	\$0.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$0.00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$0.00	8040.4400	IFC - COMPANY LABOR	\$0.00
8040.4500	IFC - SWABBING	\$0.00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$0.00

Account	Description	Total (\$)	Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$.00	8045.4400	TFC - COMPANY LABOR	\$.00

Dawson 34 WC Communication Timeline

September 2023 – Initial proposals sent for the Dawson 34 WC wells

October 12, 2023 – COG has agreed to execute the JOA. Several parties have responded that they anticipate participating pursuant to the orders.

October 16, 2023 – Magnum Hunter has agreed to amend their JOA to cover these depths. Several other parties including SITL, Hillin, Huffman anticipate amending or signing a JOA. Currently negotiation with several small interest owners and anticipate acquiring their interest prior to post order elections.

October 17, 2023 – As of this date a number of parties have not yet executed a JOA or are unlocatable.

**Permian Resources (Colgate Operating) has previously drilled on this acreage. A number of the unlocatable parties have been extensively researched over the last several years with the initial drilling via online search services such as idicore, county records, landman broker services, and obituary services.

STATE OF NEW MEXICO
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OIL CONSERVATION DIVISION

APPLICATION OF PERMIAN RESOURCES,
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POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 23814

**SELF-AFFIRMED STATEMENT
OF CHRISTOPHER CANTIN**

1. I am a geologist with Permian Resources Operating, LLC (“Permian Resources”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement.

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

3. **Exhibit B-1** is a regional locator map that identifies the Dawson project area, in proximity to the Capitan Reef within the Delaware Basin, for the Wolfcamp horizontal spacing unit that is the subject of this application.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Wolfcamp formation. The approximate wellbore path for the proposed **Dawson 34 Fed Com #203H** and **Dawson 34 Fed Com #204H** (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity to the proposed Wells. The individual spacing unit is outlined with a blue box and is identified with its respective case number.

5. **Exhibit B-3** is a Subsea Structure map on the Wolfcamp in TVD subsea with a contour interval of 50 ft. The map identified the approximate wellbore paths for the proposed Wells with a purple dashed line. It also identifies the location of the cross-section running from A-A’ in

Permian Resources Operating, LLC
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Exhibit B

proximity to the proposed Wells. 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** is a stratigraphic cross-section from A to A' using the representative wells identified on Exhibit B-2. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is flattened on the Top of the Wolfcamp Formation. The proposed landing zone for the Wells is labeled on the exhibit. The approximate well-path for the proposed Wells is indicated by dashed lines to be drilled from east to west across the unit. This cross-section demonstrates the target interval is continuous across the Unit.

7. **Exhibit B-5** is a gun barrel diagram that shows the wells in the Wolfcamp formation. The individual spacing unit is outlined with a blue box and is identified with its respective case number.

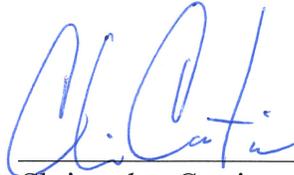
8. In my opinion, a lay down orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

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

10. In my opinion, the granting of Permian Resources' application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

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



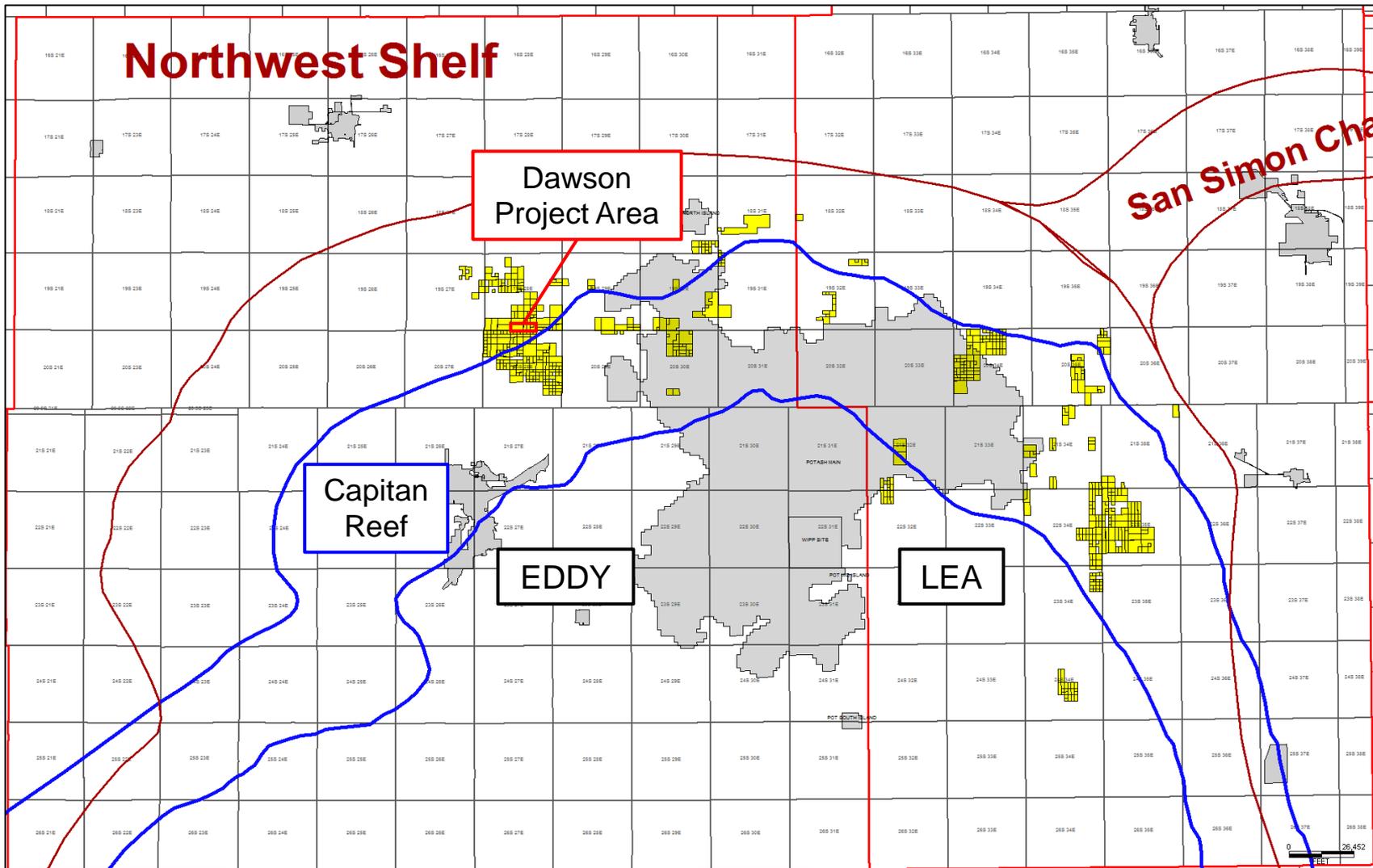
Christopher Cantin

10/16/2023
Date



Regional Locator Map

Dawson 34 Federal Com



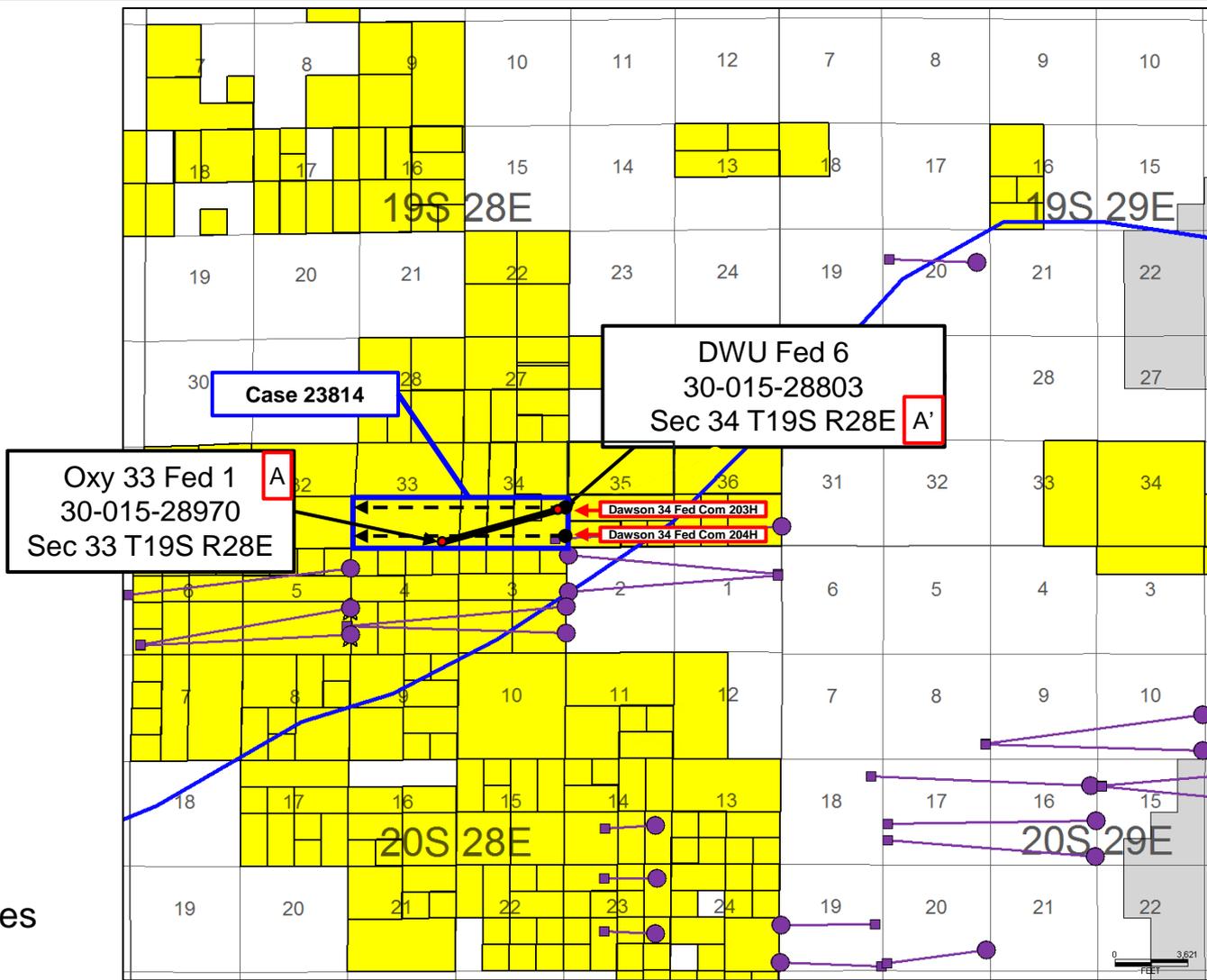
Cross-Section Locator Map

Dawson 34 Federal Com

Case No. 23814

Exhibit B-2

Exhibit B-2



Approximate Wellbore paths



Producing Wells



Permian Resources



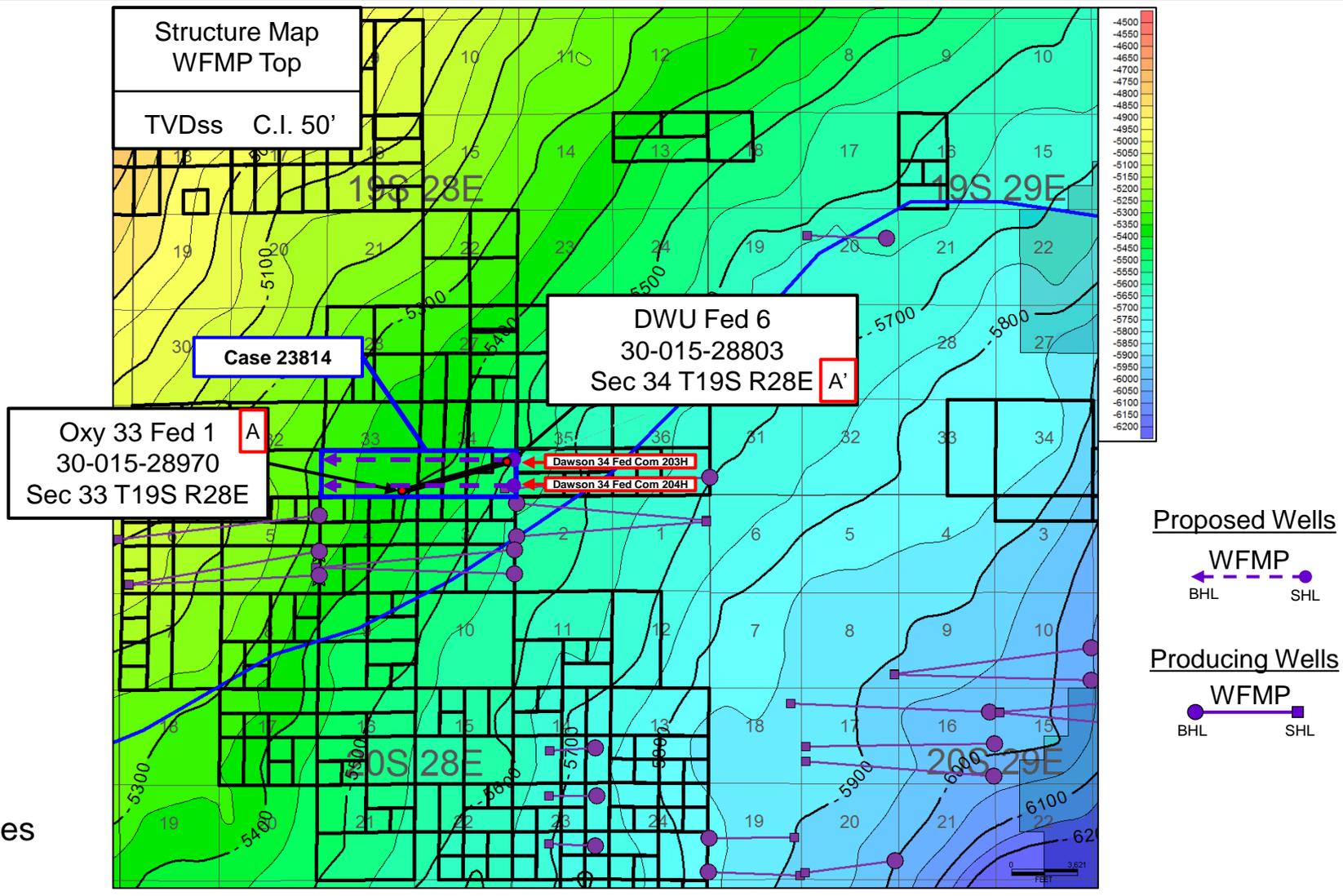
Wolfcamp – Structure Map

Dawson 34 Federal Com

Case No. 23814

Exhibit B-3

Exhibit B-3



Stratigraphic Cross-Section A-A'

Dawson 34 Federal Com

Case No. 23814

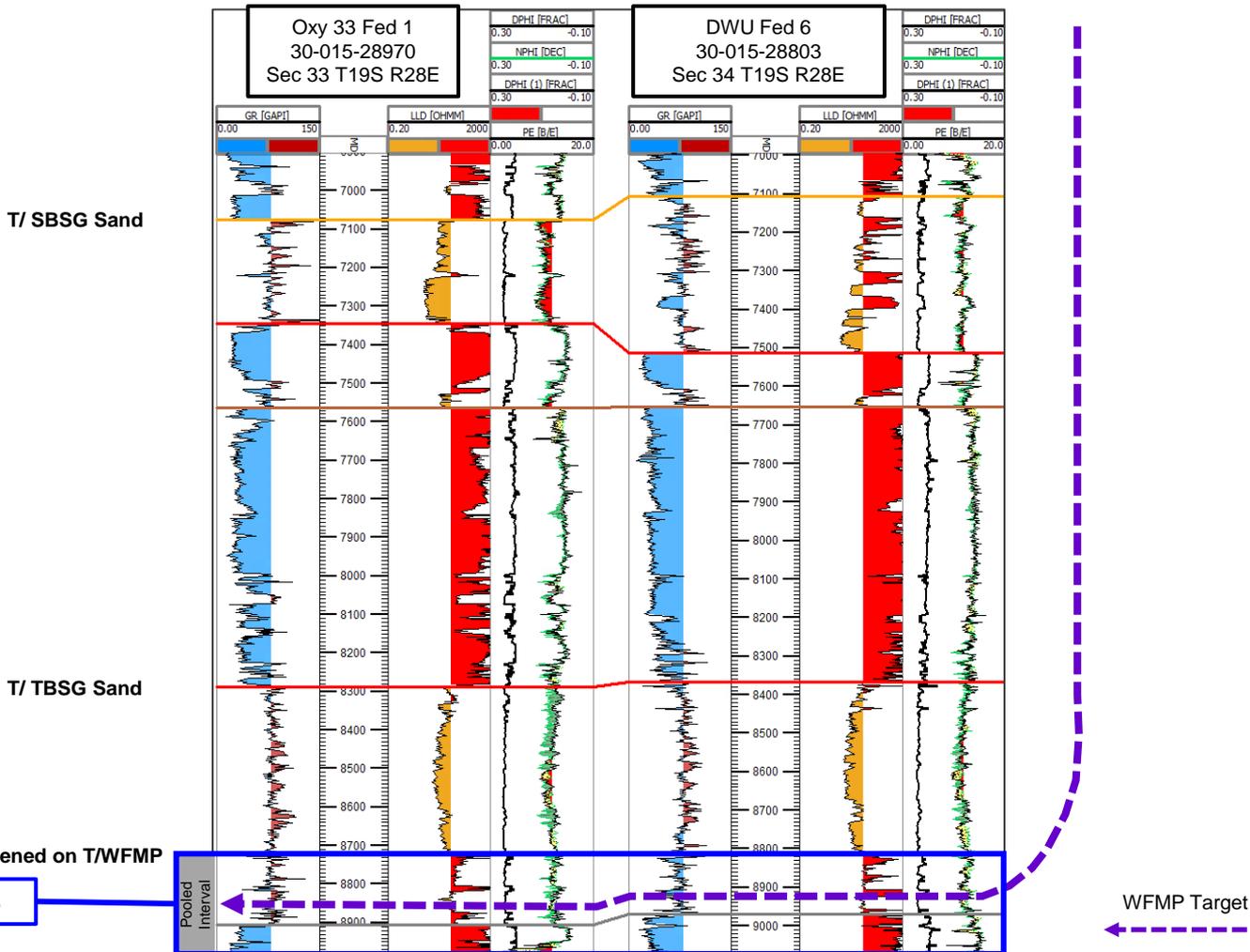
Exhibit B4

Exhibit B-4



WEST A

A' EAST

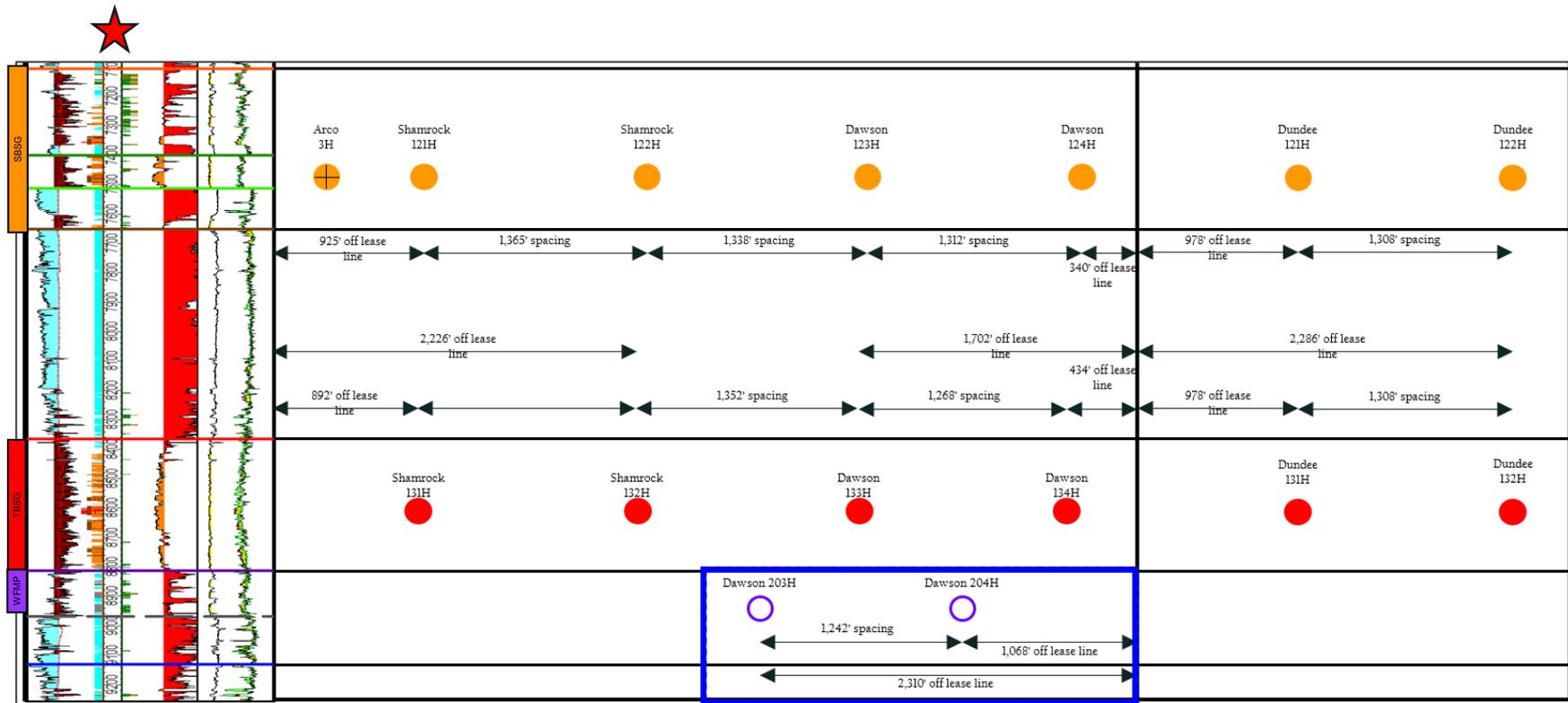


Gun Barrel Development Plan

Dawson 34 Federal Com

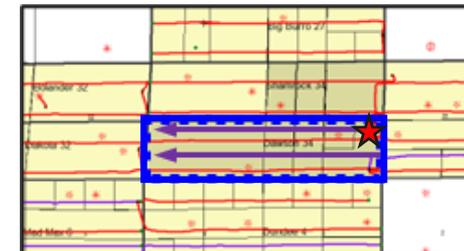
Permian Resources Operating, LLC
Case No. 23814
Exhibit B-5

Exhibit B-5



- SBSG Proposed
- SBSG Producing
- TBSG Proposed
- TBSG Producing
- WFMP Proposed
- WFMP Producing

Case 23814



**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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**SELF-AFFIRMED STATEMENT
OF DANA S. HARDY**

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

2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter, along with the Application in this case, to be sent to the parties set out in the chart attached as **Exhibit C-2**.

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

4. 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.

5. On October 05, 2023, 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**.

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

/s/ Dana S. Hardy
Dana S. Hardy

October 16, 2023
Date

**Permian Resources Operating, LLC
Case No. 23814
Exhibit C**



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

September 29, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 23814 – Application of Permian Resources 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 **October 5, 2023**, beginning at 8:15 a.m.

Hearings are currently 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 submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.nm.gov/ocd/ocdpermitting/>) or via e-mail to ocd.hearings@emnrd.nm.gov 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 contact Mark Hajdik, Senior Staff Landman, Permian Resources, at (432) 257-3886, if you have questions regarding these matters.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

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

Permian Resources Operating, LLC

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Exhibit C-1

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**APPLICATION OF PERMIAN RESOURCES,
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NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Abuelo LLC PO Box 772 Artesia, NM 88211	09/29/23	10/05/23
Alpha Energy Partners LLC 508 W. Wall St., Ste 1200 Midland, TX 79707	09/29/23	10/04/23
Duane D Anderson PO Box 277 Selma, CA 93662	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/14/23 – Item in transit to next facility.
Margaret Andrews Avery P.O. Box 5070 Hemet, CA 92544	09/29/23	10/12/23 Return to sender.
B and H Royalty Co P.O. Box 1 Tyler, TX 75710	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/08/23 – Delivery attempted.
BEF Mineral Holdings, LLC c/o David and Diane Bernard 4910 Olmos El Paso, TX 79922	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Claudia Baker 3804 Ross St. Amarillo, TX 79118	09/29/23	10/12/23 Return to sender.
Doris Jean Barnes 1308 Godfrey St Midland, TX 79703	09/29/23	10/05/23
Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225	09/29/23	10/05/23
Brandon Beaver 2915 Westside Dr Durant, OK 74701	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Delivery attempted.

**Permian Resources Operating, LLC
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Exhibit C-2**

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NOTICE LETTER CHART

Connie Gale Becker 16715 E. 80th St., N. Owasso, OK 74055-5836	09/29/23	10/03/23 Return to sender.
Wilfred E. Blessing & Victor F. Bogard, Co-Trustees of Trust A fbo Brian Galen Egbert 4910 Olmos El Paso, TX 76768	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Wilfred E. Blessing & Victor F. Bogard, Co-Trustees of Trust B u/w/o Galen S. Egbert f/b/o the grandchildren of Galen S. Egbert 4910 Olmos El Paso, TX 76768	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Bopaw Production Company, LLC 3917 Mattison Ave. Fort Worth, TX 76107	09/29/23	10/05/23 - No signature. Return to sender received on 10/16/23.
James W. Bowen 317 Who Who Drive Carlsbad, NM 88220	09/29/23	10/12/23
Debra Hutchens Brown 537 N. Greylag Way Famington, Arkansas 72730	09/29/23	10/10/23
Edward J. Brown 211 W. Franklin Naperville, IL 60540	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Item in transit to next facility.
Marsha L. Brown 5302 Sherwood Lane Midland, TX 79707	09/29/23	10/16/23
Vernon Burfiend 505 Hillside Dr. Brenham, TX 77833	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/03/23 – No access to delivery location.
C5 Capital Management P.O. Box 2218 Albany, TX 76430	09/29/23	10/05/23

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**APPLICATION OF PERMIAN RESOURCES,
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NOTICE LETTER CHART

CM Resources, LLC 300 N. Marienfeld, Ste. 600 Midland, TX 79701	09/29/23	10/04/23
CM Royalties LP 300 N Marienfeld St., Suite 1000 Midland, TX 79702	09/29/23	10/04/23
COG Operating, LLC 600 West Illinois Midland, TX 79707	09/29/23	10/06/23
Chief Capital (O&G) II LLC 8111 Westchester Dr., Ste. 900 Dallas, TX 75225	09/29/23	10/05/23
Cheron Oil & Gas Co P.O. Box 1722 Tulsa, OK 74101	09/29/23	10/10/23
Charles Eugene Cooper & DeAnn Hutson, Trustees of the Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015	09/29/23	10/04/23
Douglas Cranmer 202 North Gateway Circle Wichita, KS 67230	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/05/23 – Item in transit to next facility.
Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell E. Cranmer Irrevocable Trust dated December 28, 1992 202 North Gateway Circle Wichita, KS 67230	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/05/23 – Item in transit to next facility.
Russell Cranmer 772 White Grotto Street Las Vegas, NV 89138	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Crown Oil Partners VI, LLC 4000 N. Big Spring St., Ste. 310 Midland, TX 79705	09/29/23	10/06/23

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NOTICE LETTER CHART

Crump Energy Partners III, LLC 1675 South State Street., Ste. B Dover, DE 19901	09/29/23	10/10/23
Clinton H Dean Jr 4212 O'Keefe El Paso, TX 79902	09/29/23	10/11/23 Return to sender.
Michael C. Dean 8616 Olmstead Terrace North Richland Hills, TX 76180	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/11/23 – Delivery attempted.
Robert R. Dean 22747 Estacado St. San Antonio, TX 78216	09/29/23	10/05/23
Virginia B. Dean 22747 Estacado St. San Antonio, TX 78261-4431	09/29/23	10/05/23
Virginia B. Dean, Clinton H. Dean Jr., Michael Charles Dean and Robert Russell Dean, Trustees of the Virginia B. Dean Marital Deduction Trust 22747 Estacado St. San Antonio, TX 78261-4431	09/29/23	10/05/23
Del Rey Minerals, LLC P.O. Box 470981 Fort Worth, TX 76147	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
James W. Doak, Jr. 12463 Los Indios Trail, Apt 109 Austin, TX 78729	09/29/23	10/05/23 No signature.
Dorsar Investment Company 4855 N. Mesa, Suite 120 El Paso, TX 79902	09/29/23	10/10/23
Brian K Eamer 30765 Pacific Coast Hwy 231 Malibu, CA 90265	09/29/23	10/06/23

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

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

CASE NO. 23814

NOTICE LETTER CHART

Erin Eamer 4592 Via Vistosa Santa Barbara, CA 93110	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/05/23 – Item in transit to next facility.
Shirley Anne Egbert 6550 SW 30th Ave. Portland, OR 97239	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Item in transit to next facility.
Ergodic Resources LLC 5901 Wyoming Blvd NE J 295 Albuquerque, NM 87109	09/29/23	10/04/23
Estate of J. Darlene Kline a/k/a Jewell Darlene Kline 612 RS County Road 2110 Emory, TX 75440	09/29/23	10/05/23
Cheryl Diane Etheredge 4352 West Side Drive Dallas, TX 75209	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/03/23 – Delivered to individual at the address.
Robert G. Ettelson 2650 Lakeview Ave. Chicago, IL 60614	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/05/23 – Item returned to sender – vacant.
Bill Ferguson 2700 Liberty Tower Okalahoma City, OK 73102	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/16/23 – Item in transit to the destination.
Five J's Plus L, Inc 24726 Robert Guy Rd. Hidden Hills, CA 91302	09/29/23	10/06/23 Return to sender received on 10/12/23.

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

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POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 23814

NOTICE LETTER CHART

Flatrock Royalties 3720 Crestview Dr Artesia, NM 88210-9489	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Item forward to a different address.
Galkay, a Joint Venture 2 Graylyn Plc. Winstom-Salem, NC 27106	09/29/23	10/10/23
Carl Joseph Garrett, Executor, Estate of Jasper Ben Garrett, Jr. 237 Simmons Drive Hurst, TX 76053	09/29/23	10/05/23
James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/11/23 – Delivery attempted.
Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104	09/29/23	10/10/23
Gene Wood Joint Venture Account 10905 Academy Ridge Rd. NE Albuquerque, NM 87111	09/29/23	10/04/23
Stacy Ann Welch Green P.O. Box 164 Sonoita, AZ 85637	09/29/23	10/05/23
Greenville Partners PO Box 50612 Midland, TX 79710-0612	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/06/23 – Item in transit to next facility.
HCH Investments, LLC P.O. Box 3097 Albany, TX 76430	09/29/23	10/16/23
Kevin Hammit 3000 Callaway Midland, TX 79707	09/29/23	10/10/23

**STATE OF NEW MEXICO
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OIL CONSERVATION DIVISION**

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POOLING, EDDY COUNTY, NEW MEXICO.**

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NOTICE LETTER CHART

Gregory Martin Hansen 1470 Sunset Plaze Dr. Los Angeles, CA 90069	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Hans Eric Hansen 28480 Fireweed Drive Evergreen, CO 80439	09/29/23	10/12/23 Return to sender.
Joyce Ann Walton Hansen 196 Deer Park Drive Alto, NM 88312	09/29/23	10/06/23
Byrl W. Harris 3326 Rosemont Way Eugene, OR 97401	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/09/23 – Delivery attempted.
Heirs of Carroll T. Hutchens, Senior, Nancy Hutchens Mowery 7002 Forest Land Dallas, TX 75230	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Delivery attempted.
Heirs of George A & Molly Lauck PO Box 2638 Danville, CA 94526	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
William Hilliard 313 E. Loma Alta Dr. Altadena, CA 91001	09/29/23	10/06/23 No signature.
Hodge Natural Gas Gathering Inc. P.O. Box 1677 Pharr, TX 78577	09/29/23	10/12/23 Return to sender.
Catherine E. Huffman P.O. Box 100429 Fort Worth, TX 76185	09/29/23	10/16/23
C.T. Hutchens P.O. Box 374 Madill, OK 73446	09/29/23	10/10/23

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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CASE NO. 23814

NOTICE LETTER CHART

JoAnne Hutchens 2300 Woodland Drive Durant, OK 74701	09/29/23	10/06/23
International Petroleum Corporation 16800 Greenspoint Park, Ste 225N Houston, TX 77060	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Item in transit to the destination.
Intrepid Energy, LLC 3614 Royal Rd. Amarillo, TX 79109	09/29/23	10/04/23 No signature.
JCJ Investments, LLC P.O. Box 1048 Pentwater, MI 49449	09/29/23	10/10/23
Jeanne Jarrod 1007 Heaton Williams, OR 97544	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Item in transit to the destination.
Charles L Johnson 13322 Hampton Bend Lane Houston, TX 77070	09/29/23	10/12/23 Return to sender.
Michael Owen Johnson 10427 Lazy Meadows Houston, TX 77064	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/08/23 – Delivery attempted.
KMT Energy Holdings, LLC 8235 Douglas Ave, Ste 400 Dallas, TX 75225	09/29/23	10/06/23
Becky Ruth Welch Kitto 9 Pinto Trail Sonoita, AZ 85637	09/29/23	10/06/23
Mary L. Kline 3451 Eastern NE Grand Rapids, MI 49505	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Item in transit to the destination.

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

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CASE NO. 23814

NOTICE LETTER CHART

Robert H. Kriebel 210 Parke Avenue, Ste. 2300 Oklahoma City, OK 73102	09/29/23	10/16/23 Return to sender.
Virginia D. Kriz-Neessen 5121 Thornton St. El Paso, TX 79932	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Geoffrey Lanceley 4226 Oberlin Street Houston, TX 77005	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/13/23 – Delivered to PO Box.
James A Lawson PO Box 390 Mason, TX 76856	09/29/23	10/06/23
Loco Hills Production Company PO Box 779 Artesia, NM 88211	09/29/23	10/12/23
Malcolm G. MacNeill 3086 Perriwinkle Circle Davie, FL 33328	09/29/23	10/06/23
Magnum Hunter Production 600 North Marienfeld, Ste 600 Midland, TX 79701	09/29/23	10/05/23
Marathon Oil Permian LLC PO Box 732312 Dallas, TX 75373-2312	09/29/23	10/10/23
Mark E Boling Revocable Trust 8210 Louisiana Blvd NE Ste B Albuquerque, NM 87113	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Delivered to individual at the address.
Marshall & Winston, INC PO Box 50880 Midland, TX 79710	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/16/23 – Item picked up at postal facility.

**STATE OF NEW MEXICO
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OIL CONSERVATION DIVISION**

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

CASE NO. 23814

NOTICE LETTER CHART

Mark & Paula Mcclellan PO Box 730 Roswell, NM 88202	09/29/23	10/05/23
Ross & Kandace Mcclellan 3982 S Spring Loop Roswell, NM 88203	09/29/23	10/13/23
Margaret A. McCloud & Thomas D. McCloud, Trustees of the Robert N. Avery Family Trust 11541 Norma Ln. Garden Grove, CA 92840	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Delivered to agent for final delivery.
Ginger Lee Meyers 1305 North Hudson Ave., Apt 509 Oklahoma City, OK 73103-3782	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
Teryl D. Meyers, Trustee of the Teryl D. Meyers Separate Property Trust 1943 Yajome Street Napa, CA 94559	09/29/23	10/10/23
Ms Carol Sue Mhoon 5191 Jamaica Beach Galveston, TX 77554	09/29/23	10/10/23
Shannon Michaud, Trustee of the Gerald L. Michaud Trust u/t/a dated 2/10/2005 8911 E. Douglas Wichita, Kansas 67207	09/29/23	10/05/23
Mallory L. Miller, Jr. 4617 117th St. Lubbock, TX 79424	09/29/23	10/05/23
Patricia Louise Miller 6595 Rio Dorado Dr. La Mesa, NM 88044	09/29/23	10/04/23
Paul Burke Miller 50 Kendall Rd. Lexington, MA 2421	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Item being returned to sender.

**STATE OF NEW MEXICO
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OIL CONSERVATION DIVISION**

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POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 23814

NOTICE LETTER CHART

Mongoose Minerals LLC Attn: Joint Interest Ventures 600 W Illinois Ave Midland, TX 79701	09/29/23	10/06/23
Moser Revocable Trust 17249 E Fort Verde Rd Rio Verde, AZ 85263	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Delivered to individual at the address.
National XP P.O. Box 25409 Dallas, Texas 75225	09/29/23	10/05/23
Nelson & Company f/b/o John D., Wile Marital Trust P.O. Box 259 Willman, CT 6226	09/29/23	10/16/23
Lori Lynn Johnson Nelson 27 Agricultural Avenue Rehoboth, MA 02769-1513	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/10/23 – Delivery attempted.
Nestegg Energy Company 2308 Sierra Vista Artesia, NM 88210-9409	09/29/23	10/05/23
Northern Oil & Gas, Inc. 4350 Baker Road, Ste. 400 Minnetonka, MN 55343	09/29/23	10/16/23
John T. Olive 1501 Arizone Ave El Paso, TX 79902	09/29/23	10/11/23 Return to sender.
Jodi Parr 13502 Briar Hollow Austin, TX 78729	09/29/23	10/10/23
Frank J Pisor 6319 N 8th St Fresno, CA 93710	09/29/23	10/10/23

**STATE OF NEW MEXICO
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CASE NO. 23814

NOTICE LETTER CHART

John A. Ponsford 6377 La Posta Drive El Paso, TX 79912	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/09/23 – Delivery attempted.
Pregler Oil Company, LLC P.O. Box 1722 Tulsa, OK 74101	09/29/23	10/10/23
Richard Pruett 3804 Ross St. Amarillo, TX 79118	09/29/23	10/04/23
R.E.B. Resources, LLC 308 N. Colorado, Suite 200 Midland, TX 79701	09/29/23	10/04/23
Michelle Rank 18027 Brookes Bend Houston, TX 77094	09/29/23	10/11/23
Rockwood Resources, LLC P.O. Box 2250 Sulphur Springs, TX 75483	09/29/23	10/06/23
John G. Rocovich P.O. Box 13606 Roanoke, VA 24035	09/29/23	10/06/23 No signature.
William G Ross & Vee K Ross Living Trust 2229 Western Dr Midland, TX 79705	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/15/23 – Item in transit to next facility.
Peggy Runyan P.O. Box 985 Kingsland, TX 78639	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Delivery attempted.
SITL Energy, LLC 299 West 31 St., Cottage 473 Sea Island, GA 31561	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/03/23 – Item available for pickup at post office.

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POOLING, EDDY COUNTY, NEW MEXICO.**

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NOTICE LETTER CHART

Eric Schmitz P.O. Box 669 Argyle, TX 76226	09/29/23	10/05/23
James E. Sealy, Jr. 2362 Terra Ridge Drive Highlands Ranch, CO 80126	09/29/23	10/10/23
Silverhair LLC 1301 Lewis Rd Artesia, NM 88210	09/29/23	10/06/23
Patricia Simkins 4764 Breckenridge Dr. NE Grand Rapids, MI 49525	09/29/23	10/10/23
Sombrero Associates 1 Chase Manhattan Plaza New York, NY 10005	09/29/23	10/10/23
Merideth Stephens 3732 Castle Rock Rd Round Rock Tx 77024	09/29/23	10/10/23
Krista Alicen Stephenson, Trustee of the Krista Alicen Stephenson Trust 1799 Oak Ridge Hideaway, TX 75771	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Delivered to individual at the address.
Krista Alicen Stephenson, Trustee of the Krista Alicen Stephenson Trust 7140 Turnberry Ct. Tyler, TX 75703	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/12/23 – Item in transit to next facility.
Donna Marie Studer, Administrator, Estate of Genevieve Studer 953 Mesa Vista Dr. Crowley, TX 76036	09/29/23	10/10/23
Cindy Tarver 2320 Singletree Bend Georgetown, TX 78628	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/05/23 – Item in transit to next facility.

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

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

CASE NO. 23814

NOTICE LETTER CHART

Togiak Resources, LLC P.O. Box 479 Artesia, NM 88211	09/29/23	10/12/23 Return to sender.
Tularosa Oil Company P.O. Box 471349 Fort Worth, TX 76147	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/02/23 – Preparing for delivery.
Richard Vance and Lorraine Vance 1216 West Oregon Ave Phoenix, AZ 85013	09/29/23	10/05/23
Homer L. Wedig 6057 Airhaven Street Dallas, TX 75229	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/07/23 – Item in transit to next facility.
Bryan Winston Welch 7231 E Speedway Blvd Tuscon, AZ 85710	09/29/23	10/11/23 Return to sender.
James M. Welch 2707 N. Flanwill Tuscon, AZ 85716	09/29/23	Per USPS Tracking (Last Checked 10/16/23): 10/08/23 – Delivery attempted.
Ted J. Werts 8220 E. Oxford Circle Wichita, KS 67226	09/29/23	10/11/23 Return to sender.
Wildcat Energy, LLC P.O. Box 13323 Odessa, TX 79768	09/29/23	10/06/23
Nicole Williams 21615 Champagne Dr. W Porter, TX 77365	09/29/23	10/03/23 Return to sender.
John G Willy P.O. Box 13606 Roanoke, VA 24034	09/29/23	10/06/23 No signature.

7022 1670 0002 1189 6264

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Certified Mail Fee \$ _____

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

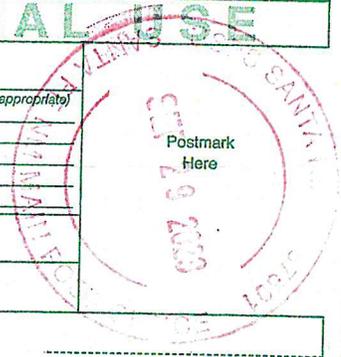
Total Postage and Fees \$ _____

Sent To

Abuelo LLC
 PO Box 772
 Artesia, NM 88211

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Abuelo LLC PO Box 772 Artesia, NM 88211</p> <p>23814 - Permian Dawson</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>RECEIVED OCT 5 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6264</p>	<p>3. Service Type <input checked="" type="checkbox"/> <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Permian Resources Operating, LLC
 Case No. 23814
 Exhibit C-3

7022 1670 0002 1189 6370

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and # Alpha Energy Partners LLC
 508 W. Wall St., Ste 1200

City, State, . Midland, TX 79707

23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Tracy Brown <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tracy Brown C. Date of Delivery 10/17/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Alpha Energy Partners LLC 508 W. Wall St., Ste 1200 Midland, TX 79707</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6564 90</p>	<p>RECEIVED</p> <p>OCT 4 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6370</p>	<p>3. Service Type Hinkle Sharon LLP Santa Fe NM 87504</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation 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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

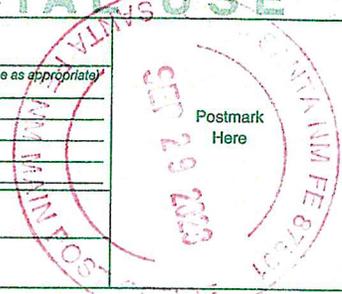
Total Postage and Fees \$ _____

Sent To

Doris Jean Barnes
 1308 Godfrey St
 Midland, TX 79703

23814 - Permian Dawson

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Connie Barnes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10-3-23</u></p>
<p>1. Article Addressed to:</p> <p>Doris Jean Barnes 1308 Godfrey St Midland, TX 79703</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6793 69</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>RECEIVED OCT 5 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6165</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 6363

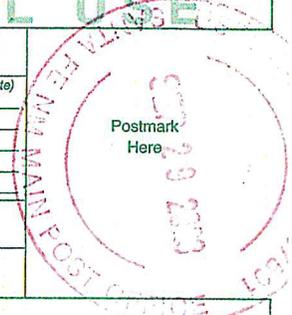
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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<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:	Abbejane Masterson Bates 7433 Marquette Street
City, State:	Dallas, TX 75225
	23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6564 83</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>RECEIVED</p> <p>OCT 5 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 6363</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Required</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>Hinkle Shanor LLP Suite 57504</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>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

7022 1670 0002 1189 6417

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

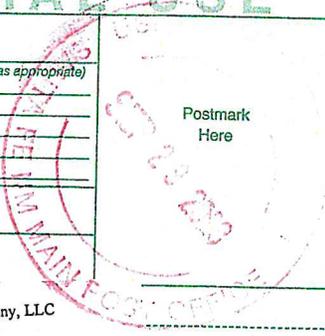
Total Postage and Fees \$ _____

Sent To

Street and Ap. Bopaw Production Company, LLC
 3917 Mattison Ave.
 Fort Worth, TX 76107

City, State, Zi. 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bopaw Production Company, LLC
 3917 Mattison Ave.
 Fort Worth, TX 76107

23814 - Permian Dawson



9590 9402 7635 2122 6565 37

2. Article Number (Transfer from service label)
 7022 1670 0002 1189 6417

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agc Address

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

RECEIVED
 OCT 5 2023

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

Domestic Return Receipt

7022 1670 0002 1190 4051

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

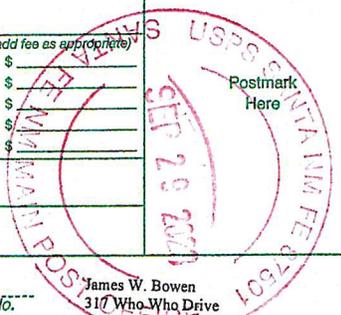
Total Postage and Fees
 \$ _____

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

James W. Bowen
 317 Who-Who Drive
 Carlsbad, NM 88220

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>James Bowen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>James W. Bowen 317 Who-Who Drive Carlsbad, NM 88220</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 19 2023</p>
<p>2. Article Number (Transfer from service label) 9590 9402 7635 2122 6849 05</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>7022 1670 0002 1190 4051</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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7022 1670 0002 1189 6561

OFFICIAL RECEIPT

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. Debra Hutchens Brown
537 N. Greylag Way
Famington, Arkansas 72730

City, State, ZIP+4 23814 - Permian Dawson

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:

Debra Hutchens Brown
537 N. Greylag Way
Famington, Arkansas 72730
23814 - Permian Dawson



9590 9402 7635 2122 6792 22

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6561

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Debra Brown* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below.

RECEIVED

OCT 10 2023

Hinkle Shanor LLP
Santa Fe NM 87504

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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OFFICIAL RECEIPT

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

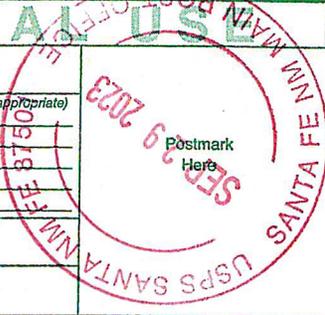
Postmark Here

Count To

Marsha L. Brown
 5302 Sherwood Lane
 Midland, TX 79707
 23814 - Permian Dawson

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

7021 0950 0002 0370 7971



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Marsha L. Brown</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) KENNETH J. BROWN</p> <p>C. Date of Delivery OCT 16 2023</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>Marsha L. Brown 5302 Sherwood Lane Midland, TX 79707</p> <p>23814 - Permian Dawson</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0370 7971</p>	

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

Domestic Return Receipt

7022 1670 0002 1189 6325

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

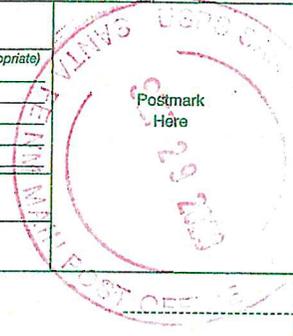
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. # C5 Capital Management
 P.O. Box 2218
 City, State, ZIP+4 Albany, TX 76430
 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Christi Chapman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OCT 5 2023</p>
<p>1. Article Addressed to:</p> <p>C5 Capital Management P.O. Box 2218 Albany, TX 76430 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6565 82</p>	<p>3. Service Type Hinko Chanor LLP Santa Fe NM 87501</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>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6325</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 1554

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

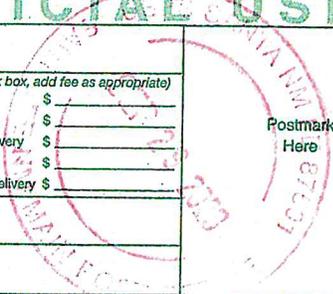
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. CM Resources, LLC
 300 N. Marienfeld, Ste. 600
 Midland, TX 79701

City, State, Zip 23814 - Permian Dawson

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



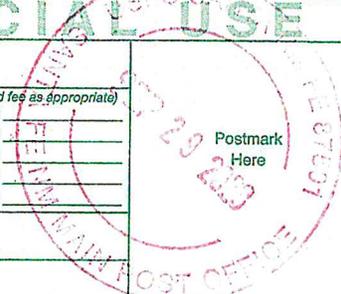
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 10/4/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 4 2023</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CM Resources, LLC 300 N. Marienfeld, Ste. 600 Midland, TX 79701</p> <p style="text-align: right;">23814 - Permian Dawson</p> <p style="text-align: center;">  9590 9402 7635 2122 6641 12 </p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" 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 checked="" type="checkbox"/> Certified 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 style="text-align: center;">7020 0090 0000 0863 1554</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5120

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OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fees as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To		
\$	CM Royalties LP	
	300 N Marienfeld St., Suite 1000	
	Midland, TX 79702	
	23814 - Permian Dawson	

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:

CM Royalties LP
300 N Marienfeld St., Suite 1000
Midland, TX 79702

23814 - Permian Dawson



2. Article Number (Transfer from service label)
7022 1670 0002 1189 5120

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 L. Kalisch Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery
10/2/23

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

RECEIVED
OCT 4 2023

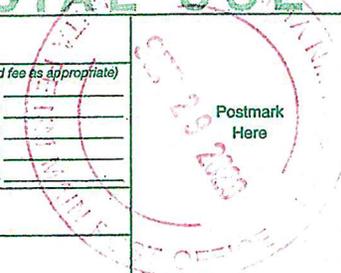
3. Service Type **Santa Fe NM 87504**
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7020 0090 0000 0863 1561

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OFFICIAL USE

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

Sent To

Street and City, State, ZIP+4®
 COG Operating, LLC
 600 West Illinois
 Midland, TX 79707
 23814 - Permian Dawson

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>10-3</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>RECEIVED OCT 6 2023</p>
<p>1. Article Addressed to:</p> <p>COG Operating, LLC 600 West Illinois Midland, TX 79707 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6641 29</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Sharon L Santa Fe NM 87504</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 1561</p>	

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

7022 1670 0002 1189 6240

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

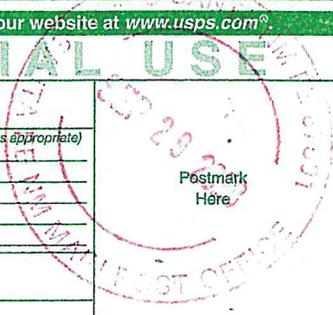
Total Postage and Fees \$ _____

Sent To

Street and Apt. No. Cheron Oil & Gas Co
 P.O. Box 1722
 Tulsa, OK 74101

City, State, ZIP+4 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Armando</i></p> <p>C. Date of Delivery <i>OCT 10 2023</i></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>1. Article Addressed to:</p> <p>Cheron Oil & Gas Co P.O. Box 1722 Tulsa, OK 74101</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 10 2023 USPS-74103</p> <p>Hinkle Shanor LLP</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6240</p>	
<p>3. Service (PSN 87504)</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>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 6257

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

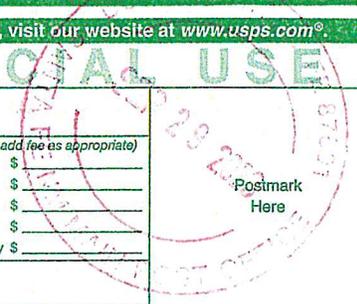
Total Postage and Fees \$ _____

Sent To

Street and Apt.: Chief Capital (O&G) II LLC
 8111 Westchester Dr., Ste. 900

City, State, ZIP+4: Dallas, TX 75225 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Permian Dawson</i> C. Date of Delivery <i>10/2/23</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>Chief Capital (O&G) II LLC 8111 Westchester Dr., Ste. 900 Dallas, TX 75225</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 5 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 6257</p>	
<p>3. Service Type <i>Hinkle Shanor LLP</i> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 6233

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
 Charles Eugene Cooper & DeAnn Hutson,
 Trustees of the Charles Eugene Cooper Trust
 P.O. Box 117
 Canyon, TX 79015
 23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Charles E Cooper <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery OCT 4 2023</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>RECEIVED OCT 4 2023</p>
<p>1. Article Addressed to:</p> <p>Charles Eugene Cooper & DeAnn Hutson, Trustees of the Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6844 48</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 6233</p>	

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

Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

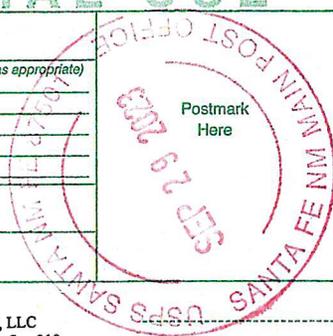
Sent To

Street and A/Crown Oil Partners VI, LLC
 4000 N. Big Spring St., Ste. 310
 Midland, TX 79705

City, State, Z 23814 - Permian Dawson

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

7022 1670 0002 1189 6530



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>T. Dawson</u> C. Date of Delivery <u>10-3-23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Crown Oil Partners VI, LLC 4000 N. Big Spring St., Ste. 310 Midland, TX 79705</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 6 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 6530</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>Hinkle Shanor LLP Santa Fe, NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 6547

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

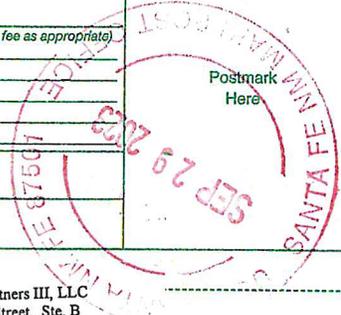
Sent To _____

Street and A Crump Energy Partners III, LLC
 1675 South State Street, Ste. B

City, State, Z Dover, DE 19901

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>C. Oldham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. Oldham</i></p> <p>C. Date of Delivery <i>10/4/23</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>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>Crump Energy Partners III, LLC 1675 South State Street, Ste. B Dover, DE 19901</p> <p>23814 - Permian Dawson</p> <p></p> <p>9590 9402 7635 2122 6792 46</p>	<p>3. Service Type <i>Santa Fe NM 87504</i></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>7022 1670 0002 1189 6547</p>	

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

Domestic Return Receipt

7022 1670 0002 1189 3010

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

Postmark Here

Robert R. Dean
 22747 Estacado St.
 San Antonio, TX 78216
 23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 5 2023</p>
<p>1. Article Addressed to:</p> <p>Robert R. Dean 22747 Estacado St. San Antonio, TX 78216 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6550 97</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><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>7022 1670 0002 1189 3010</p>	<p>Hinkle Sharp LLP Santa Fe NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 4185

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

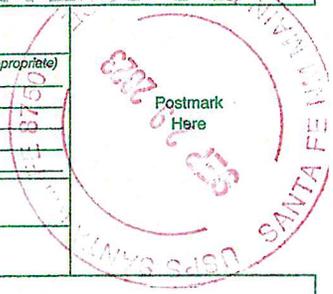
Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

Virginia B. Dean
 22747 Estacado St.
 San Antonio, TX 78261-4431
 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>10/5/23</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>RECEIVED OCT 5 2023</p>
<p>1. Article Addressed to:</p> <p>Virginia B. Dean 22747 Estacado St. San Antonio, TX 78261-4431 23814 - Permian Dawson</p> <p> 9590 9402 7635 2122 6570 39</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 4185</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 4178

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Postmark Here

Virginia B. Dean, Clinton H. Dean Jr., Michael Charles Dean and Robert Russell Dean, Trustees of the Virginia B. Dean Marital Deduction Trust
 22747 Estacado St.
 San Antonio, TX 78261-4431

23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 10/17/23</p>
<p>1. Article Addressed to:</p> <p>Virginia B. Dean, Clinton H. Dean Jr., Michael Charles Dean and Robert Russell Dean, Trustees of the Virginia B. Dean Marital Deduction Trust 22747 Estacado St. San Antonio, TX 78261-4431</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6570 22</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>OCT 5 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 4178</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4044

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee \$s 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. James W. Doak, Jr.
 12463 Los Indios Trail, Apt 109
 Austin, TX 78729
 City, State, ZIP+4® 23814 - Permian Dawson

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:
 James W. Doak, Jr.
 12463 Los Indios Trail, Apt 109
 Austin, TX 78729
 23814 - Permian Dawson



2. Article Number (Transfer from service label)
 7022 1670 0002 1190 4044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

RECEIVED
 OCT 5 2023

3. Service Type
 Adult Signature Restricted Delivery Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Mail Restricted Delivery (0)

7022 1670 0002 1189 6585

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

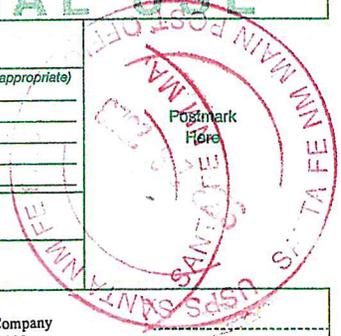
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. 1 Dorsar Investment Company
 4855 N. Mesa, Suite 120
 El Paso, TX 79902

City, State, ZIP+4 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 10/05/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Dorsar Investment Company 4855 N. Mesa, Suite 120 El Paso, TX 79902</p> <p>23814 - Permian Dawson</p>	<p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe, NM 87504</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6585</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

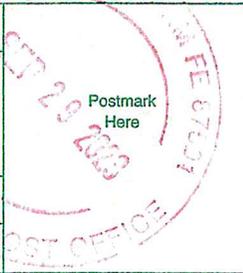
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To

U.S. Brian K Eamer
30765 Pacific Coast Hwy 231
Malibu, CA 90265

C 23814 - Permian Dawson

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

7022 1670 0002 1189 6271

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:

Brian K Eamer
30765 Pacific Coast Hwy 231
Malibu, CA 90265

23814 - Permian Dawson



2. Article Number (Transfer from service label)

7022 1670 0002 1189 6271

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

RECEIVED

OCT 6 2023

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

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7022 1670 0002 1189 6189

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Ergodic Resources LLC
5901 Wyoming Blvd NE J 295
Albuquerque, NM 87109
23814 - Permian Dawson

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:

Ergodic Resources LLC
5901 Wyoming Blvd NE J 295
Albuquerque, NM 87109
23814 - Permian Dawson



9590 9402 7635 2122 6780 10

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6189

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Colton Britsch

B. Received by (Printed Name) C. Date of Delivery

Colton Britsch 10-2-2023

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

RECEIVED

OCT 4 2023

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Hinkle Sharon LLC
Santa Fe NM 87504

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

Domestic Return Receipt

7022 1670 0002 1190 4167

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

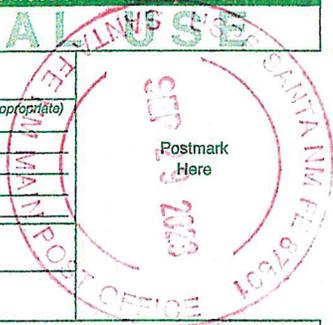
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____ Estate of J. Darlene Kline a/k/a Jewell
 Darlene Kline
 612 RS County Road 2110
 Emory, TX 75440

City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10/2/23</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 style="text-align: center;">RECEIVED OCT 5 2023</p>
<p>1. Article Addressed to:</p> <p>Estate of J. Darlene Kline a/k/a Jewell Darlene Kline 612 RS County Road 2110 Emory, TX 75440</p> <p style="text-align: right;">23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6847 90</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4167</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

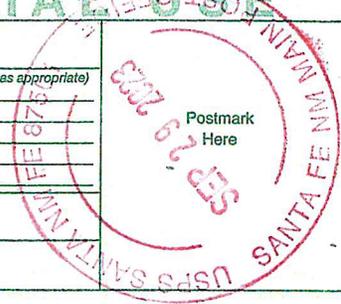
Sent To

Street and Ap

Galkay, a Joint Venture
2 Graylyn Plc.
Winstom-Salem, NC 27106

City, State, Zi

23814 - Permian Dawson



7022 1670 0002 1189 6479

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:

Galkay, a Joint Venture
2 Graylyn Plc.
Winstom-Salem, NC 27106

23814 - Permian Dawson



9590 9402 7635 2122 6779 21

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6479

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

M. Burtess

10/3/23

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

RECEIVED

OCT 10 2023

Hinkle Shanor LLP

Santa Fe NM 87504

3. Service Type

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

Domestic Return Receipt

7022 1670 0002 1189 6332

U.S. Postal Service™
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 Domestic Mail Only

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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
 \$ _____

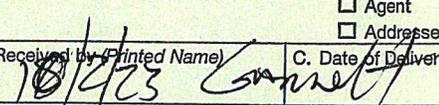
Sent To
 Carl Joseph Garrett, Executor, Estate of
 Jasper Ben Garrett, Jr.
 237 Simmons Drive
 Hurst, TX 76053

Street and A
 City, State, Z

23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Carl Joseph Garrett</u> C. Date of Delivery <u>10/2/23</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>Carl Joseph Garrett, Executor, Estate of Jasper Ben Garrett, Jr. 237 Simmons Drive Hurst, TX 76053</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED OCT 5 2023</p>																
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6332</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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

Domestic Return Receipt

7022 1670 0002 1188 6111

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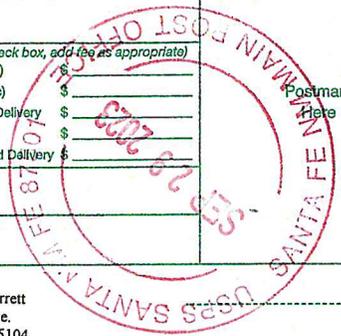
For delivery information, visit our website at www.usps.com®.

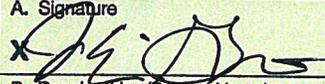
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<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 _____
 Street Joyce Eline Garrett
 625 Dayton Ave.
 St. Paul, MN 55104
 City 23814 - Permian Dawson

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



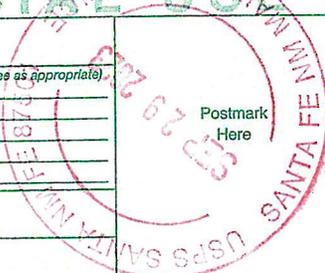
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104 23814 - Permian Dawson	JOYCE ELINE GARRETT	10/5/23
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
	<p>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe, NM 87504</p>	
2. Article Number (Transfer from service label) 7022 1670 0002 1188 6111	3. Service Type	
	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

7022 1670 0002 1189 6486

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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. #	Gene Wood Joint Venture Account 10905 Academy Ridge Rd. NE Albuquerque, NM 87111
City, State, ZIP+4	23814 - Permian Dawson
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>JODY T. WOOD</i> <i>10/2/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Gene Wood Joint Venture Account 10905 Academy Ridge Rd. NE Albuquerque, NM 87111</p> <p style="text-align: right;">23814 - Permian Dawson</p>	<p style="font-size: 2em; text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 4 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7635 2122 6779 14</p> <p>7022 1670 0002 1189 6486</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 4253

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

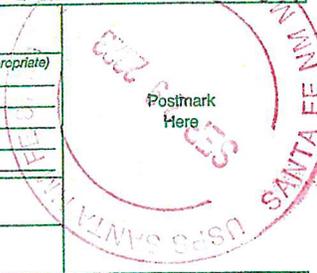
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Stacy Ann Welch Green
 P.O. Box 164
 Sonoita, AZ 85637

City, State, ZIP+4® 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>David S. Green</i> C. Date of Delivery <i>10/2/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Stacy Ann Welch Green P.O. Box 164 Sonoita, AZ 85637</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 5 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 4253</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 1585

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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
 \$ _____

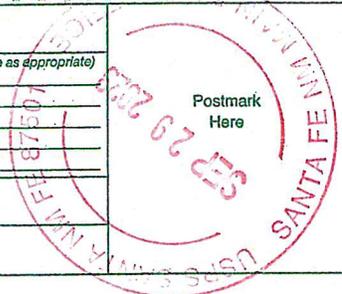
Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No. HCH Investments, LLC
 P.O. Box 3097
 City, State, ZIP+4® Albany, TX 76430

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Cari Heatly</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>HCH Investments, LLC P.O. Box 3097 Albany, TX 76430</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6564 52</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 1585</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>RECEIVED OCT 16 2023 SANTA FE, NM</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLP</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87501</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>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

7022 1670 0002 1189 5267

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

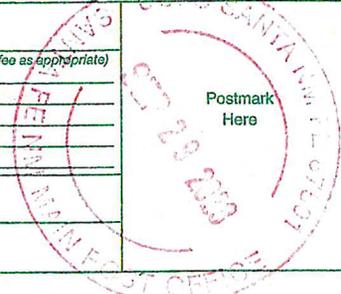
Total Postage and Fees \$ _____

Sent To

Kevin Hammit
 3000 Callaway
 Midland, TX 79707

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Kevin Hammit</i></p> <p>B. Received by (Printed Name) <i>Kevin Hammit</i></p> <p>C. Date of Delivery <i>10/6</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>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP</p>
<p>1. Article Addressed to:</p> <p>Kevin Hammit 3000 Callaway Midland, TX 79707</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6558 20</p>	<p>3. Service Type <i>Santa Fe NM 87504</i></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>7022 1670 0002 1189 5267</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

9589 0710 5270 0496 9551 57

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent to: Joyce Ann Walton Hansen
 196 Deer Park Drive
 Alto, NM 88312

23814 - Permian Dawson

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Joyce A. Hansen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OCT 6 2023</p>
<p>1. Article Addressed to:</p> <p>Joyce Ann Walton Hansen 196 Deer Park Drive Alto, NM 88312</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6731 76</p>	<p>3. Service Type Hinkle Shanor DE <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87604 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>2. Article Number (Transfer from service label) 9589 0710 5270 0496 9551 57</p>	<p>Insured Mail (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 6066

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

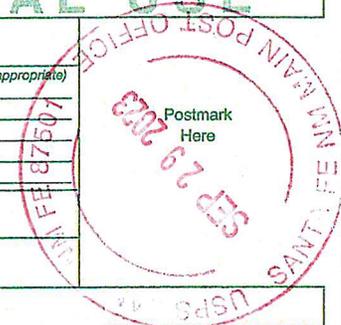
Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____ William Hilliard
 313 E. Loma Alta Dr.
 City, State _____ Altadena, CA 91001
 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>William Hilliard 313 E. Loma Alta Dr. Altadena, CA 91001 23814 - Permian Dawson</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>RECEIVED OCT 6 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6066</p>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express® Santa Fe NM 87504 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation 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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 6349

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. # Catherine E. Huffman
 P.O. Box 100429
 Fort Worth, TX 76185
 City, State, ZIP+4 23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Catherine E. Huffman P.O. Box 100429 Fort Worth, TX 76185</p> <p>23814 - Permian Dawson</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>RECEIVED</p> <p>OCT 16 2023</p>
<p>9590 9402 7635 2122 6844 31</p> <p>2. Article Number (Transfer from mailpiece) 7022 1670 0002 1189 6349</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation 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>Hinkle Shanor LLC Santa Fe NM 87504</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

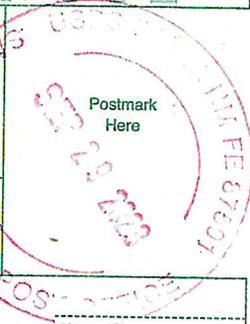
7022 1670 0002 1189 6318

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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. C.T. Hutchens
P.O. Box 374
City, State, Zip Madill, OK 73446

23814 - Permian Dawson

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:

C.T. Hutchens
P.O. Box 374
Madill, OK 73446

23814 - Permian Dawson

9590 9402 7635 2122 6565 75

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6318

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

B. Received by (Printed Name) C.T. Hutchens

C. Date of Delivery 10/1/23

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

RECEIVED

OCT 10 2023

Hinkle Shanor LLP

3. Service Type Santa Fe NM 87504

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

7022 1670 0002 1190 4013

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

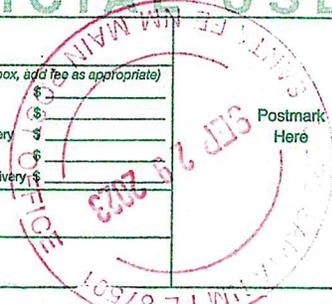
To Anne Hutchens
 2300 Woodland Drive
 Durant, OK 74701

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

City, State, ZIP+4®

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <i>Jeanne Hutchens</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Anne Hutchens 2300 Woodland Drive Durant, OK 74701</p> <p>23814 - Permian Dawson</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>RECEIVED</p> <p>OCT 6 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4013</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Mail Mail Restricted Delivery 00</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>

7022 1670 0002 1190 4105

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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. Intrepid Energy, LLC
 3614 Royal Rd.
 Amarillo, TX 79109
 City, State, ZIP+4® 23814 - Permian Dawson

Postmark Here
 OCT 29 2023
 SANTA FE NM 87501

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Intrepid Energy, LLC 3614 Royal Rd. Amarillo, TX 79109 23814 - Permian Dawson</p>  <p style="text-align: center;">9590 9402 7635 2122 6848 51</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OCT 4 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1190 4105</p>		<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Registered Mail™ <input type="checkbox"/> Adult Signature Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <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> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe NM 87501</p> <p style="text-align: center;">Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7022 1670 0002 1190 4037

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

JCJ Investments, LLC
 P.O. Box 1048
 Pentwater, MI 49449
 23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JAY BRYAN</p> <p>C. Date of Delivery 10/05/23</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>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>JCJ Investments, LLC P.O. Box 1048 Pentwater, MI 49449 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6849 29</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</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted</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>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4037</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7022 1670 0002 1188 6128

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

KMT Energy Holdings, LLC
 8235 Douglas Ave, Ste 400
 Dallas, TX 75225

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Matt Fisher</u></p> <p>C. Date of Delivery <u>10/3/23</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>KMT Energy Holdings, LLC 8235 Douglas Ave, Ste 400 Dallas, TX 75225</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCI 6 2023</p>
<p>9590 9402 7635 2122 6732 06</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6128</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Santa Ana 87503 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 6394

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

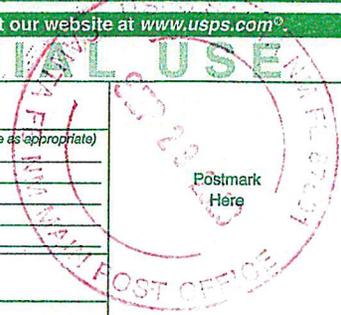
Sent To

Street and Apt. No., or _____
 Becky Ruth Welch Kitto
 9 Pinto Trail

City, State, ZIP+4® _____
 Sonoita, AZ 85637

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Becky Cooper</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Becky Cooper</i> C. Date of Delivery <i>10-2-23</i></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 <i>POB 1482</i> <i>Sonoita, AZ</i></p>
<p>1. Article Addressed to:</p> <p>Becky Ruth Welch Kitto 9 Pinto Trail Sonoita, AZ 85637</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6565 13</p>	<p>3. Service Type <i>Oct 6 2023</i></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 <i>Shapir LLP</i> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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>7022 1670 0002 1189 6394</p>	<p>RECEIVED</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 6134

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

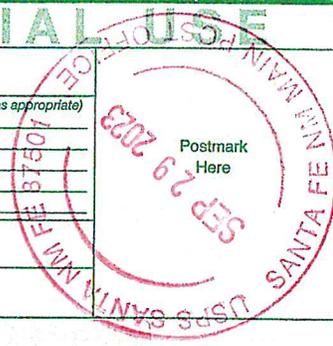
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. James A Lawson
 PO Box 390
 Mason, TX 76856

City, State, ZIP 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>James Lawson</u></p> <p>C. Date of Delivery <u>10/3/2023</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>James A Lawson PO Box 390 Mason, TX 76856</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 6 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 6134</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®</p> <p><u>Santa Fe NM 87504</u> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

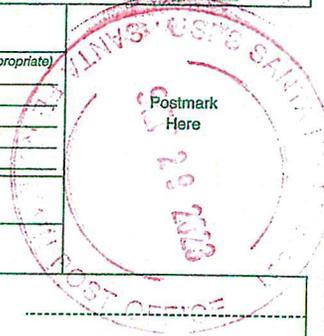
Postage \$ _____

Total Postage and Fees \$ _____

Loco Hills Production Company
PO Box 779
Artesia, NM 88211
23814 - Permian Dawson

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

7022 1670 0002 1189 6127



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Loco Hills Production Company PO Box 779 Artesia, NM 88211 <small>23814 - Permian Dawson</small></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> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">OCT 12 2023</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7022 1670 0002 1189 6127</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

7020 0640 0000 0304 1234

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Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

USPS SAN ANTONIO, TEXAS SEP 29 2023 SANTA FE, NM

Malcolm G. MacNeill
 3086 Periwinkle Circle
 Davie, FL 33328

23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Malcolm G. MacNeill</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Noelle Leigh</i> C. Date of Delivery <i>10/2/23</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>RECEIVED OCT 6 2023</p>																
<p>1. Article Addressed to:</p> <p>Malcolm G. MacNeill 3086 Periwinkle Circle Davie, FL 33328</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6732 13</p>	<p>3. Service Type</p> <table border="1"> <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><input type="checkbox"/> Restricted Delivery</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> <p><i>Hinkle, Sharon LLP Santa Fe NM 87504</i></p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1234</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7022 1670 0002 1188 6142

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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 \$ _____

Magnum Hunter Production
 600 North Marienfeld, Ste 600
 Midland, TX 79701
 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Magnum Hunter Production 600 North Marienfeld, Ste 600 Midland, TX 79701 23814 - Permian Dawson</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>RECEIVED OCT 5 123</p>
<p>9590 9402 7635 2122 6731 83</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6142</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5212

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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 \$ _____

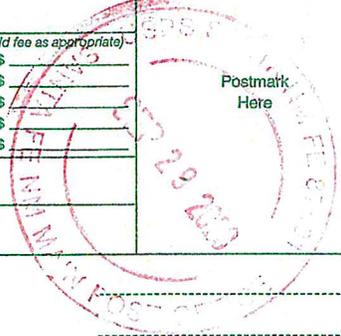
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Marathon Oil Permian LLC
 PO Box 732312
 Dallas, TX 75373-2312
 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X Gabriel Asamoah</p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>Date of Delivery OCT 02 2023</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian LLC PO Box 732312 Dallas, TX 75373-2312 23814 - Permian Dawson</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>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5212</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 5205

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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 \$ _____

Postmark Here

Mark & Paula McClellan
 PO Box 730
 Roswell, NM 88202
 23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mark McClellan</u></p> <p>C. Date of Delivery <u>10-3-23</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>Mark & Paula McClellan PO Box 730 Roswell, NM 88202</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>3 5 2023</p>
<p>9590 9402 7635 2122 6557 76</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5205</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 5298

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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

Ross & Kandace McClellan
 3982 S Spring Loop
 Roswell, NM 88203

23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Ross & Kandace McClellan 3982 S Spring Loop Roswell, NM 88203</p> <p>23814 - Permian Dawson</p>	<p>B. Received by (Printed Name) <i>Ross McClellan</i></p> <p>C. Date of Delivery <i>10-11-23</i></p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5298</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>RECEIVED OCT 13 2023 ROSWELL, NM</p>
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><i>Linkle Shanor LLP</i> <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

7022 1670 0002 1189 4239

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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. _____

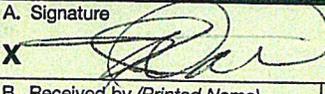
City, State, ZIP+4® _____

Teryl D. Meyers, Trustee of the Teryl D. Meyers Separate Property Trust
 1943 Yajome Street
 Napa, CA 94559

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10/10/23</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>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>Teryl D. Meyers, Trustee of the Teryl D. Meyers Separate Property Trust 1943 Yajome Street Napa, CA 94559</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6570 84</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 4239</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 5311

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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

\$

Postmark Here

Ms Carol Sue Mhoon
5191 Jamaica Beach
Galveston, TX 77554

23814 - Permian Dawson

PS Form 3800, April 2015 PSN 7580-02-000-9047

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:

Ms Carol Sue Mhoon
5191 Jamaica Beach
Galveston, TX 77554

23814 - Permian Dawson



9590 9402 7635 2122 6558 82

2. Article Number (Transfer from service label)

7022 1670 0002 1189 5311

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carol Mhoon* Agent Addressee

B. Received by (Printed Name)

Carol Mhoon

C. Date of Delivery

10-4-23

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

RECEIVED

OCT 10 2023

Hinkle Shanor LLP

3. Service Type *Santa Fe NM 87504*
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7022 1670 0002 1189 6509

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

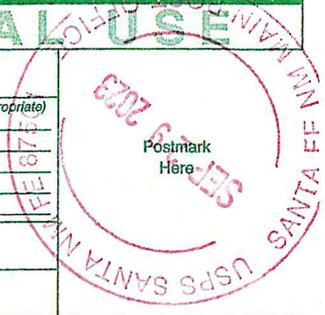
Total Postage and Fees \$ _____

Sent To Shannon Michaud, Trustee of the Gerald L. Michaud Trust u/t/a dated 2/10/2005

Street and Apt. 8911 E. Douglas

City, State, ZIP Wichita, Kansas 67207 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Shannon Michaud</p> <p>C. Date of Delivery 10 2 23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED OCT 5 2023</p>
<p>1. Article Addressed to:</p> <p>Shannon Michaud, Trustee of the Gerald L. Michaud Trust u/t/a dated 2/10/2005 8911 E. Douglas Wichita, Kansas 67207 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6733 43</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"/> 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>7022 1670 0002 1189 6509</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0304 1227

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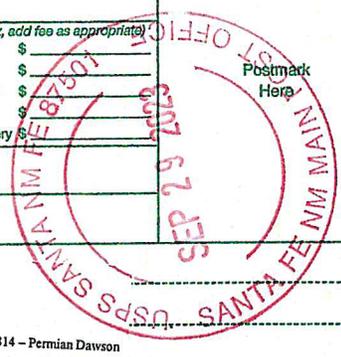
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<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	
\$	
Se	
Sti	Mallory L. Miller, Jr. 4617 117th St. Lubbock, TX 79424
Cl	23814 - Permian Dawson

Postmark Here

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Mallory L. Miller, Jr.</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mallory L. Miller, Jr.</p> <p>C. Date of Delivery 10/3/2023</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OCT 5 2023</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mallory L. Miller, Jr. 4617 117th St. Lubbock, TX 79424</p> <p style="text-align: center;"><small>23814 - Permian Dawson</small></p> <p style="text-align: center;">  9590 9402 7635 2122 6732 20</p>	<p>3. Service Type Hinkle Shanor LLC Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87504 Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® 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>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 1227</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Postmark Here
SEP 29 2023

USPS SANTA FE NM
SANTA FE NM MAIN POST OFFICE

7021 0950 0002 0370 8008

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 \$ _____

Send To

Patricia Louise Miller
6595 Rio Dorado Dr.
La Mesa, NM 88044

23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																								
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Patricia Louise Miller 6595 Rio Dorado Dr. La Mesa, NM 88044</p> <p style="text-align: center; font-size: 0.8em;">23814 - Permian Dawson</p> </div> <p style="text-align: center;">9590 9402 7635 2122 6779 83</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0370 8008</p>	<p>A. Signature X <i>Pat Miller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 10-2-23</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; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">OCT 4 2023</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"/> Hinkle Shanor LLP</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Santa Fe NM 87504</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td></td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td></td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Hinkle Shanor LLP	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Santa Fe NM 87504	<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"/> Hinkle Shanor LLP	<input type="checkbox"/> Priority Mail Express®																							
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Santa Fe NM 87504	<input type="checkbox"/> Registered Mail™																							
<input type="checkbox"/> Certified Mail®		<input type="checkbox"/> Registered Mail Restricted Delivery																							
<input type="checkbox"/> Certified Mail Restricted Delivery		<input type="checkbox"/> Signature Confirmation™																							
<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Signature Confirmation Restricted Delivery																							
<input type="checkbox"/> Collect on Delivery Restricted Delivery																									
<input type="checkbox"/> Insured Mail																									
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																									
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																								

7022 1670 0002 1189 5243

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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 \$ _____

Postmark Here

Mongoose Minerals LLC
 Attn: Joint Interest Ventures
 600 W Illinois Ave
 Midland, TX 79701

23814 - Permian Dawson

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 10-3</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>RECEIVED OCT 6 2023</p>
<p>1. Article Addressed to:</p> <p>Mongoose Minerals LLC Attn: Joint Interest Ventures 600 W Illinois Ave Midland, TX 79701</p> <p>23814 - Permian Dawson</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 7635 2122 6557 90</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5243</p>	<p>Hinkle Shanor LLP State of NY 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 5236

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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 \$ _____

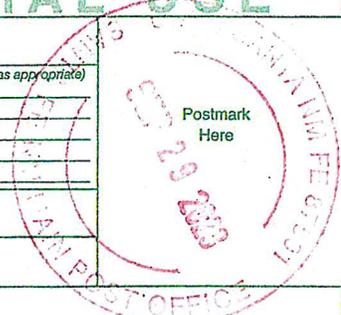
Postage \$ _____

Total Postage and Fees \$ _____

National XP
 P.O. Box 25409
 Dallas, Texas 75225

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kelly Parker</i></p> <p>C. Date of Delivery <i>10/2/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes / <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>National XP P.O. Box 25409 Dallas, Texas 75225</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 5 2023</p>
<p>9590 9402 7635 2122 6558 51</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5236</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87504 <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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0370 8022

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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	\$

Send To	Nelson & Company f/b/o John D., Wile
	Marital Trust
	P.O. Box 259
	Willman, CT 6226
	23814 - Permian Dawson

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:

Nelson & Company f/b/o John D.,
Wile Marital Trust
P.O. Box 259
Willman, CT 6226

23814 - Permian Dawson



9590 9402 7635 2122 6732 99

2. Article Number (Transfer from service label)

7021 0950 0002 0370 8022

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael Postonsky* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

RECEIVED

OCT 16 2023

3. Service Type

Adult Signature Hinkle Shanor LLP Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Santa Fe NM 87504 Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Insured Mail Restricted Delivery (over \$500)

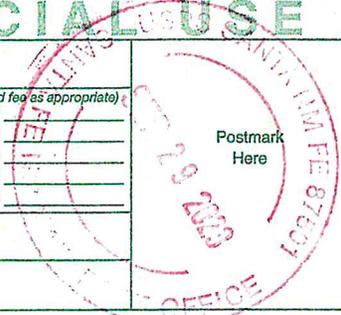
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7022 1670 0002 1189 5304

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OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fees as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To		
Nestegg Energy Company 2308 Sierra Vista Artesia, NM 88210-9409 23814 - Permian Dawson		

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>x <i>Mary K Miller</i></p>	
<p>1. Article Addressed to:</p> <p>Nestegg Energy Company 2308 Sierra Vista Artesia, NM 88210-9409 23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6559 05</p>	<p>B. Received by (Printed Name)</p> <p>MARY K. MILLER</p>	<p>C. Date of Delivery</p> <p>10-2-23</p>
	<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5304</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED OCT 5 2023</p>
<p>3. Service Type <input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

7021 0950 0002 0370 8039

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Northern Oil & Gas, Inc.
 4350 Baker Road, Ste. 400
 Minnetonka, MN 55343

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>NOGS</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NOGS</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OCT 16 2023</p>
<p>1. Article Addressed to:</p> <p>Northern Oil & Gas, Inc. 4350 Baker Road, Ste. 400 Minnetonka, MN 55343</p> <p>23814 - Permian Dawson</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0370 8039</p>	<p>Hinkle Sharon LLC Santa Fe NM 87506</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 6097

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

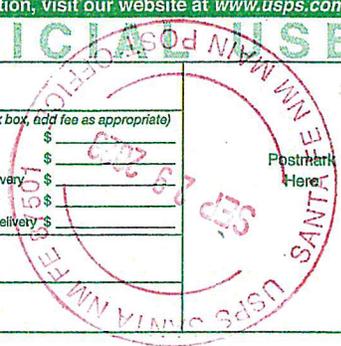
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Jodi Parr
 Street and A/I 13502 Briar Hollow
 City, State, Z Austin, TX 78729 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Susan Kyle</p> <p>C. Date of Delivery 10-4-23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Jodi Parr 13502 Briar Hollow Austin, TX 78729 23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 6097</p>	<p>3. Service Type Santa Fe NM 87504</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>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)

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Frank J Pisor
6319 N 8th St
Fresno, CA 93710

23814 - Permian Dawson

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7022 1670 0002 1189 6219

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:

Frank J Pisor
6319 N 8th St
Fresno, CA 93710

23814 - Permian Dawson



9590 9402 7635 2122 6559 43

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6219

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED

OCT 10 2023

Hinkle Shanor LLP

Santa Fe NM 87504

3. Service Type

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

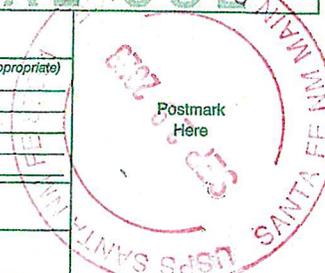
Domestic Return Receipt

7022 1670 0002 1189 2969

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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.	Pregler Oil Company, LLC P.O. Box 1722 Tulsa, OK 74101
City, State, ZIP+4®	23814 - Permian Dawson
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p>Pregler Oil Company, LLC P.O. Box 1722 Tulsa, OK 74101</p> <p>23814 - Permian Dawson</p>	<p>RECEIVED</p> <p>OCT 10 2023</p> <p>SANTA FE NM US-74103</p>																
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2969</p>	<p>3. Select all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Addressee</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"/> Addressee	<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"/> Addressee	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7022 1670 0002 1189 2976

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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Richard Pruett 3804 Ross St.
City, State, ZIP+4®	Amarillo, TX 79118 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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>Richard Pruett 3804 Ross St. Amarillo, TX 79118</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6551 34</p>	<p>RECEIVED</p> <p>OCT 4 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2976</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

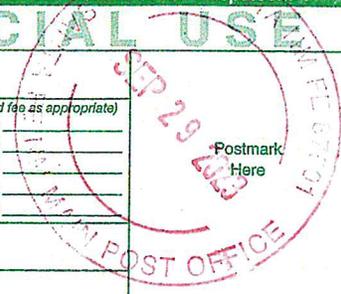
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. R.E.B. Resources, LLC
 308 N. Colorado, Suite 200
 Midland, TX 79701
 City, State, ZIP+4® 23814 - Permian Dawson

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

7022 1670 0002 1190 4082



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Case Murray</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Case Murray</i></p> <p>C. Date of Delivery RECEIVED OCT 4 2023</p>
<p>1. Article Addressed to:</p> <p>R.E.B. Resources, LLC 308 N. Colorado, Suite 200 Midland, TX 79701</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6848 75</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) 7022 1670 0002 1190 4082</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><i>Hinkle Shanor LLP</i> <i>San Antonio, TX 78704</i></p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

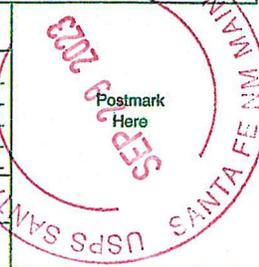
7020 0640 0000 0304 0732

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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	
\$	Michelle Rank
¢	18027 Brookes Bend
	Houston, TX 77094
23814 - Permian Dawson	

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:

Michelle Rank
18027 Brookes Bend
Houston, TX 77094

23814 - Permian Dawson



9590 9402 7635 2122 6732 51

2. Article Number (Transfer from service label)

7020 0640 0000 0304 0732

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Michelle Rank

C. Date of Delivery

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

16151 Whiteside Ln
Houston, TX 77094

RECEIVED

OCT 11 2023

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7021 0950 0002 0370 7995

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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	
St	Rockwood Resources, LLC
	P.O. Box 2250
City	Sulphur Springs, TX 75483
	23814 - Permian Dawson



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Theresa McDay</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Rockwood Resources, LLC P.O. Box 2250 Sulphur Springs, TX 75483 23814 - Permian Dawson</p>	<p>RECEIVED SULPHUR SPRINGS, TX OCT - 3 2023 OCT 6 2023</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0370 7995</p>	<p>3. Service Type 75482 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4020

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

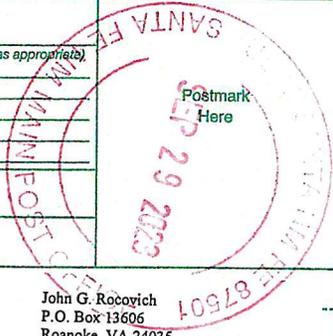
Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

John G. Rocovich
 P.O. Box 13606
 Roanoke, VA 24035

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>John G. Rocovich P.O. Box 13606 Roanoke, VA 24035</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6849 36</p> <p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4020</p>	<p>A. Signature _____ <input type="checkbox"/> Agent</p> <p>X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED SEP 29 2023 ROANOKE VA 24035</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7022 1670 0002 1189 6455

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. 1 Eric Schmitz
P.O. Box 669

City, State, ZIP+4 Argyle, TX 76226
23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>R. Shanor</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>RAQUEL SCHMITZ</i></p> <p>C. Date of Delivery <i>2023</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p>RECEIVED OCT 5 2023 76226-9998</p>
<p>1. Article Addressed to:</p> <p>Eric Schmitz P.O. Box 669 Argyle, TX 76226</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6779 45</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input checked="" 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>7022 1670 0002 1189 6455</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4099

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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 \$ _____

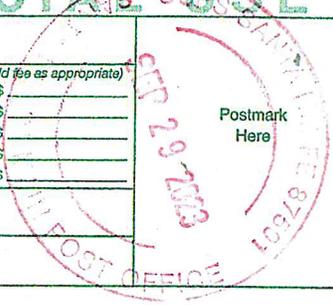
Total Postage and Fees \$ _____

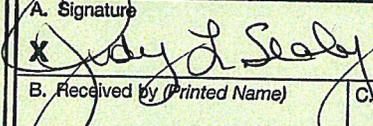
Sent To _____

Street and Apt. No., or PO Box No. _____ James E. Sealy, Jr.
 2362 Terra Ridge Drive
 Highlands Ranch, CO 80126

City, State, ZIP+4® _____ 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ <input type="checkbox"/> No</p> <p>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>James E. Sealy, Jr. 2362 Terra Ridge Drive Highlands Ranch, CO 80126</p> <p>23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6848 68</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4099</p>	<p>Mail Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5281

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

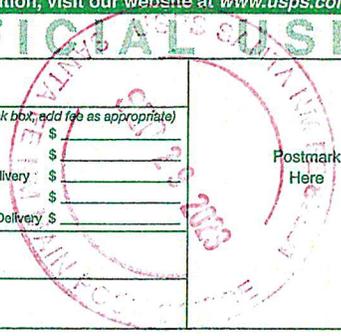
Total Postage and Fees \$ _____

Sent To

✓ Silverhair LLC
 1301 Lewis Rd
 Artesia, NM 88210

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Scott Sharor</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Silverhair LLC 1301 Lewis Rd Artesia, NM 88210</p> <p>23814 - Permian Dawson</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED OCT 6 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5281</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1190 4150

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

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

Patricia Simkins
4764 Breckenridge Dr. NE
Grand Rapids, MI 49525

City, State, ZIP+4®

23814 - Permian Dawson

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:

Patricia Simkins
4764 Breckenridge Dr. NE
Grand Rapids, MI 49525

23814 - Permian Dawson



9590 9402 7635 2122 6848 06

2. Article Number (Transfer from service label)

7022 1670 0002 1190 4150

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* 2593 C19 Agent
 Addressee

B. Received by (Printed Name)

PATRICIA SIMKINS

C. Date of Delivery

10/04/23

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

RECEIVED

OCT 10 2023

Hinkle Shanor LLP

Santa Fe NM 87504

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

Mail
Mail Restricted Delivery
300

Domestic Return Receipt

7022 1670 0002 1189 4260

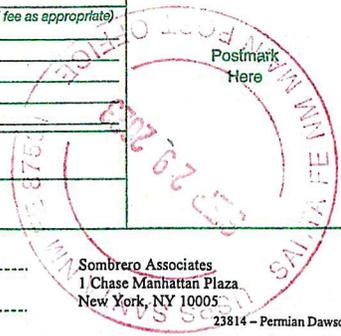
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Sombbrero Associates 1 Chase Manhattan Plaza New York, NY 10005
City, State, ZIP+4®	New York, NY 10005 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>																	
<p>1. Article Addressed to:</p> <p>Sombbrero Associates 1 Chase Manhattan Plaza New York, NY 10005 23814 - Permian Dawson</p>  <p>9590 9402 7635 2122 6571 14</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>RECEIVED OCT 10 2023 Hinkle Shanor LLP Santa Fe NM 87504</p>																	
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 4260</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> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																		
<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																	

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7022 1670 0002 1189 6103

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., Merideth Stephens
3732 Castle Rock Rd
City, State, ZIP+4® Round Rock Tx 77024
23814 - Permian Dawson

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Merideth Stephens 10-6-23</p> <p>D. Is delivery address different from item 1? Yes If YES, enter delivery address below. No</p> <p>RECEIVED</p> <p>OCT 10 2023</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>Merideth Stephens 3732 Castle Rock Rd Round Rock Tx 77024 23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6747 08</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>7022 1670 0002 1189 6103</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To

Donna Marie Studer, Administrator, Estate

Street and Ap

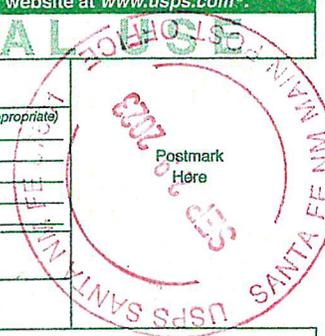
of Genevieve Studer

City, State, Zi

953 Mesa Vista Dr.

Crowley, TX 76036

23814 - Permian Dawson



7022 1670 0002 1189 6578

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:

Donna Marie Studer, Administrator,
Estate of Genevieve Studer
953 Mesa Vista Dr.
Crowley, TX 76036

23814 - Permian Dawson



9590 9402 7635 2122 6792 15

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6578

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Taylor Leary

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED

OCT 10 2023

Hinkle Shanor LLP

3. Service Type

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

Santa Fe NM 87504

Domestic Return Receipt

7022 1670 0002 1189 2983

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

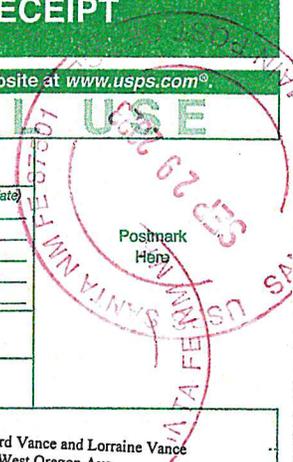
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Richard Vance and Lorraine Vance
 1216 West Oregon Ave
 Phoenix, AZ 85013

City, State, ZIP+4® _____ 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Scott Vance</p> <p>C. Date of Delivery 10-3-23</p>
<p>1. Article Addressed to:</p> <p>Richard Vance and Lorraine Vance 1216 West Oregon Ave Phoenix, AZ 85013</p> <p>23814 - Permian Dawson</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>OCT 5 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 2983</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>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 6141

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OFFICIAL 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., Wildcat Energy, LLC
 P.O. Box 13323
 City, State, ZIP+4® Odessa, TX 79768

23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>R. Baker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Baker</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Wildcat Energy, LLC P.O. Box 13323 Odessa, TX 79768</p> <p>23814 - Permian Dawson</p> <p>9590 9402 7635 2122 6749 13</p>	<p>RECEIVED OCT 6 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 6141</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 3993

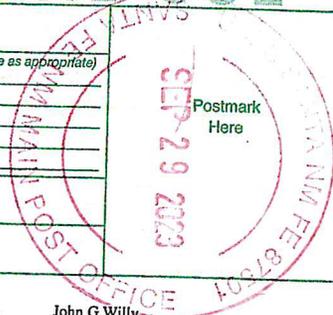
U.S. Postal Service™
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OFFICIAL USE

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.	John G Willy P.O. Box 13606 Roanoke, VA 24034
City, State, ZIP+4®	Roanoke, VA 24034 23814 - Permian Dawson

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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>John G Willy P.O. Box 13606 Roanoke, VA 24034</p> <p>23814 - Permian Dawson</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>RECEIVED OCT 6 2023 SANTA FE NM 87504</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 3993</p>	<p>3. Service Type Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0370 8497

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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

Margaret Andrews Avery
P.O. Box 5070
Hemet, CA 92544

23814 - Permian Dawson

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



CERTIFIED MAIL®

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



7021 0950 0002 0370 8497

FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 **\$ 008.77⁰**
02 7H
0006052409 SEP 29 2023

RECEIVED

OCT 12 2023

Hinkle Shanor LLP
Santa Fe, NM 87504

Margaret Andrews
P.O. Box 5070
Hemet, CA 92544

-R-T-S- 925444209-1N 009 10/07/23

RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER

925444209 50



7022 1670 0002 1189 3539

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. Claudia Baker
 3804 Ross St.
 City, State, ZIP Amarillo, TX 79118
 23814 - Permian Dawson

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

Postmark Here
 SEP 29 2023
 SANTA FE NM 87501
 MAIN POST OFFICE

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



7022 1670 0002 1189 3539

FIRST-CLASS



US POSTAGE™ PITNEY BOWES



ZIP 87501 \$ 008.77⁰
 02 7H
 0006052409 SEP 29 2023

RECEIVED

OCT 12 2023

Hinkle Shanor LLP
 Santa Fe NM 87504

Claudia Baker
 3804 Ross St.
 Amarillo TX 79118

ANK

NIXIE 750 FE 1 0010/07/23

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

ANK BC: 87504206868 *0268-00001-20-44

7022 1670 0002 1189 6523

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

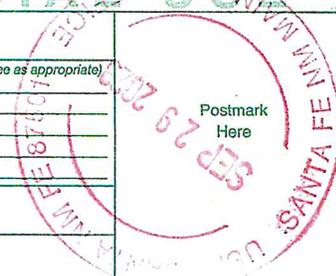
Postage \$

Total Postage and Fees \$

Sent To

Street an Connie Gale Becker
16715 E. 80th St., N.
City, Stat Owasso, OK 74055-5836
23814 - Permian Dawson

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



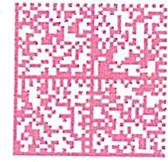
CERTIFIED MAIL®



7022 1670 0002 1189 6523

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

FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ **008.77⁰**
02 7H
0006052409 SEP 29 2023

RECEIVED

OCT 3 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Connie Gale Becker
16715 E. 80th St., N.

871 NFE 1 422100009/00/23
FORWARD TIME EXP RTN TO SEND
BECKER
10005 E 90TH CT N
OWASSO OK 74055-6803

RETURN TO SENDER

INT
87504 2068
74055-6803

7022 1670 0002 1189 6417

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

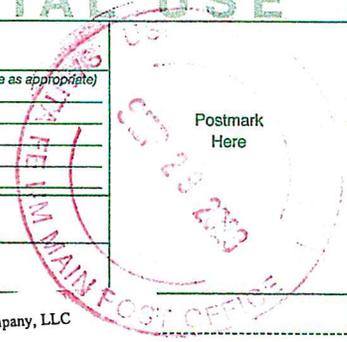
OFFICIAL USE

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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Ap. Bopaw Production Company, LLC
 3917 Mattison Ave.
 Fort Worth, TX 76107
 City, State, Zi 23814 - Permian Dawson

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:

Bopaw Production Company, LLC
 3917 Mattison Ave.
 Fort Worth, TX 76107

23814 - Permian Dawson

9590 9402 7635 2122 6565 37

2. Article Number (transfer from service label)
 7022 1670 0002 1189 6417

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agt. Addre.

B. Received by (Printed Name) C. Date of Delivery

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

RECEIVED
 OCT 5 2023

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

Hinkle Shanor LLP
 Santa Fe, NM 87504

Domestic Return Receipt

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

RECEIVED

OCT 16 2023

Hinkle Shanor LLP
Santa Fe NM 87504

4/N
10/13

NOT HERE



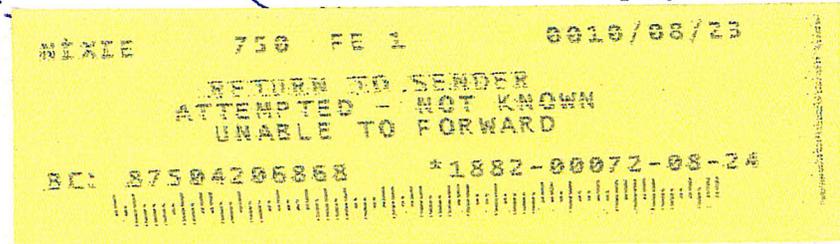
7022 1670 0002 1189 6417

NORTH TEXAS TX 750
2 OCT 2023 PM 2 L

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ 008.77⁰
 02 7H
 0006052409 SEP 29 2023



7610732622 0043



7020 0090 0000 0863 1547

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

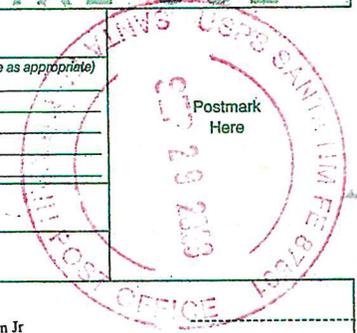
Sent To

Street and Apt. No. Clinton H Dean Jr
4212 O'Keefe

City, State, ZIP+4 El Paso, TX 79902

23814 - Permian Dawson

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



CERTIFIED MAIL®

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



7020 0090 0000 0863 1547

FIRST-CLASS



US POSTAGE™ IM PITNEY BOWES

ZIP 87501 **\$ 008.770**
 02 7H
 0006052409 SEP 29 2023

RECEIVED

OCT 11 2023

Hinkle Shanor LLP
 Santa Fe NM 87504

AM

Clinton H Dean Jr
 4212 O'Keefe
 El Paso, TX 79902

NIXIE 799 FE 1 0010/04/23

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

ANK

BC: 87504206868 *0268-00950-29-44

750206 0000 0000

7022 1670 0002 1189 6462

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

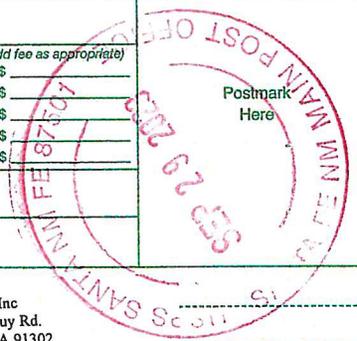
Total Postage and Fees \$

Sent To

Street and A Five J's Plus L, Inc
 24726 Robert Guy Rd.
 Hidden Hills, CA 91302

City, State, ZIP+4® 23814 - Permian Dawson

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:

Five J's Plus L, Inc
 24726 Robert Guy Rd.
 Hidden Hills, CA 91302

23814 - Permian Dawson

9590 9402 7635 2122 6779 38

2. Article Number (Transfer from service label)

7022 1670 0002 1189 6462

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED
 OCT 6 2023

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
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 Signature Confirmation Restricted Delivery

Hinkle Shanor LLP
 Santa Fe NM 87504

Domestic Return Receipt

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



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ZIP 87501 \$ 008.77⁰
 02 7H
 0006052409 SEP 29 2023

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OCT 12 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Not this address

Five J's Plus L, Inc
24726 Robert Guy Rd.

NIXIE 911 FE 1 0018/07/23

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

ANX

BC: 87504206868 *2252-06730-07-10

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

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Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. Hans Eric Hansen
 28480 Fireweed Drive
 Evergreen, CO 80439

City, State, ZIP+4 23814 - Permian Dawson

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions

7020 0090 0000 0863 1578



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 Santa Fe NM 87504

NSN

Hans Eric Hansen
 28480 Fireweed Drive
 Evergreen, CO 80439

NIXIE 866 DE 1 0810/06/23

RETURN TO SENDER
 NO SUCH NUMBER
 UNABLE TO FORWARD

BC: 87504206868 *0268-01001-29-00

NSN
 804098825 7020

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

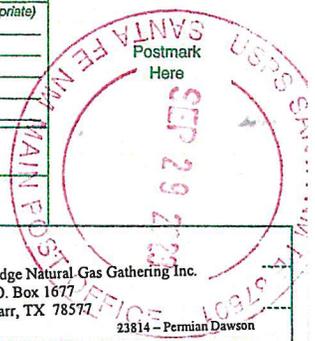
Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box No. Hodge Natural Gas Gathering Inc.
 P.O. Box 1677
 City, State, ZIP+4® Pharr, TX 78577
 23814 - Permian Dawson

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

7022 1670 0002 1190 4136



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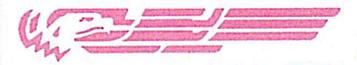


7022 1670 0002 1190 4136

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SANTA FE, NEW MEXICO 87504

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Santa Fe NM 87504

VAC
10/11

Hodge Natural Gas Gathering Inc.
P.O. Box 1677
Pharr, TX 78577

NIXIE 782 DE 1 0010/06/23

RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD

BC: 87504206868 *0268-00979-29-44

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87504 2068
78577 1677 3015

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

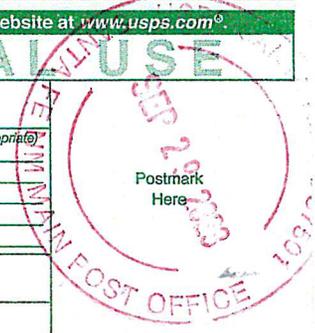
Sent To

Charles L Johnson
 13322 Hampton Bend Lane
 Houston, TX 77070

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 SANTA FE, NEW MEXICO 87504

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Charles L Johnson
 13322 Hampton Bend Lane
 Houston, TX 77

NIXIE 773 FE 1 0010/05/23

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.. 9314189861341119

770703482018
 8750420688

7022 1670 0002 1189 3003

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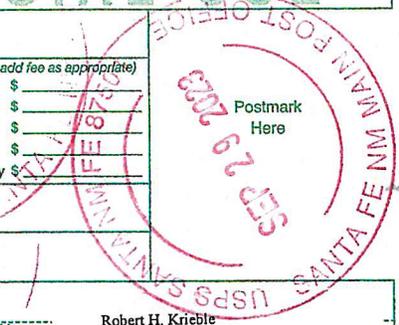
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Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery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

Postage \$
 Total Postage and Fees \$

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 Street and Apt. No., or PO Box No. Robert H. Kriebler
 210 Parke Avenue, Ste. 2300
 City, State, ZIP+4® Oklahoma City, OK 73102
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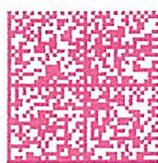
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Robert H. Kriebler
210 Parke Avenue, Ste. 2300
Oklahoma City, OK 73102

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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	\$	

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 Street and Apt. No., or PO Box No. John T. Olive
 1501 Arizone Ave
 El Paso, TX 79902
 City, State, ZIP+4® 23814 - Permian Dawson

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 Santa Fe NM 87504

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John T. Olive
 1501 Arizone Ave
 El Paso, TX 79902

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VAC
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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.	Togiak Resources, LLC P.O. Box 479
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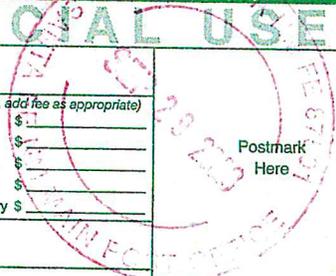
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<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and	Bryan Winston Welch 7231 E Speedway Blvd
City, State	Tucson, AZ 85710
	23814 - Permian Dawson

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7231 E Speedway Blvd
Tucson AZ 85710

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87504 2068
8571081058 0004

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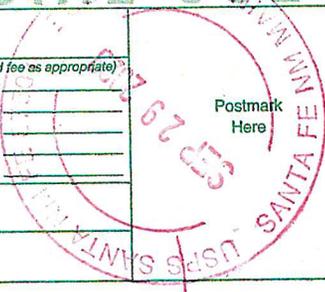
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Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate):
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. Ted J. Werts
 8220 E. Oxford Circle
 Wichita, KS 67226
 City, State, ZIP+4® 23814 - Permian Dawson

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



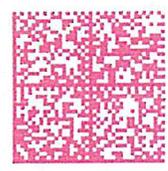
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 ATTORNEYS AT LAW
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 SANTA FE, NEW MEXICO 87504



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Ted J. Werts
 8220 E. Oxford Circle
 Wichita, KS 67226

JA/ANK

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Return Receipt (electronic) \$ _____

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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Nicole Williams
 21615 Champagne Dr. W
 Porter, TX 77365

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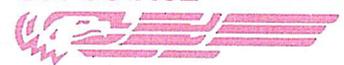


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02 7H
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SANTA FE, NEW MEXICO 87504

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OCT 3 2023

Hinkle Shanor LLP
Santa Fe NM 87504

YN
10/3

Nicole William
21615 Champ
Porter, TX 77

7021 0950 0002 0370 8015 / 08/23
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 MOVED LEFT NO ADDRESS
 UNABLE TO FORWARD
 RETURN TO SENDER
 BC: 87504206868 *0268-01042-29-44

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875042068
773652067 R01

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Certified Mail Fee

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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	\$ _____

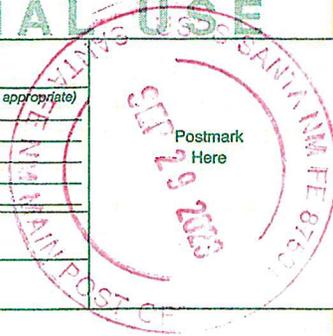
Postage

Total Postage and Fees

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PO Box 277
Selma, CA 93662

23814 - Permian Dawson



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October 14, 2023

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October 13, 2023, 3:35 pm

Available for Pickup

SELMA
2058 HIGH ST
SELMA CA 93662-9998
M-F 0830-1600; SAT 0900-1200
October 7, 2023, 8:57 am

Reminder to pick up your item before October 16, 2023

SELMA, CA 93662
October 7, 2023

Available for Pickup

SELMA
2058 HIGH ST
SELMA CA 93662-9998
M-F 0830-1600; SAT 0900-1200
October 2, 2023, 9:45 am

Arrived at Post Office

SELMA, CA 93662
October 2, 2023, 9:45 am

Available for Pickup

SELMA
2058 HIGH ST
SELMA CA 93662-9998
M-F 0830-1600; SAT 0900-1200
October 2, 2023, 8:51 am

Departed USPS Regional Facility

FRESNO CA DISTRIBUTION CENTER
October 1, 2023, 8:25 pm

Arrived at USPS Regional Facility

FRESNO CA DISTRIBUTION CENTER
October 1, 2023, 12:35 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101
September 30, 2023, 7:57 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
September 29, 2023, 10:02 pm

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