

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

**APPLICATION OF SPUR ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO**

**Case No. 21993**

**SPUR ENERGY PARTNERS, LLC'S  
HEARING EXHIBITS**

Compulsory Pooling Checklist

- |           |  |
|-----------|--|
| Exhibit A | Self-Affirmed Statement of Morgan Landry                           |
| A-1       | Application & Proposed Notice of Hearing                           |
| A-2       | C-102(s)   |
| A-3       | Plat of Tracts, Tract Ownership, Pooled Party, Unit Recapitulation |
| A-4       | Sample Well Proposal Letter & AFE(s)                               |
| A-5       | Summary of Communications  |
| A-6       | Hearing Notice Letter and Return Receipts                          |
| A-7       | Affidavit of Publication   |
| Exhibit B | Self-Affirmed Statement of C.J. Lipinski                           |
| B-1       | Location Map   |
| B-2       | Structure Map  |
| B-3       | Cross Section  |
| B-4       | Gunbarrel Schematic  |

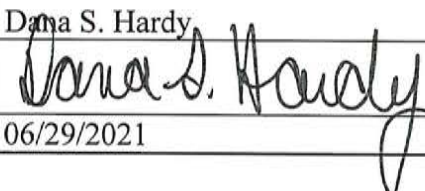
# COMPULSORY POOLING APPLICATION CHECKLIST

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

<b>Case: 21993</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date</b>	<b>July, 2021</b>
Applicant	Spur Energy Partners, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID # 328947
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Fat Tire
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Yeso
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Yeso
Pool Name and Pool Code:	Loco Hills; Glorieta-Yeso Pool (Pool Code 96718)
Well Location Setback Rules:	Statewide
Spacing Unit Size:	~320 acres
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	~320 acres
Building Blocks:	Quarter-quarter
Orientation:	Laydown
Description: TRS/County	S/2 of Section 12, Township 17 South, Range 29 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	Yes, the Yeso formation within the proposed unit contains a depth severance at a measured depth of 5,000'.
Proximity Tracts: If yes, description	The completed interval for the proposed <b>Fat Tire 12 Federal 22H</b> will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Fat Tire 12 Federal 22H
Applicant's Ownership in Each Tract	Exhibit A-3
<b>Well(s)</b>	
Name (API [if assigned]); Surface hole location; Bottom hole location; Completion target (TVD); Orientation, Completion status (standard or non-standard).	
Well #1	<b>Fat Tire 12 Federal 10H (API # pending)</b> SHL: 2365 FSL, 1020 FWL, Lot 3, 7-17S-30E BHL: 2045 FSL & 50 FWL, Unit L, 12-17S-29E



	<b>Completion Target:</b> Yeso formation (Approx. 4550' TVD) <b>Completion status:</b> Standard
Well #2	<b>Fat Tire 12 Federal 51H (API # pending)</b> SHL: 2385 FSL, 1020 FWL, Lot 3, 7-17S-30E BHL: 2215 FSL & 50 FWL, Unit L, 12-17S-29E <b>Completion Target:</b> Yeso formation (Approx. 4800' TVD) <b>Completion status:</b> Standard
Well #3	<b>Fat Tire 12 Federal 71H (API # pending)</b> SHL: 815 FSL, 1025 FWL, Lot 4, 7-17S-30E BHL: 1375 FSL & 50 FWL, Unit L, 12-17S-29E <b>Completion Target:</b> Yeso formation (Approx. 4975' TVD) <b>Completion status:</b> Standard
Well #4	<b>Fat Tire 12 Federal 22H (API # pending)</b> SHL: 795 FSL, 1025 FWL, Lot 4, 7-17S-30E BHL: 1265 FSL & 50 FWL, Unit M, 12-17S-29E <b>Completion Target:</b> Yeso formation (Approx. 4550' TVD) <b>Completion status:</b> Standard
Well #5	<b>Fat Tire 12 Federal 52H (API # pending)</b> SHL: 775 FSL, 1025 FWL, Lot 4, 7-17S-30E BHL: 535 FSL & 50 FWL, Unit M, 12-17S-29E <b>Completion Target:</b> Yeso formation (Approx. 4775' TVD) <b>Completion status:</b> Standard
Well #6	<b>Fat Tire 12 Federal 11H (API # pending)</b> SHL: 755 FSL, 1025 FWL, Lot 4, 7-17S-30E BHL: 485 FSL & 50 FWL, Unit M, 12-17S-29E <b>Completion Target:</b> Yeso formation (Approx. 4450' TVD) <b>Completion status:</b> Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	7000
Production Supervision/Month \$	700
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance	Exhibit A-3
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-4

List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates in Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-4
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-1
Cross Section (including Landing Zone)	Exhibit B-3
<b>Additional Information</b>	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	
<b>Date:</b>	06/29/2021



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

APPLICATION OF SPUR ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO

CASE NO. 21993

**SELF-AFFIRMED STATEMENT  
OF MORGAN LANDRY**

1. I am a senior landman at Spur Energy Partners, LLC (“Spur”) 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 previously testified before the New Mexico Oil Conservation Division (“Division”), and my qualifications as an expert in petroleum land matters were accepted and made a matter of record.

2. I am familiar with the application in the above-referenced case and the land matters involved. Copies of this 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. Spur seeks an order pooling all uncommitted mineral interests in the Yeso formation underlying a standard 320-acre, more or less, horizontal spacing unit comprised of the S/2 of Section 12, Township 17 South, Range 29 East in Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the following wells:

- **Fat Tire 12 Federal 10H** and **Fat Tire 12 Federal 51H**, which will be horizontally drilled from a surface location in Lot 3 in Section 7 to a bottom hole location in Unit L in Section 12;

- **Fat Tire 12 Federal 71H**, which will be horizontally drilled from a surface location in Lot 4 in Section 7 to a bottom hole location in Unit L in Section 12;
  - **Fat Tire 12 Federal 22H, Fat Tire 12 Federal 52H, and Fat Tire 12 Federal 11H**, which will be horizontally drilled from a surface location in Lot 4 in Section 7 to a bottom hole location in Unit M in Section 12 (collectively the “Wells”).
6. The completed intervals of the Wells are orthodox.
  7. The completed interval for the proposed **Fat Tire 12 Federal 22H** will be within 330’ of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit.
  8. The Yeso formation within the Unit contains a depth severance at a measured depth of 5,000’.
  9. Federal APDs for the Wells were submitted on or around November 20, 2021.
  10. The Wells are located in the Loco Hills; Glorieta-Yeso Pool (Pool code 96718).
  11. With respect to well setback requirements, this pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15.
  12. **Exhibit A-2** contains C-102s for the Wells.
  13. **Exhibit A-3** is a plat of the tracts in the Unit and identifies the ownership interest and type in each tract, the interests Spur seeks to pool, any applicable lease numbers, and contains a unit recapitulation.
  14. Spur has conducted a diligent search of all public records in Eddy County, including phone directories and computer databases.
  15. All working interests Spur seeks to pool are locatable.



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

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

18. Notice of Spur's application and the Division hearing was provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letter and the associated green cards are attached as **Exhibit A-6**.

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

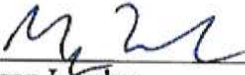
20. Spur requests overhead and administrative rates of \$7,000 per month while the Wells are being drilled and \$700 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Spur and by other operators in the vicinity. Spur further requests that the rates be adjusted periodically in accordance with the COPAS Accounting Procedure.

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

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

23. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 22 above is true and correct and is made

under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

  
\_\_\_\_\_  
Morgan Landry

5/25/2021  
Date



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

APPLICATION OF SPUR ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO

Case No. 21993

APPLICATION

Pursuant to NMSA § 70-2-17, Spur Energy Partners, LLC (“Spur”) applies for an order pooling all uncommitted mineral interests from the top of the Yeso formation (at a stratigraphic equivalent of approximately 4,225’ MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) to a depth of approximately 5,000’ MD in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 12, Township 17 South, Range 29 East, Eddy County, New Mexico (“HSU”). In support of its application, Spur states the following:

1. Spur (OGRID No. 328947) is a working interest owner in the HSU and has the right to drill wells thereon.
2. The HSU will be dedicated to following wells:
  - a. **Fat Tire 12 Federal 10H** and **Fat Tire 12 Federal 51H**, which will be horizontally drilled from a surface location in Lot 3 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit L in Section 12, Township 17 South, Range 29 East;
  - b. **Fat Tire 12 Federal 71H**, which will be horizontally drilled from a surface location in Lot 4 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit L in Section 12, Township 17 South, Range 29 East; and

Spur Energy  
Partners, LLC  
Case No. 21993  
  
Exhibit A-1

c. **Fat Tire 12 Federal 11H, 22H, and 52H**, which will be horizontally drilled from a surface location in Lot 4 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit M in Section 12, Township 17 South, Range 29 East (collectively "Wells").

3. The completed intervals of the Wells will be orthodox.

4. The completed interval of the **Fat Tire 12 Federal 22H** will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit.

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

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

7. In order to allow Spur to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the HSU should be pooled and Spur should be designated the operator of the Wells and HSU.

WHEREFORE, Spur requests that this application be set for hearing on July 1, 2021 and that, after notice and hearing, the Division enter an order:

- A. Pooling all uncommitted interests in the HSU;
- B. Approving the Wells in the HSU;
- C. Designating Spur as operator of the HSU and the Wells to be drilled thereon;
- D. Authorizing Spur 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% penalty for the risk assumed by Spur 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  
 Michael Rodriguez  
 P.O. Box 2068  
 Santa Fe, NM 87504-2068  
 Phone: (505) 982-4554  
 Facsimile: (505) 982-8623  
 dhardy@hinklelawfirm.com  
 mrodriguez@hinklelawfirm.com

*Counsel for Spur Energy Partners, LLC*

**Application of Spur Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico.** Applicant seeks an order pooling all uncommitted mineral interests from the top of the Yeso formation (at a stratigraphic equivalent of approximately 4,225' MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) to a depth of approximately 5,000' MD in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 12, Township 17 South, Range 29 East, Eddy County, New Mexico ("HSU"). The HSU will be dedicated to following wells:

- a. Fat Tire 12 Federal 10H and Fat Tire 12 Federal 51H, which will be horizontally drilled from a surface location in Lot 3 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit L in Section 12, Township 17 South, Range 29 East;
- b. Fat Tire 12 Federal 71H, which will be horizontally drilled from a surface location in Lot 4 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit L in Section 12, Township 17 South, Range 29 East; and
- c. Fat Tire 12 Federal 11H, 22H, and 52H, which will be horizontally drilled from a surface location in Lot 4 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit M in Section 12, Township 17 South, Range 29 East (collectively "Wells").

The completed intervals of the Wells will be orthodox. The completed interval of the Fat Tire 12 Federal 22H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit. The completed intervals of the wells will be orthodox. Also to be considered will be the cost of drilling and completing the wells and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately 3 miles northwest of Loco Hills, New Mexico.

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

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

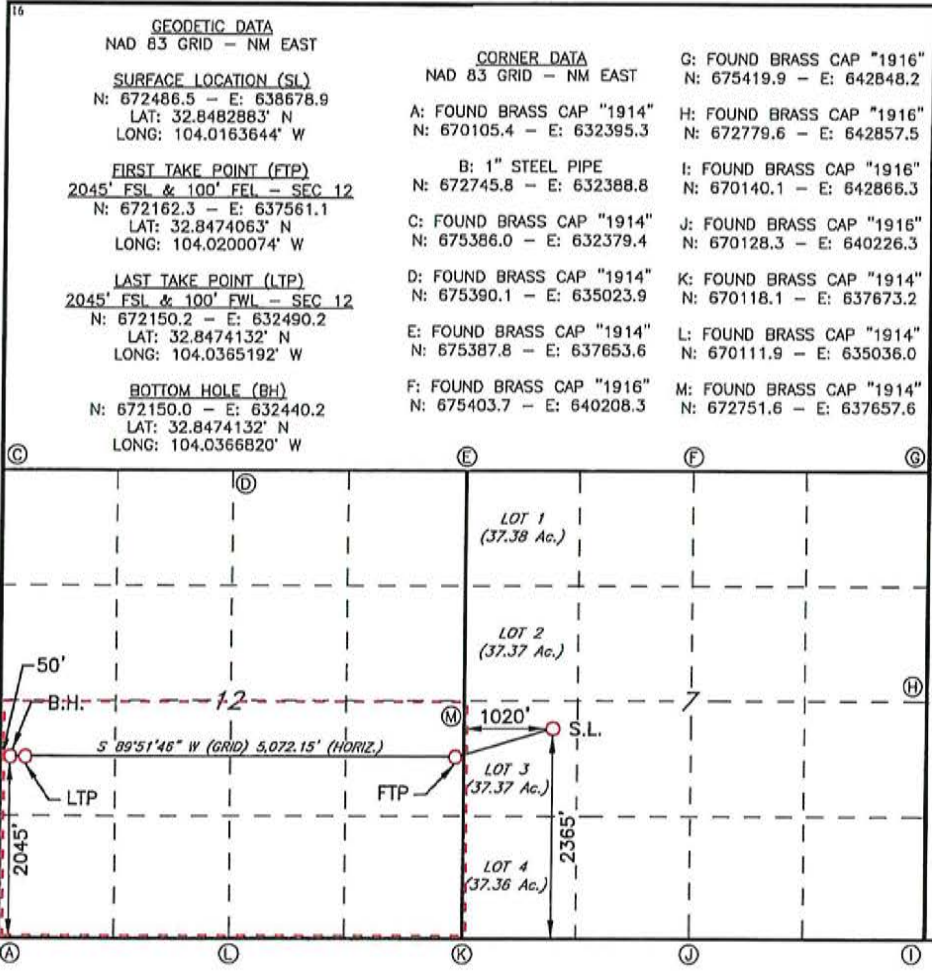
Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number		<sup>2</sup> Pool Code 96718		<sup>3</sup> Pool Name LOCO HILLS; GLORIETA-YESO					
<sup>4</sup> Property Code		<sup>5</sup> Property Name FAT TIRE 12 FEDERAL						<sup>6</sup> Well Number 10H	
<sup>7</sup> OGRID NO. 328947		<sup>8</sup> Operator Name SPUR ENERGY PARTNERS LLC.						<sup>9</sup> Elevation 3666'	
<sup>10</sup> Surface Location									
UL or lot no. 3	Section 7	Township 17S	Range 30E	Lot Idn	Feet From the 2365	North/South line SOUTH	Feet From the 1020	East/West line WEST	County EDDY
<sup>11</sup> Bottom Hole Location If Different From Surface									
UL or lot no. L	Section 12	Township 17S	Range 29E	Lot Idn	Feet from the 2045	North/South line SOUTH	Feet from the 50	East/West line WEST	County EDDY
<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.					

No allowable will be assigned to this completion until all interest 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: *Sarah Chapman* Date: 5/7/2021  
Printed Name: SARAH CHAPMAN  
E-mail Address: SCHAPMAN@SPUREPLLC.COM

**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.

10-13-2020  
Date of Survey

Signature and Seal of Professional Surveyor: *Robert M. Howett*

19680  
Certificate Number



LS20100540

**Spur Energy Partners, LLC**  
Case No. 21993

Exhibit A-2



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

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

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

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code 96718		3 Pool Name LOCO HILLS; GLORIETA-YESO					
4 Property Code		5 Property Name FAT TIRE 12 FEDERAL						6 Well Number 51H	
7 OGRID NO. 328947		8 Operator Name SPUR ENERGY PARTNERS LLC.						9 Elevation 3666'	
10 Surface Location									
UL or lot no. 3	Section 7	Township 17S	Range 30E	Lot Idn	Feet from the 2385	North/South line SOUTH	Feet From the 1020	East/West line WEST	County EDDY
11 Bottom Hole Location If Different From Surface									
UL or lot no. L	Section 12	Township 17S	Range 29E	Lot Idn	Feet from the 2215	North/South line SOUTH	Feet from the 50	East/West line WEST	County EDDY
12 Dedicated Acres 320	13 Joint or Infill	14 Consolidation Code	15 Order No.						

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

<p>16</p> <p><b>GEODETIC DATA</b> NAD 83 GRID - NM EAST</p> <p><b>SURFACE LOCATION (SL)</b> N: 672506.6 - E: 638678.8 LAT: 32.8483435° N LONG: 104.0163646° W</p> <p><b>FIRST TAKE POINT (FTP)</b> 2215' FSL &amp; 100' FWL - SEC 12 N: 672332.3 - E: 637560.1 LAT: 32.8478735° N LONG: 104.0200090° W</p> <p><b>LAST TAKE POINT (LTP)</b> 2215' FSL &amp; 100' FWL - SEC 12 N: 672320.1 - E: 632489.8 LAT: 32.8478803° N LONG: 104.0365190° W</p> <p><b>BOTTOM HOLE (BH)</b> N: 672320.0 - E: 632439.8 LAT: 32.8478804° N LONG: 104.0366818° W</p>	<p><b>CORNER DATA</b> NAD 83 GRID - NM EAST</p> <p>A: FOUND BRASS CAP "1914" N: 670105.4 - E: 632395.3</p> <p>B: 1" STEEL PIPE N: 672745.8 - E: 632388.8</p> <p>C: FOUND BRASS CAP "1914" N: 675386.0 - E: 632379.4</p> <p>D: FOUND BRASS CAP "1914" N: 675390.1 - E: 635023.9</p> <p>E: FOUND BRASS CAP "1914" N: 675387.8 - E: 637653.6</p> <p>F: FOUND BRASS CAP "1916" N: 675403.7 - E: 640208.3</p> <p>G: FOUND BRASS CAP "1916" N: 675419.9 - E: 642848.2</p> <p>H: FOUND BRASS CAP "1916" N: 672779.6 - E: 642857.5</p> <p>I: FOUND BRASS CAP "1916" N: 670140.1 - E: 642866.3</p> <p>J: FOUND BRASS CAP "1916" N: 670128.3 - E: 640226.3</p> <p>K: FOUND BRASS CAP "1914" N: 670118.1 - E: 637673.2</p> <p>L: FOUND BRASS CAP "1914" N: 670111.9 - E: 635036.0</p> <p>M: FOUND BRASS CAP "1914" N: 672751.6 - E: 637657.6</p>	<p>17 OPERATOR CERTIFICATION</p> <p>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.</p> <p><i>Sarah Chapman</i> 5/7/2021 Signature Date SARAH CHAPMAN Printed Name SCHAPMAN@SPUREPLLC.COM E-mail Address</p> <p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p>10-13-2020 Date of Survey Signature and Seal of Professional Surveyor 19680 Certificate Number</p>
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LS20100541

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

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State of New Mexico  
Energy, Minerals & Natural Resources Department  
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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**

<sup>1</sup> API Number <b>30-015-</b>		<sup>2</sup> Pool Code <b>96718</b>		<sup>3</sup> Pool Name <b>LOCO HILLS; GLORIETA-YESO</b>					
<sup>4</sup> Property Code		<sup>5</sup> Property Name <b>FAT TIRE 12 FEDERAL</b>					<sup>6</sup> Well Number <b>71H</b>		
<sup>7</sup> GRID NO. <b>328947</b>		<sup>8</sup> Operator Name <b>SPUR ENERGY PARTNERS LLC.</b>					<sup>9</sup> Elevation <b>3657'</b>		
<sup>10</sup> Surface Location									
UL or lot no. <b>4</b>	Section <b>7</b>	Township <b>17S</b>	Range <b>30E</b>	Lot Idn	Feet from the <b>815</b>	North/South line <b>SOUTH</b>	Feet From the <b>1025</b>	East/West line <b>WEST</b>	County <b>EDDY</b>
<sup>11</sup> Bottom Hole Location If Different From Surface									
UL or lot no. <b>L</b>	Section <b>12</b>	Township <b>17S</b>	Range <b>29E</b>	Lot Idn	Feet from the <b>1375</b>	North/South line <b>SOUTH</b>	Feet from the <b>50</b>	East/West line <b>WEST</b>	County <b>EDDY</b>
<sup>12</sup> Dedicated Acres <b>320</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

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

<p><b>16</b></p> <p><b>GEODETIC DATA</b> NAD 83 GRID - NM EAST</p> <p><b>SURFACE LOCATION (SL)</b> N: 670937.0 - E: 638693.2 LAT: 32.8440291° N LONG: 104.0163331° W</p> <p><b>FIRST TAKE POINT (FTP)</b> 1375' FSL &amp; 100' FEL - SEC 12 N: 671492.5 - E: 637565.1 LAT: 32.8455652° N LONG: 104.0200009° W</p> <p><b>LAST TAKE POINT (LTP)</b> 1375' FSL &amp; 100' FWL - SEC 12 N: 671480.3 - E: 632491.9 LAT: 32.8455721° N LONG: 104.0365200° W</p> <p><b>BOTTOM HOLE (BH)</b> N: 671480.2 - E: 632441.9 LAT: 32.8455721° N LONG: 104.0366827° W</p>	<p><b>CORNER DATA</b> NAD 83 GRID - NM EAST</p> <p>A: FOUND BRASS CAP "1914" N: 670105.4 - E: 632395.3</p> <p>B: 1" STEEL PIPE N: 672745.8 - E: 632388.8</p> <p>C: FOUND BRASS CAP "1914" N: 675386.0 - E: 632379.4</p> <p>D: FOUND BRASS CAP "1914" N: 675390.1 - E: 635023.9</p> <p>E: FOUND BRASS CAP "1914" N: 675387.8 - E: 637653.6</p> <p>F: FOUND BRASS CAP "1914" N: 675403.7 - E: 640208.3</p> <p>G: FOUND BRASS CAP "1916" N: 675419.9 - E: 642848.2</p> <p>H: FOUND BRASS CAP "1916" N: 672779.6 - E: 642857.5</p> <p>I: FOUND BRASS CAP "1916" N: 670140.1 - E: 642866.3</p> <p>J: FOUND BRASS CAP "1916" N: 670128.3 - E: 640226.3</p> <p>K: FOUND BRASS CAP "1914" N: 670118.1 - E: 637673.2</p> <p>L: FOUND BRASS CAP "1914" N: 670111.9 - E: 635036.0</p> <p>M: FOUND BRASS CAP "1914" N: 672751.6 - E: 637657.6</p>	<p><b>17 OPERATOR CERTIFICATION</b> <i>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.</i></p> <p><i>Sarah Chapman</i> 05/11/2021 Signature Date</p> <p><b>SARAH CHAPMAN</b> Printed Name</p> <p><b>SCHAPMAN@SPUREPLLC.COM</b> E-mail Address</p>
		<p><b>18 SURVEYOR CERTIFICATION</b> <i>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.</i></p> <p><b>10-13-2020</b> Date of Survey</p> <p>Signature and Seal of Professional Surveyor</p> <p><b>19680</b> Certificate Number</p> <p><b>ROBERT M. HOWETT</b> NEW MEXICO 19680 PROFESSIONAL SURVEYOR</p> <p><b>LS20100546</b></p>



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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number		<sup>2</sup> Pool Code 96718		<sup>3</sup> Pool Name LOCO HILLS; GLORIETA-YESO	
<sup>4</sup> Property Code		<sup>5</sup> Property Name FAT TIRE 12 FEDERAL			<sup>6</sup> Well Number 22H
<sup>7</sup> OGRID NO. 328947		<sup>8</sup> Operator Name SPUR ENERGY PARTNERS LLC.			<sup>9</sup> Elevation 3658'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
4	7	17S	30E		795	SOUTH	1025	WEST	EDDY

<sup>11</sup> 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	12	17S	29E		1265	SOUTH	50	WEST	EDDY

<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
--------------------------------------	-------------------------------	----------------------------------	-------------------------

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

<sup>16</sup> **GEODETIC DATA**  
NAD 83 GRID - NM EAST

**SURFACE LOCATION (SL)**  
N: 670917.1 - E: 638693.3  
LAT: 32.8439743° N  
LONG: 104.0163329° W

**FIRST TAKE POINT (FTP)**  
1265' FSL & 100' FWL - SEC 12  
N: 671382.5 - E: 637565.7  
LAT: 32.8452630° N  
LONG: 104.0199998° W

**LAST TAKE POINT (LTP)**  
1265' FSL & 100' FWL - SEC 12  
N: 671370.4 - E: 632492.1  
LAT: 32.8452698° N  
LONG: 104.0365201° W

**BOTTOM HOLE (BH)**  
N: 671370.2 - E: 632442.2  
LAT: 32.8452698° N  
LONG: 104.0366829° W

**CORNER DATA**  
NAD 83 GRID - NM EAST

A: FOUND BRASS CAP "1914"  
N: 670105.4 - E: 632395.3

B: 1" STEEL PIPE  
N: 672745.8 - E: 632388.8

C: FOUND BRASS CAP "1914"  
N: 675386.0 - E: 632379.4

D: FOUND BRASS CAP "1914"  
N: 675390.1 - E: 635023.9

E: FOUND BRASS CAP "1914"  
N: 675387.8 - E: 637653.6

F: FOUND BRASS CAP "1916"  
N: 675403.7 - E: 640208.3

G: FOUND BRASS CAP "1916"  
N: 675419.9 - E: 642848.2

H: FOUND BRASS CAP "1916"  
N: 672779.6 - E: 642857.5

I: FOUND BRASS CAP "1916"  
N: 670140.1 - E: 642866.3

J: FOUND BRASS CAP "1916"  
N: 670128.3 - E: 640226.3

K: FOUND BRASS CAP "1914"  
N: 670118.1 - E: 637673.2

L: FOUND BRASS CAP "1914"  
N: 670111.9 - E: 635036.0

M: FOUND BRASS CAP "1914"  
N: 672751.6 - E: 637657.6

**<sup>17</sup> 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.

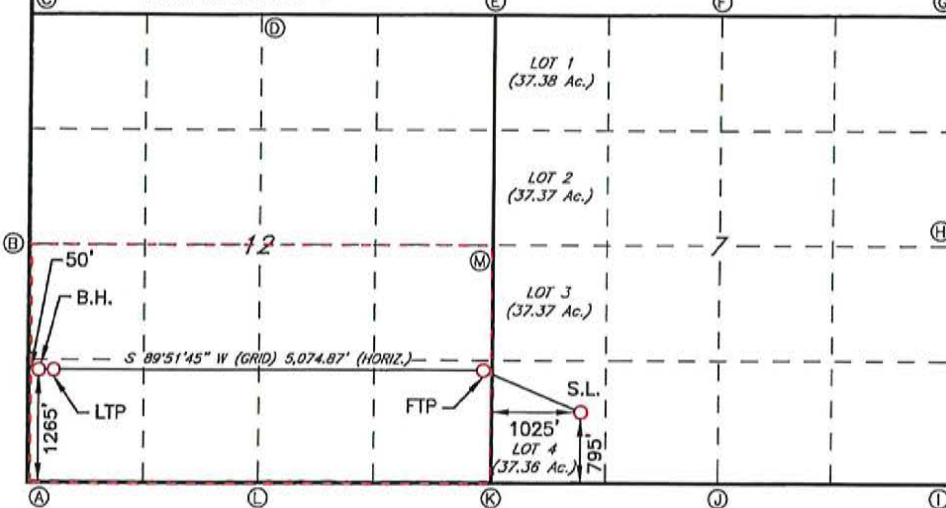
*Sarah Chapman* 5/7/2021  
Signature Date  
SARAH CHAPMAN  
Printed Name  
SCHAPMAN@SPUREPLLC.COM  
E-mail Address

**<sup>18</sup> 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.

10-13-2020  
Date of Survey  
Signature and Seal of Professional Surveyor

**19680**  
Certificate Number

**ROBERT M. HOWETT**  
NEW MEXICO  
19680  
PROFESSIONAL SURVEYOR



LS20100545



District I  
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number		<sup>2</sup> Pool Code 96718	<sup>3</sup> Pool Name LOCO HILLS; GLORIETA-YESO	
<sup>4</sup> Property Code	<sup>5</sup> Property Name FAT TIRE 12 FEDERAL			<sup>6</sup> Well Number 52H
<sup>7</sup> GRID NO. 328947	<sup>8</sup> Operator Name SPUR ENERGY PARTNERS LLC.			<sup>9</sup> Elevation 3659'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
4	7	17S	30E		775	SOUTH	1025	WEST	EDDY

<sup>11</sup> 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	12	17S	29E		535	SOUTH	50	WEST	EDDY

<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
--------------------------------------	-------------------------------	----------------------------------	-------------------------

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

<p><b>16</b></p> <p><u>GEODETTIC DATA</u> NAD 83 GRID - NM EAST</p> <p><u>SURFACE LOCATION (SL)</u> N: 670897.0 - E: 638693.4 LAT: 32.8439192° N LONG: 104.0163328° W</p> <p><u>FIRST TAKE POINT (FTP)</u> 535' FSL &amp; 100' FEL - SEC 12 N: 670652.7 - E: 637570.1 LAT: 32.8432570° N LONG: 104.0199927° W</p> <p><u>LAST TAKE POINT (LTP)</u> 535' FSL &amp; 100' FWL - SEC 12 N: 670640.5 - E: 632493.9 LAT: 32.8432638° N LONG: 104.0365209° W</p> <p><u>BOTTOM HOLE (BH)</u> N: 670640.4 - E: 632444.0 LAT: 32.8432639° N LONG: 104.0366837° W</p>	<p><u>CORNER DATA</u> NAD 83 GRID - NM EAST</p> <p>A: FOUND BRASS CAP "1914" N: 670105.4 - E: 632395.3</p> <p>B: 1" STEEL PIPE N: 672745.8 - E: 632388.8</p> <p>C: FOUND BRASS CAP "1914" N: 675386.0 - E: 632379.4</p> <p>D: FOUND BRASS CAP "1914" N: 675390.1 - E: 635023.9</p> <p>E: FOUND BRASS CAP "1914" N: 675387.8 - E: 637653.6</p> <p>F: FOUND BRASS CAP "1916" N: 675403.7 - E: 640208.3</p> <p>G: FOUND BRASS CAP "1916" N: 675419.9 - E: 642848.2</p> <p>H: FOUND BRASS CAP "1916" N: 672779.6 - E: 642857.5</p> <p>I: FOUND BRASS CAP "1916" N: 670140.1 - E: 642866.3</p> <p>J: FOUND BRASS CAP "1916" N: 670128.3 - E: 640226.3</p> <p>K: FOUND BRASS CAP "1914" N: 670118.1 - E: 637673.2</p> <p>L: FOUND BRASS CAP "1914" N: 670111.9 - E: 635036.0</p> <p>M: FOUND BRASS CAP "1914" N: 672751.6 - E: 637657.6</p>	<p><b>17 OPERATOR CERTIFICATION</b> <i>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.</i></p> <p>Signature _____ Date _____ SARAH CHAPMAN</p> <p>Printed Name _____ SCHAPMAN@SPUREPLLC.COM</p> <p>E-mail Address _____</p>
---	---	---

	<p><b>18 SURVEYOR CERTIFICATION</b> <i>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.</i></p> <p><b>10-13-2020</b> Date of Survey</p> <p>Signature and Seal of Professional Surveyor _____</p> <p><b>19680</b> Certificate Number</p> <p style="text-align: right;"><b>LS20100544</b></p>
--	--

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<sup>1</sup> API Number		<sup>2</sup> Pool Code 96718		<sup>3</sup> Pool Name LOCO HILLS; GLORIETA-YESO	
<sup>4</sup> Property Code		<sup>5</sup> Property Name FAT TIRE 12 FEDERAL			<sup>6</sup> Well Number 11H
<sup>7</sup> OGRID NO. 328947		<sup>8</sup> Operator Name SPUR ENERGY PARTNERS LLC.			<sup>9</sup> Elevation 3659'

<sup>10</sup> Surface Location

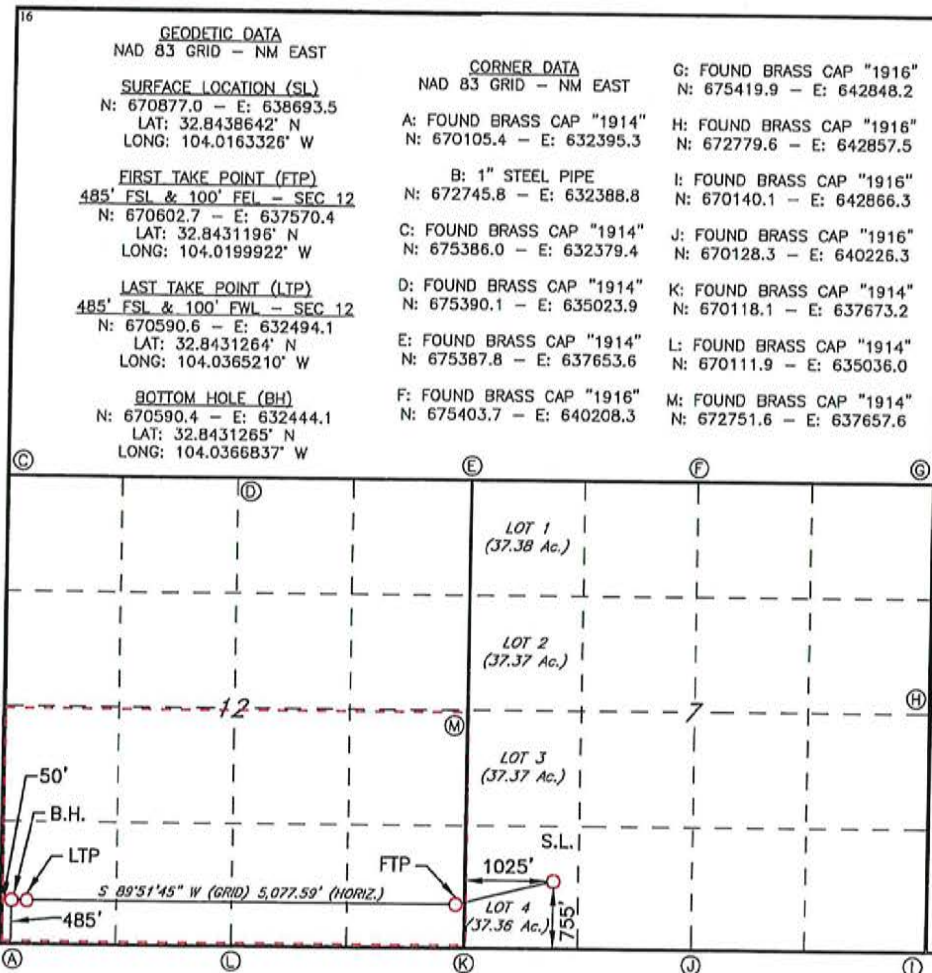
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet From the	East/West line	County
4	7	17S	30E		755	SOUTH	1025	WEST	EDDY

<sup>11</sup> 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	12	17S	29E		485	SOUTH	50	WEST	EDDY

<sup>12</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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Signature: *Sarah Chapman* Date: 05/06/2021  
Printed Name: SARAH CHAPMAN  
E-mail Address: SCHAPMAN@SPUREPLLC.COM

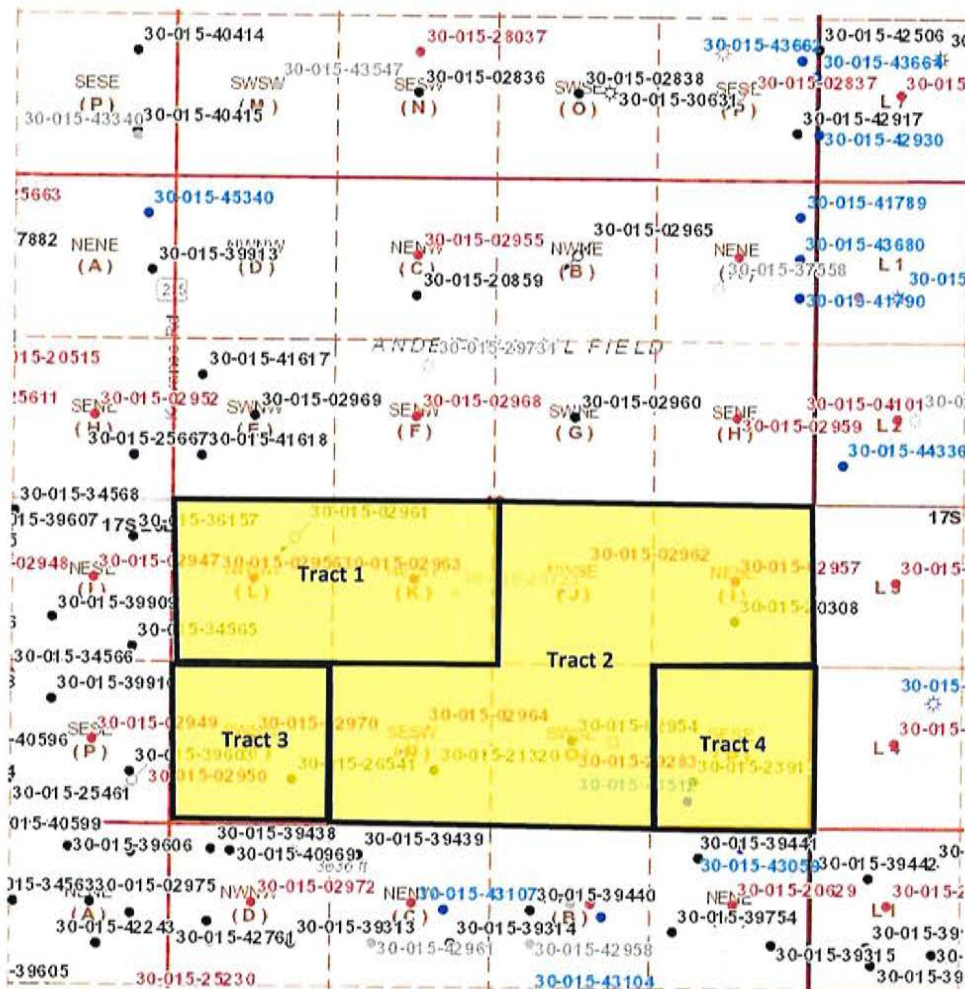
**18 SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: 10-13-2020  
Signature and Seal of Professional Surveyor: *Robert M. Howett*  
19680  
Certificate Number: LS20100543



### Exhibit A-3

South Half (S/2) of Section 12, Township 17 South, Range 29 East, Eddy County, New Mexico as to those depths from the Top of the Yeso Formation to 5,000'.



**Tract 1: N2 SW4 of Section 12-17S-29E (BLM Lease LC 065591)**

- Great Western Drilling Ltd. 64.476% Working Interest
- Davoil Oil & Gas Limited Partnership 35.524% Working Interest

**Tract 2: N2 SE4, SE4 SW4 and SW4 SE4 of Section 12-17S-29E (BLM Lease LC 028785)**

- SEP Permian Holding Corp 100% Working Interest

**Tract 3: SW4 SW4 of Section 12-17S-R29E (BLM Lease LC 028785-A)**

- Alamo Resources II, LLC 100% Working Interest

**Tract 4: SE4 SE4 of Section 12-17S-R29E (BLM Lease LC 028784-C)**

- SEP Permian Holding Corp 100% Working Interest

**Spur Energy  
Partners, LLC  
Case No. 21993**

**Exhibit A-3**



<b>RECAPITULATION</b>		
<b>Tract Number</b>	<b>Number of Acres Committed</b>	<b>Percentage of Interest in Unit</b>
1	80	25.00%
2	160	50.00%
3	40	12.50%
4	40	12.50%
<b>TOTAL</b>	<b>320</b>	<b>100.00%</b>
SEP Permian Holding Corp 9655 Katy Freeway, Ste 500 Houston, Texas 77024		62.5% Working Interest
Great Western Drilling Ltd. PO Box 1659 Midland, Texas 79702		16.119% Working Interest
Davoil Oil & Gas Limited Partnership 201 Railhead Road Fort Worth, Texas 76106		8.881% Working Interest
Alamo Resources II, LLC 820 Gessner Road, Suite 1650 Houston, Texas 77024		12.5% Working Interest
<b>Total</b>		<b>100% Working Interest</b>

**Leasehold Interest:**

SEP Permian Holding Corp  
9655 Katy Freeway, Ste 500  
Houston, Texas 77024

Great Western Drilling Ltd.  
PO Box 1659  
Midland, Texas 79702

Davoil Oil & Gas Limited Partnership  
201 Railhead Road  
Fort Worth, Texas 76106

Alamo Resources II, LLC  
820 Gessner Road, Suite 1650  
Houston, Texas 77024

**ORRI Owners:**

<p>Root Family Holdings, LLC c/o Bryan J. Root P.O. Box 403 Rosemount, MN 55068-0403 (952) 423-2932</p>	<p>Edward Jones Trust Company, Trustee of the Dolores Thomas Trust fbo Robert Dexter 12555 Manchester Road St. Louis, MO 63131</p>
<p>Breck Minerals, LP P.O. Box 911 Breckenridge, Texas 76424</p>	<p>Dexter Family Holdings, LLC 20940 Pacific Coast Highway Malibu, CA 90265</p>
<p>Chase Oil Corporation 11344 Lovington Highway Artesia, NM 88210</p>	<p>Kenneth W. Irish, as Executor of the Estate of Virginia Gates Irish, Deceased, and as Successor Trustee of the Virginia Gates Irish Revocable Trust 227-1/2 Rheem Boulevard Moraga, CA 94556</p>
<p>Pioneer Natural Resources USA, Inc. 3617 N Big Spring Street Midland, TX 79705</p>	<p>Robert Morley Irish, SSP 15155 Northwest Valley Road Yamhill, Oregon 97148</p>
<p>Jon Erick Anderson, SSP 2401 Wessynton Way Alexandria, Virginia 22309</p>	<p>Nancy Helen Castillo, SSP 1108 Dahlia Court Calexico, California 92231</p>
<p>Aaron Anderson, SSP 30777 Rancho Cal Road, Unit 892391 Temecula, California 92591 Rhodes Interests, Ltd. 110 W. Louisiana Avenue, Suite 200 Midland, Texas 79701</p>	<p>Kenneth William Irish, SSP 227 Rheem Boulevard Moraga, California 94556</p>
<p>SEP Permian Holding Corp., a Delaware corporation 920 Memorial City Way Suite 1000 Houston, TX 77024</p>	<p>John W. Gates, LLC 706 West Grand Street Artesia, NM 88210</p>
<p>Joanna L. McDermott, a married person, SSP 6625 East Cypress Street Scottsdale, AZ 85257</p>	<p>Susan Maxwell Shope, a Life Estate, with remainder in equal shares to Sara Meredith Stevenson, Peter Nunnally Maxwell, Jonathan Virett Maxwell, and David Leonard Maxwell, or their respective heirs 34 Fairview Street Asheville, NC 28803 (828) 274-3797</p>
<p>John Bedingfield P.O. Box 630 Artesia, NM 88211-0630</p>	<p>Sara Meredith Stevenson 34 Fairview Street Asheville, NC 28803 (828) 274-3797</p>
<p>Leland Price, Inc. 1511 Northgate Place Artesia, NM 88210 (575) 748-2417</p>	<p>Peter N. Maxwell, SSP 309 Frances Thacker Williamsburg, Virginia 23185-8238</p>
<p>Michael McDowell 326 South 5th Street Shelton, WA 98984 (360) 426-3256</p>	<p>Jonathan V. Maxwell, SSP 819 Plummer Drive Greensboro, North Carolina 27410</p>



Alice Mainello, SSP  
1004 W. Avenue N  
Lovington, NM 88260

Mary Carolyn Johnston, SSP  
320 Oak Brook Lane  
Greenwood, IN 46142

RRA Minerals, L.L.C.  
c/o Ann Smith, manager  
2214 Toll Gate Road SE  
Huntsville, Alabama 35801-1833

Gates Properties, Ltd  
P.O. Box 81119  
Midland, TX 79708-1119  
(432) 684-4044

William Allen Gates  
208 Wren Drive  
Greensburg, PA 15601  
(724) 834-4170

James Warren Hanson and Kathie A. Hanson,  
Individually and as Trustees of the Warren and Kathie  
Hanson Trust dated May 12, 2011  
P.O. Box 2304  
Ruidoso, NM 88355  
Or c/o David Bernal  
3202 W. Dallas Avenue  
Artesia, NM 88210

James Chester Bethel, Jr., SSP  
524 Pittman Street  
Richardson, Texas 75081-4278  
(972) 231-2027

Leslie Lee Bayouth, MSU  
P.O. Box 781  
Cleveland, OK 74020-0781

Edward Louis Carson, Jr., SSP  
4308 NW 49th Street  
Oklahoma City, OK 73112  
(405) 741-0371

Gayle Angela Carson f/k/a Gayle Angela Carson  
Carpenter, SSP  
619 Rolling Mill Drive  
Sugar Land, Texas 77498-3075  
(281) 491-8725

David L. Maxwell, SSP  
2912 Grampian Drive  
Gastonia, North Carolina 28054

Russell Sanford Gates  
23 Stafford Square  
Boyertown, PA 19512  
(484) 415-9152

Carol Jean Dexter, SSP  
P.O. Box 414  
Lexington, TX 78947-0414

Robert Christian Dexter and Hadiya Musleh Dexter,  
Trustees of the Dexter Family Trust dated  
March 31, 2009  
9262 Irongate Lane  
San Diego, CA 92126

CQWE, LLC  
c/o Bob Acree  
59-916 Kohala Ranch Road  
Kamuela, HI 96743-8564

Chester J. Acree and Jean C. Acree, as Trustees of the  
Acree Family Trust under Declaration of Trust dated  
September 30, 1988  
2604 Via Segunda  
Palos Verdes Estates, CA 90274

John Lambert Mock and Mary Annettie Mock,  
Trustees of the Mock Family Trust established  
December 28, 2005  
2839 Camino Serbal  
Carlsbad, CA 92009

Debbie L. Bowers, Trustee of the Debbie L. Bowers  
Revocable Trust dated June 13, 2012  
286 Stagecoach Road  
Arroyo Grande, CA 93420

Margaret L. Treat, a single woman, SSP  
P.O. Box 10701  
Bozeman, MT 59719

John Steven Doyle, SSP  
P.O. Box 390595  
Kailua Kona, HI 96739-0595

Estate of Rebecca Marguerite Smith, deceased  
Last known address in September 2011  
14653 East 480 Road

<p>Valarie Rose Carson Ryckman, SSP 1621 Seattle Hill Road, Apt. J5 Bothell, WA 98012</p> <p>Diana Louise Carson Kostka, SSP 14320 Edmond Lake Road Jones, Oklahoma 73049-3438 (405) 396-2817</p> <p>David Rhea Carson, SSP P.O. Box 3068 Taos, New Mexico 87571-3068 (505) 471-6779</p> <p>Jackie Kemp Jones, SSP 5205 New Orleans Odessa, TX 79762 Richard M. Lowery, SSP 137 Apollo Dr. Burnet, TX 78611</p> <p>The New Mexico Baptist Foundation, Inc., Trustee for the New Mexico Baptist Children's Home, Inc. 2511 Wyoming Boulevard Northeast Albuquerque, New Mexico 87112 (505) 332-3777</p> <p>Lynn Barker, a single woman, SSP 14317 Mocho Avenue N.E. Albuquerque, NM 87123</p> <p>Connor Family LLC P.O. Box 86 Hampton, NY 12837</p> <p>Charles R. Rountree, SSP P.O. Box 86 Hampton, NY 12837</p> <p>Wiley C. Rountree, SSP 703 W. Centre Avenue Artesia, NM 88210</p> <p>Unknown heirs or assigns of Lee Vandagriff, SSP Last known address in 1930 Artesia, New Mexico</p> <p>Possible Heir: Kerry Allen Vandagriff (grandson) 7000 Shalidar Drive Knoxville, TN 37921</p>	<p>Claremore, OK 74017</p> <p>Possible Contact: c/o Byrle Scarberry (brother) 1615 E. Rolling Hills Drive Fayetteville, AR 72703</p> <p>Kurt A. Weber, SSP 7558 Kester Avenue, #5 Van Nuys, CA 91405</p> <p>Unknown heirs or assigns of Virginia Weber, deceased Last known address in October 2007 7631 Willis Van Nuys, CA 91405 (2007)</p> <p>Maryanne K. Stokes Blakely, SSP 273 Ironwood Drive Sidney, OH 45365</p> <p>Cary Winston Severn and Lorann Bell Severn, as Trustees of The Cary W. Severn and Lorann B. Severn Family Trust u/t/a dated January 14, 2013 21944 Marjoram Court Saugus, CA 91350</p> <p>Lonnie A. Downer and Jolinda Downer, as Trustees of the 2012 Lonnie and Jolinda Downer Revocable Trust dated October 16, 2012 2516 Santa Ana Avenue Clovis, CA 93611</p> <p>Lola I. Newquist, as the sole Successor Trustee of The Newquist Trust dated May 19, 2006 25670 Bellerive Drive Valencia, CA 91355</p> <p>Raye P. Miller and wife, Mary K. Miller 2308 Sierra Vista Artesia, NM 88210</p> <p>Dastarac, Inc. 2308 Sierra Vista Artesia, NM 88210</p> <p>Hunt Oil Company 1900 North Akard Street Dallas, TX 75201-2300</p> <p>Long Minerals Trust u/t/a dated June 4, 2008 4189 Bellaire Blvd., Suite 202 Houston, TX 77025-1045</p>
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Edward Jones Trust Company, Trustee of the Dolores Thomas Trust fbo Carol Purcell 12555 Manchester Road St. Louis, MO 63131	Winston Partners, Ltd. c/o Sargent Management 901 Marquette Avenue, Suite 2630 Minneapolis, MN 55402-3260
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Pooled Parties



December 2, 2020

Great Western Drilling Ltd.  
P.O. Box 1659  
Midland, Texas 79702

**RE: Well Proposal**

**Fat Tire C 10H, 51H, 71H and Fat Tire D 11H, 22H, 52H  
S/2 12-T17S-R29E  
Eddy County, New Mexico**

Dear Working Interest Owner,

SEP Permian Holding Corp (“Spur”), an affiliate of Spur Energy Partners LLC, hereby proposes to drill and complete the **Fat Tire C 10H, 51H, 71H and Fat Tire D 11H, 22H, 52H** wells to the approximate total vertical depths as referenced below as horizontal Yeso wells (the “Subject Wells”) at the following proposed locations (subject to change upon staking and survey).

**Fat Tire C 10H well – Horizontal Yeso Well, Eddy County, NM**

- Proposed Surface Hole Location – 2365’ FSL & 1020’ FWL, Section 7, T17S-R30E
- Proposed Bottom Hole Location – 2045’ FSL & 50’ FWL, Section 12, T17S-R29E
- TVD: 4550’

**Fat Tire C 51H well – Horizontal Yeso Well, Eddy County, NM**

- Proposed Surface Hole Location – 2385’ FSL & 1020’ FWL, Section 7, T17S-R30E
- Proposed Bottom Hole Location – 2215’ FSL & 50’ FWL, Section 12, T17S-R29E
- TVD: 4800’

**Fat Tire C 71H well – Horizontal Yeso Well, Eddy County, NM**

- Proposed Surface Hole Location – 815’ FSL & 1025’ FWL, Section 7, T17S-R30E
- Proposed Bottom Hole Location – 1375’ FSL & 50’ FWL, Section 12, T17S-R29E
- TVD: 4975’

**Fat Tire D 11H well – Horizontal Yeso Well, Eddy County, NM**

- Proposed Surface Hole Location – 755’ FSL & 1025’ FWL, Section 7, T17S-R30E
- Proposed Bottom Hole Location – 485’ FSL & 50’ FWL, Section 12, T17S-R29E
- TVD: 4450’

**Fat Tire D 22H well – Horizontal Yeso Well, Eddy County, NM**

- Proposed Surface Hole Location – 795’ FSL & 1025’ FWL, Section 7, T17S-R30E
- Proposed Bottom Hole Location – 1265’ FSL & 50’ FWL, Section 12, T17S-R29E
- TVD: 4550’

**Fat Tire D 52H well – Horizontal Yeso Well, Eddy County, NM**

- Proposed Surface Hole Location – 775’ FSL & 1025’ FWL, Section 7, T17S-R30E
- Proposed Bottom Hole Location – 535’ FSL & 50’ FWL, Section 12, T17S-R29E
- TVD: 4775’

Spur proposes to form a Drilling Spacing Unit (“DSU”) covering the S/2 of Section 12-T17S-R29E, Eddy County, New Mexico, containing 320 acres of land, more or less, from the top of the Yeso formation to the base of the Yeso formation. Portions of these lands are likely governed by existing Joint Operating Agreements (“JOAs”) which also cover the Yeso formation and which govern operations for vertical wells. For the mutually exclusive development of horizontal wells, and any concept wells (i.e. micro





seismic wells, pilot hole wells) within the DSU, SPUR hereby submits for your consideration, a new joint operating agreement dated January 1, 2021, being a modified 2015 Horizontal AAPL Form 610 Operating Agreement ("NJOA") to govern proposals and operations within the DSU. The NJOA shall supersede any existing operations under any JOAs, expressly limited however, to horizontal well development and operations within the DSU. The NJOA has the following general provisions:

- Effective Date of January 1, 2021
- S/2 of Section 12-T17S-R29E
- Limited in depth from the top of the Yeso to the base of the Yeso formation
- 100%/300%/300% non-consenting penalty
- \$7,000/\$700 drilling and producing monthly overhead rate
- Spur Energy Partners LLC named as Operator

The enclosed AFEs reflect the total estimated drilling and completion costs for each well. The AFEs are an estimate only and those parties electing to participate in the Subject Wells shall be responsible for their share of actual well costs, whether more or less than those shown on the enclosed AFEs.

SPUR respectfully requests that you select one of the following four options with regard to your interest in the proposed wells:

**Option 1:** Participate in the drilling and completion of the proposed well and agree to enter into the NJOA with the terms specified above.

**Option 2:** Not participate in the proposed well (an election of "Non-Consent")

**Term Assignment Option:** Assign your working interest in the S/2 of Section 12-17S-29E, exclusive of existing wellbores, to SPUR through a term assignment with a primary term of three (3) years and a bonus consideration of \$500 per net acre, delivering a 75% leasehold net revenue interest (limited to the Yeso formation).

**Assignment Option:** Assign your working interest in the S/2 of Section 12-17S-29E, exclusive of existing wellbores, to SPUR for a bonus consideration of \$1,000 per net acre, delivering a 75% leasehold net revenue interest (all rights owned).

Should you elect Option 1 or Option 2, SPUR will send the NJOA for your review and execution. If you prefer to review the NJOA prior to making an election, please request a copy by email and SPUR will supply you the NJOA. In the event you elect to assign your working interest under the terms outlined above in the Term Assignment or Assignment Option, please indicate this by signing the enclosed Assignment Election page and returning an executed W-9. Upon receipt, SPUR will submit an Assignment to you for your review and execution.

SPUR looks forward to working with you on this matter. However, if an agreement cannot be reached within 30 days of the receipt date of this proposal, please be advised SPUR may apply to the New Mexico Oil Conservation Division for Compulsory Pooling of any uncommitted interest owners into a spacing unit for the proposed wells.

Please indicate your elections as to the Subject Wells in the spaces provided below and execute and return a copy of this letter to the undersigned within 30 days of receipt of this proposal. Should you have any questions regarding this proposal, please contact me via email at [mlandry@spurepllc.com](mailto:mlandry@spurepllc.com).

Sincerely,

Morgan Landry  
Sr. Landman

## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20005	COMPANY	
AFE DESC:	FAT TIRE C 10H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		29,000.00	0.00		29,000.00	
<b>TOTAL:</b>		<b>29,000.00</b>	<b>0.00</b>		<b>29,000.00</b>	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
TITLE WORK/OPINIONS - LAND		60,000.00	0.00		60,000.00	
<b>TOTAL:</b>		<b>60,000.00</b>	<b>0.00</b>		<b>60,000.00</b>	
SURVEY - LAND		5,000.00	0.00		5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>	
DRILLING RENTALS: SURFACE		44,013.00	0.00		44,013.00	
<b>TOTAL:</b>		<b>44,013.00</b>	<b>0.00</b>		<b>44,013.00</b>	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
DRILL MUD & COMPL FLUID		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
WELLSITE SUPERVISION		27,900.00	0.00		27,900.00	
<b>TOTAL:</b>		<b>27,900.00</b>	<b>0.00</b>		<b>27,900.00</b>	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
CONTRACT DRILLING (DAY RATE/TUF		122,500.00	0.00		122,500.00	
<b>TOTAL:</b>		<b>122,500.00</b>	<b>0.00</b>		<b>122,500.00</b>	
DIRECTIONAL TOOLS AND SERVICES		97,350.00	0.00		97,350.00	
<b>TOTAL:</b>		<b>97,350.00</b>	<b>0.00</b>		<b>97,350.00</b>	
FLUID & CUTTINGS DISPOSAL		62,300.00	0.00		62,300.00	
<b>TOTAL:</b>		<b>62,300.00</b>	<b>0.00</b>		<b>62,300.00</b>	
FRAC TANK RENTALS		180.00	0.00		180.00	
<b>TOTAL:</b>		<b>180.00</b>	<b>0.00</b>		<b>180.00</b>	
BITS		30,500.00	0.00		30,500.00	
<b>TOTAL:</b>		<b>30,500.00</b>	<b>0.00</b>		<b>30,500.00</b>	
FUEL, WATER & LUBE		23,400.00	0.00		23,400.00	
<b>TOTAL:</b>		<b>23,400.00</b>	<b>0.00</b>		<b>23,400.00</b>	
CEMENT		32,500.00	0.00		32,500.00	
<b>TOTAL:</b>		<b>32,500.00</b>	<b>0.00</b>		<b>32,500.00</b>	
CASING CREWS AND LAYDOWN SERV		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
PROD CSG CREW AND LAYDOWN SEI		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
MUD LOGGER		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
MOB/DEMOB RIG		16,800.00	0.00		16,800.00	
<b>TOTAL:</b>		<b>16,800.00</b>	<b>0.00</b>		<b>16,800.00</b>	
VACUUM TRUCKING		15,000.00	0.00		15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>	
DRILLPIPE INSPECTION		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
CONTRACT LABOR/SERVICES		38,000.00	0.00		38,000.00	
<b>TOTAL:</b>		<b>38,000.00</b>	<b>0.00</b>		<b>38,000.00</b>	
MISC IDC/CONTINGENCY		85,596.18	0.00		85,596.18	
<b>TOTAL:</b>		<b>85,596.18</b>	<b>0.00</b>		<b>85,596.18</b>	
SURFACE CASING		23,478.00	0.00		23,478.00	
<b>TOTAL:</b>		<b>23,478.00</b>	<b>0.00</b>		<b>23,478.00</b>	
PRODUCTION/LINER CASING		126,040.75	0.00		126,040.75	
<b>TOTAL:</b>		<b>126,040.75</b>	<b>0.00</b>		<b>126,040.75</b>	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>	
WELLHEAD		14,000.00	0.00		14,000.00	
<b>TOTAL:</b>		<b>14,000.00</b>	<b>0.00</b>		<b>14,000.00</b>	
LINER HANGER/CASING ACCESSORY		15,000.00	0.00		15,000.00	



### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20005	COMPANY	
AFE DESC:	FAT TIRE C 10H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
EQUIP RENT		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
RENTALS: SURFACE IRON		65,000.00	0.00	65,000.00
	<b>TOTAL:</b>	65,000.00	0.00	65,000.00
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
DRILL MUD & COMPL FLUID		275,000.00	0.00	275,000.00
	<b>TOTAL:</b>	275,000.00	0.00	275,000.00
WELLSITE SUPERVISION		46,250.00	0.00	46,250.00
	<b>TOTAL:</b>	46,250.00	0.00	46,250.00
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	<b>TOTAL:</b>	110,000.00	0.00	110,000.00
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
PUMPDOWN		25,000.00	0.00	25,000.00
	<b>TOTAL:</b>	25,000.00	0.00	25,000.00
CASED HOLE WIRELINE		82,000.00	0.00	82,000.00
	<b>TOTAL:</b>	82,000.00	0.00	82,000.00
FRAC PLUGS		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FLOWBACK		47,000.00	0.00	47,000.00
	<b>TOTAL:</b>	47,000.00	0.00	47,000.00
STIMULATION AND PUMPING SERVIC		300,000.00	0.00	300,000.00
	<b>TOTAL:</b>	300,000.00	0.00	300,000.00
PROPPANT		150,000.00	0.00	150,000.00
	<b>TOTAL:</b>	150,000.00	0.00	150,000.00
FUEL, WATER & LUBE		120,000.00	0.00	120,000.00
	<b>TOTAL:</b>	120,000.00	0.00	120,000.00
CASING CREWS AND LAYDOWN SER		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG		51,500.00	0.00	51,500.00
	<b>TOTAL:</b>	51,500.00	0.00	51,500.00
KILL TRUCK		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU		20,000.00	0.00	20,000.00
	<b>TOTAL:</b>	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00	5,000.00
	<b>TOTAL:</b>	5,000.00	0.00	5,000.00
CONTRACT LABOR - AUTOMATION		5,750.00	0.00	5,750.00
	<b>TOTAL:</b>	5,750.00	0.00	5,750.00
EQUIPMENT RENTALS		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
FREIGHT & HANDLING		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00	10,000.00

### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.: C20005		COMPANY		
AFE DESC: FAT TIRE C 10H		DIVISION		
DATE: 12/01/2020	OPERATOR:			
AFE TYPE: DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,			
GROSS/NET: GROSS	LLC			
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
FACILITY CONSTRUCTION LABOR	45,000.00	0.00	45,000.00	
<b>TOTAL:</b>		<b>45,000.00</b>	<b>0.00</b>	<b>45,000.00</b>
BITS	1,000.00	0.00	1,000.00	
<b>TOTAL:</b>		<b>1,000.00</b>	<b>0.00</b>	<b>1,000.00</b>
OVERHEAD POWER	12,500.00	0.00	12,500.00	
<b>TOTAL:</b>		<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00	
<b>TOTAL:</b>		<b>50,000.00</b>	<b>0.00</b>	<b>50,000.00</b>
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>	<b>5,000.00</b>
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
TUBING	44,250.00	0.00	44,250.00	
<b>TOTAL:</b>		<b>44,250.00</b>	<b>0.00</b>	<b>44,250.00</b>
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
VESSELS	41,750.00	0.00	41,750.00	
<b>TOTAL:</b>		<b>41,750.00</b>	<b>0.00</b>	<b>41,750.00</b>
ELECTRICAL - OVERHEAD & TRANSF	12,500.00	0.00	12,500.00	
<b>TOTAL:</b>		<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
LACT	18,750.00	0.00	18,750.00	
<b>TOTAL:</b>		<b>18,750.00</b>	<b>0.00</b>	<b>18,750.00</b>
AUTOMATION METERS, SENSORS, V/	23,750.00	0.00	23,750.00	
<b>TOTAL:</b>		<b>23,750.00</b>	<b>0.00</b>	<b>23,750.00</b>
MISC FITTINGS & SUPPLIES	20,000.00	0.00	20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
PUMPS & PUMP SUPPLIES	7,500.00	0.00	7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>	<b>7,500.00</b>
MISC TANGIBLE FACILITY COSTS	2,500.00	0.00	2,500.00	
<b>TOTAL:</b>		<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
TANKS (OIL & WATER)	43,750.00	0.00	43,750.00	
<b>TOTAL:</b>		<b>43,750.00</b>	<b>0.00</b>	<b>43,750.00</b>
CONTAINMENT	15,000.00	0.00	15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>	<b>15,000.00</b>
PIPING	12,500.00	0.00	12,500.00	
<b>TOTAL:</b>		<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
ELECTRICAL - FACILITY	61,250.00	0.00	61,250.00	
<b>TOTAL:</b>		<b>61,250.00</b>	<b>0.00</b>	<b>61,250.00</b>
<b>TOTAL THIS AFE:</b>		<b>2,951,557.93</b>	<b>0.00</b>	<b>2,951,557.93</b>



## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.: C20006 AFE DESC: FAT TIRE C 51H DATE: 12/01/2020 AFE TYPE: DRILL COMPLETE AND EQUIP GROSS/NET: GROSS	COMPANY DIVISION  OPERATOR: 102 - SEP PERMIAN, LLC
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DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		29,000.00	0.00		29,000.00	
<b>TOTAL:</b>		<b>29,000.00</b>	<b>0.00</b>		<b>29,000.00</b>	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
TITLE WORK/OPINIONS - LAND		60,000.00	0.00		60,000.00	
<b>TOTAL:</b>		<b>60,000.00</b>	<b>0.00</b>		<b>60,000.00</b>	
SURVEY - LAND		5,000.00	0.00		5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>	
DRILLING RENTALS: SURFACE		44,013.00	0.00		44,013.00	
<b>TOTAL:</b>		<b>44,013.00</b>	<b>0.00</b>		<b>44,013.00</b>	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
DRILL MUD & COMPL FLUID		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
WELLSITE SUPERVISION		27,900.00	0.00		27,900.00	
<b>TOTAL:</b>		<b>27,900.00</b>	<b>0.00</b>		<b>27,900.00</b>	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
CONTRACT DRILLING (DAY RATE/TUF		122,500.00	0.00		122,500.00	
<b>TOTAL:</b>		<b>122,500.00</b>	<b>0.00</b>		<b>122,500.00</b>	
DIRECTIONAL TOOLS AND SERVICES		97,350.00	0.00		97,350.00	
<b>TOTAL:</b>		<b>97,350.00</b>	<b>0.00</b>		<b>97,350.00</b>	
FLUID & CUTTINGS DISPOSAL		62,300.00	0.00		62,300.00	
<b>TOTAL:</b>		<b>62,300.00</b>	<b>0.00</b>		<b>62,300.00</b>	
FRAC TANK RENTALS		180.00	0.00		180.00	
<b>TOTAL:</b>		<b>180.00</b>	<b>0.00</b>		<b>180.00</b>	
BITS		30,500.00	0.00		30,500.00	
<b>TOTAL:</b>		<b>30,500.00</b>	<b>0.00</b>		<b>30,500.00</b>	
FUEL, WATER & LUBE		23,400.00	0.00		23,400.00	
<b>TOTAL:</b>		<b>23,400.00</b>	<b>0.00</b>		<b>23,400.00</b>	
CEMENT		32,500.00	0.00		32,500.00	
<b>TOTAL:</b>		<b>32,500.00</b>	<b>0.00</b>		<b>32,500.00</b>	
CASING CREWS AND LAYDOWN SER		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
PROD CSG CREW AND LAYDOWN SEI		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
MUD LOGGER		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
MOB/DEMOB RIG		16,800.00	0.00		16,800.00	
<b>TOTAL:</b>		<b>16,800.00</b>	<b>0.00</b>		<b>16,800.00</b>	
VACUUM TRUCKING		15,000.00	0.00		15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>	
DRILLPIPE INSPECTION		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
CONTRACT LABOR/SERVICES		38,000.00	0.00		38,000.00	
<b>TOTAL:</b>		<b>38,000.00</b>	<b>0.00</b>		<b>38,000.00</b>	
MISC IDC/CONTINGENCY		85,596.18	0.00		85,596.18	
<b>TOTAL:</b>		<b>85,596.18</b>	<b>0.00</b>		<b>85,596.18</b>	
SURFACE CASING		23,478.00	0.00		23,478.00	
<b>TOTAL:</b>		<b>23,478.00</b>	<b>0.00</b>		<b>23,478.00</b>	
PRODUCTION/LINER CASING		126,040.75	0.00		126,040.75	
<b>TOTAL:</b>		<b>126,040.75</b>	<b>0.00</b>		<b>126,040.75</b>	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>	
WELLHEAD		14,000.00	0.00		14,000.00	
<b>TOTAL:</b>		<b>14,000.00</b>	<b>0.00</b>		<b>14,000.00</b>	
LINER HANGER/CASING ACCESSORY		15,000.00	0.00		15,000.00	

### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20006	OPERATOR:	COMPANY
AFE DESC:	FAT TIRE C 51H		DIVISION
DATE:	12/01/2020		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
EQUIP RENT		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
RENTALS: SURFACE IRON		65,000.00	0.00	65,000.00
	<b>TOTAL:</b>	65,000.00	0.00	65,000.00
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
DRILL MUD & COMPL FLUID		275,000.00	0.00	275,000.00
	<b>TOTAL:</b>	275,000.00	0.00	275,000.00
WELLSITE SUPERVISION		46,250.00	0.00	46,250.00
	<b>TOTAL:</b>	46,250.00	0.00	46,250.00
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	<b>TOTAL:</b>	110,000.00	0.00	110,000.00
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
PUMPDOWN		25,000.00	0.00	25,000.00
	<b>TOTAL:</b>	25,000.00	0.00	25,000.00
CASED HOLE WIRELINE		82,000.00	0.00	82,000.00
	<b>TOTAL:</b>	82,000.00	0.00	82,000.00
FRAC PLUGS		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FLOWBACK		47,000.00	0.00	47,000.00
	<b>TOTAL:</b>	47,000.00	0.00	47,000.00
STIMULATION AND PUMPING SERVIC		300,000.00	0.00	300,000.00
	<b>TOTAL:</b>	300,000.00	0.00	300,000.00
PROPPANT		150,000.00	0.00	150,000.00
	<b>TOTAL:</b>	150,000.00	0.00	150,000.00
FUEL, WATER & LUBE		120,000.00	0.00	120,000.00
	<b>TOTAL:</b>	120,000.00	0.00	120,000.00
CASING CREWS AND LAYDOWN SER		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG		51,500.00	0.00	51,500.00
	<b>TOTAL:</b>	51,500.00	0.00	51,500.00
KILL TRUCK		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU		20,000.00	0.00	20,000.00
	<b>TOTAL:</b>	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00	5,000.00
	<b>TOTAL:</b>	5,000.00	0.00	5,000.00
CONTRACT LABOR - AUTOMATION		5,750.00	0.00	5,750.00
	<b>TOTAL:</b>	5,750.00	0.00	5,750.00
EQUIPMENT RENTALS		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
FREIGHT & HANDLING		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00	10,000.00



### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.: C20006		COMPANY	
AFE DESC: FAT TIRE C 51H		DIVISION	
DATE: 12/01/2020	OPERATOR:		
AFE TYPE: DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN, LLC		
GROSS/NET: GROSS			

<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
FACILITY CONSTRUCTION LABOR	45,000.00	0.00	45,000.00
<b>TOTAL:</b>	<b>45,000.00</b>	<b>0.00</b>	<b>45,000.00</b>
BITS	1,000.00	0.00	1,000.00
<b>TOTAL:</b>	<b>1,000.00</b>	<b>0.00</b>	<b>1,000.00</b>
OVERHEAD POWER	12,500.00	0.00	12,500.00
<b>TOTAL:</b>	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
<b>TOTAL:</b>	<b>50,000.00</b>	<b>0.00</b>	<b>50,000.00</b>
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
<b>TOTAL:</b>	<b>5,000.00</b>	<b>0.00</b>	<b>5,000.00</b>
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
<b>TOTAL:</b>	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
TUBING	44,250.00	0.00	44,250.00
<b>TOTAL:</b>	<b>44,250.00</b>	<b>0.00</b>	<b>44,250.00</b>
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
VESSELS	41,750.00	0.00	41,750.00
<b>TOTAL:</b>	<b>41,750.00</b>	<b>0.00</b>	<b>41,750.00</b>
ELECTRICAL - OVERHEAD & TRANSF	12,500.00	0.00	12,500.00
<b>TOTAL:</b>	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
LACT	18,750.00	0.00	18,750.00
<b>TOTAL:</b>	<b>18,750.00</b>	<b>0.00</b>	<b>18,750.00</b>
AUTOMATION METERS, SENSORS, V/	23,750.00	0.00	23,750.00
<b>TOTAL:</b>	<b>23,750.00</b>	<b>0.00</b>	<b>23,750.00</b>
MISC FITTINGS & SUPPLIES	20,000.00	0.00	20,000.00
<b>TOTAL:</b>	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
PUMPS & PUMP SUPPLIES	7,500.00	0.00	7,500.00
<b>TOTAL:</b>	<b>7,500.00</b>	<b>0.00</b>	<b>7,500.00</b>
MISC TANGIBLE FACILITY COSTS	2,500.00	0.00	2,500.00
<b>TOTAL:</b>	<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
TANKS (OIL & WATER)	43,750.00	0.00	43,750.00
<b>TOTAL:</b>	<b>43,750.00</b>	<b>0.00</b>	<b>43,750.00</b>
CONTAINMENT	15,000.00	0.00	15,000.00
<b>TOTAL:</b>	<b>15,000.00</b>	<b>0.00</b>	<b>15,000.00</b>
PIPING	12,500.00	0.00	12,500.00
<b>TOTAL:</b>	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
ELECTRICAL - FACILITY	61,250.00	0.00	61,250.00
<b>TOTAL:</b>	<b>61,250.00</b>	<b>0.00</b>	<b>61,250.00</b>
<b>TOTAL THIS AFE:</b>	<b>2,951,557.93</b>	<b>0.00</b>	<b>2,951,557.93</b>

## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20004	COMPANY	
AFE DESC:	FAT TIRE C 71H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		29,000.00	0.00		29,000.00	
<b>TOTAL:</b>		<b>29,000.00</b>	<b>0.00</b>		<b>29,000.00</b>	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
TITLE WORK/OPINIONS - LAND		60,000.00	0.00		60,000.00	
<b>TOTAL:</b>		<b>60,000.00</b>	<b>0.00</b>		<b>60,000.00</b>	
SURVEY - LAND		5,000.00	0.00		5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>	
DRILLING RENTALS: SURFACE		44,013.00	0.00		44,013.00	
<b>TOTAL:</b>		<b>44,013.00</b>	<b>0.00</b>		<b>44,013.00</b>	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
DRILL MUD & COMPL FLUID		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
WELLSITE SUPERVISION		27,900.00	0.00		27,900.00	
<b>TOTAL:</b>		<b>27,900.00</b>	<b>0.00</b>		<b>27,900.00</b>	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
CONTRACT DRILLING (DAY RATE/TUF		122,500.00	0.00		122,500.00	
<b>TOTAL:</b>		<b>122,500.00</b>	<b>0.00</b>		<b>122,500.00</b>	
DIRECTIONAL TOOLS AND SERVICES		97,350.00	0.00		97,350.00	
<b>TOTAL:</b>		<b>97,350.00</b>	<b>0.00</b>		<b>97,350.00</b>	
FLUID & CUTTINGS DISPOSAL		62,300.00	0.00		62,300.00	
<b>TOTAL:</b>		<b>62,300.00</b>	<b>0.00</b>		<b>62,300.00</b>	
FRAC TANK RENTALS		180.00	0.00		180.00	
<b>TOTAL:</b>		<b>180.00</b>	<b>0.00</b>		<b>180.00</b>	
BITS		30,500.00	0.00		30,500.00	
<b>TOTAL:</b>		<b>30,500.00</b>	<b>0.00</b>		<b>30,500.00</b>	
FUEL, WATER & LUBE		23,400.00	0.00		23,400.00	
<b>TOTAL:</b>		<b>23,400.00</b>	<b>0.00</b>		<b>23,400.00</b>	
CEMENT		32,500.00	0.00		32,500.00	
<b>TOTAL:</b>		<b>32,500.00</b>	<b>0.00</b>		<b>32,500.00</b>	
CASING CREWS AND LAYDOWN SERV		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
PROD CSG CREW AND LAYDOWN SEI		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
MUD LOGGER		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
MOB/DEMOB RIG		16,800.00	0.00		16,800.00	
<b>TOTAL:</b>		<b>16,800.00</b>	<b>0.00</b>		<b>16,800.00</b>	
VACUUM TRUCKING		15,000.00	0.00		15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>	
DRILLPIPE INSPECTION		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
CONTRACT LABOR/SERVICES		38,000.00	0.00		38,000.00	
<b>TOTAL:</b>		<b>38,000.00</b>	<b>0.00</b>		<b>38,000.00</b>	
MISC IDC/CONTINGENCY		85,596.18	0.00		85,596.18	
<b>TOTAL:</b>		<b>85,596.18</b>	<b>0.00</b>		<b>85,596.18</b>	
SURFACE CASING		23,478.00	0.00		23,478.00	
<b>TOTAL:</b>		<b>23,478.00</b>	<b>0.00</b>		<b>23,478.00</b>	
PRODUCTION/LINER CASING		126,040.75	0.00		126,040.75	
<b>TOTAL:</b>		<b>126,040.75</b>	<b>0.00</b>		<b>126,040.75</b>	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>	
WELLHEAD		14,000.00	0.00		14,000.00	
<b>TOTAL:</b>		<b>14,000.00</b>	<b>0.00</b>		<b>14,000.00</b>	
LINER HANGER/CASING ACCESSORY		15,000.00	0.00		15,000.00	



## SEP Permian LLC

### AUTHORITY FOR EXPENDITURE

AFE NO.: C20004		COMPANY	
AFE DESC: FAT TIRE C 71H		DIVISION	
DATE: 12/01/2020		OPERATOR:	
AFE TYPE: DRILL COMPLETE AND EQUIP		102 - SEP PERMIAN,	
GROSS/NET: GROSS		LLC	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>
EQUIP RENT		44,000.00	0.00
<b>TOTAL:</b>		<b>44,000.00</b>	<b>0.00</b>
RENTALS: SURFACE IRON		65,000.00	0.00
<b>TOTAL:</b>		<b>65,000.00</b>	<b>0.00</b>
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>
DRILL MUD & COMPL FLUID		275,000.00	0.00
<b>TOTAL:</b>		<b>275,000.00</b>	<b>0.00</b>
WELLSITE SUPERVISION		46,250.00	0.00
<b>TOTAL:</b>		<b>46,250.00</b>	<b>0.00</b>
COMPLETION CHEMICALS		110,000.00	0.00
<b>TOTAL:</b>		<b>110,000.00</b>	<b>0.00</b>
GROUND TRANSPORT		10,000.00	0.00
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>
PUMPDOWN		25,000.00	0.00
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>
CASED HOLE WIRELINE		82,000.00	0.00
<b>TOTAL:</b>		<b>82,000.00</b>	<b>0.00</b>
FRAC PLUGS		44,000.00	0.00
<b>TOTAL:</b>		<b>44,000.00</b>	<b>0.00</b>
FRAC/FLUID SW DISPOSAL		10,000.00	0.00
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>
FRAC TANK RENTALS		10,000.00	0.00
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>
FLOWBACK		47,000.00	0.00
<b>TOTAL:</b>		<b>47,000.00</b>	<b>0.00</b>
STIMULATION AND PUMPING SERVIC		300,000.00	0.00
<b>TOTAL:</b>		<b>300,000.00</b>	<b>0.00</b>
PROPPANT		150,000.00	0.00
<b>TOTAL:</b>		<b>150,000.00</b>	<b>0.00</b>
FUEL, WATER & LUBE		120,000.00	0.00
<b>TOTAL:</b>		<b>120,000.00</b>	<b>0.00</b>
CASING CREWS AND LAYDOWN SERV		2,500.00	0.00
<b>TOTAL:</b>		<b>2,500.00</b>	<b>0.00</b>
COMPLETION/WORKOVER RIG		51,500.00	0.00
<b>TOTAL:</b>		<b>51,500.00</b>	<b>0.00</b>
KILL TRUCK		2,500.00	0.00
<b>TOTAL:</b>		<b>2,500.00</b>	<b>0.00</b>
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00
<b>TOTAL:</b>		<b>17,500.00</b>	<b>0.00</b>
CONTRACT LABOR - ELECTRICAL/AU'		20,000.00	0.00
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>
FACILITY PAD CONSTRUCTION		17,500.00	0.00
<b>TOTAL:</b>		<b>17,500.00</b>	<b>0.00</b>
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>
CONTRACT LABOR - AUTOMATION		5,750.00	0.00
<b>TOTAL:</b>		<b>5,750.00</b>	<b>0.00</b>
EQUIPMENT RENTALS		3,750.00	0.00
<b>TOTAL:</b>		<b>3,750.00</b>	<b>0.00</b>
FREIGHT & HANDLING		3,750.00	0.00
<b>TOTAL:</b>		<b>3,750.00</b>	<b>0.00</b>
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00

### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20004		COMPANY
AFE DESC:	FAT TIRE C 71H		DIVISION
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
<b>TOTAL:</b>			
	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
FACILITY CONSTRUCTION LABOR	45,000.00	0.00	45,000.00
<b>TOTAL:</b>			
	<b>45,000.00</b>	<b>0.00</b>	<b>45,000.00</b>
BITS	1,000.00	0.00	1,000.00
<b>TOTAL:</b>			
	<b>1,000.00</b>	<b>0.00</b>	<b>1,000.00</b>
OVERHEAD POWER	12,500.00	0.00	12,500.00
<b>TOTAL:</b>			
	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
<b>TOTAL:</b>			
	<b>50,000.00</b>	<b>0.00</b>	<b>50,000.00</b>
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
<b>TOTAL:</b>			
	<b>5,000.00</b>	<b>0.00</b>	<b>5,000.00</b>
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
<b>TOTAL:</b>			
	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
TUBING	44,250.00	0.00	44,250.00
<b>TOTAL:</b>			
	<b>44,250.00</b>	<b>0.00</b>	<b>44,250.00</b>
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
<b>TOTAL:</b>			
	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
VESSELS	41,750.00	0.00	41,750.00
<b>TOTAL:</b>			
	<b>41,750.00</b>	<b>0.00</b>	<b>41,750.00</b>
ELECTRICAL - OVERHEAD & TRANSF	12,500.00	0.00	12,500.00
<b>TOTAL:</b>			
	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
LACT	18,750.00	0.00	18,750.00
<b>TOTAL:</b>			
	<b>18,750.00</b>	<b>0.00</b>	<b>18,750.00</b>
AUTOMATION METERS, SENSORS, V/	23,750.00	0.00	23,750.00
<b>TOTAL:</b>			
	<b>23,750.00</b>	<b>0.00</b>	<b>23,750.00</b>
MISC FITTINGS & SUPPLIES	20,000.00	0.00	20,000.00
<b>TOTAL:</b>			
	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
PUMPS & PUMP SUPPLIES	7,500.00	0.00	7,500.00
<b>TOTAL:</b>			
	<b>7,500.00</b>	<b>0.00</b>	<b>7,500.00</b>
MISC TANGIBLE FACILITY COSTS	2,500.00	0.00	2,500.00
<b>TOTAL:</b>			
	<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
TANKS (OIL & WATER)	43,750.00	0.00	43,750.00
<b>TOTAL:</b>			
	<b>43,750.00</b>	<b>0.00</b>	<b>43,750.00</b>
CONTAINMENT	15,000.00	0.00	15,000.00
<b>TOTAL:</b>			
	<b>15,000.00</b>	<b>0.00</b>	<b>15,000.00</b>
PIPING	12,500.00	0.00	12,500.00
<b>TOTAL:</b>			
	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
ELECTRICAL - FACILITY	61,250.00	0.00	61,250.00
<b>TOTAL:</b>			
	<b>61,250.00</b>	<b>0.00</b>	<b>61,250.00</b>
<b>TOTAL THIS AFE:</b>			
	<b>2,951,557.93</b>	<b>0.00</b>	<b>2,951,557.93</b>



## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20007	COMPANY	
AFE DESC:	FAT TIRE D 11H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		29,000.00	0.00		29,000.00	
<b>TOTAL:</b>		<b>29,000.00</b>	<b>0.00</b>		<b>29,000.00</b>	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
TITLE WORK/OPINIONS - LAND		60,000.00	0.00		60,000.00	
<b>TOTAL:</b>		<b>60,000.00</b>	<b>0.00</b>		<b>60,000.00</b>	
SURVEY - LAND		5,000.00	0.00		5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>	
DRILLING RENTALS: SURFACE		44,013.00	0.00		44,013.00	
<b>TOTAL:</b>		<b>44,013.00</b>	<b>0.00</b>		<b>44,013.00</b>	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
DRILL MUD & COMPL FLUID		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
WELLSITE SUPERVISION		27,900.00	0.00		27,900.00	
<b>TOTAL:</b>		<b>27,900.00</b>	<b>0.00</b>		<b>27,900.00</b>	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
CONTRACT DRILLING (DAY RATE/TUR		122,500.00	0.00		122,500.00	
<b>TOTAL:</b>		<b>122,500.00</b>	<b>0.00</b>		<b>122,500.00</b>	
DIRECTIONAL TOOLS AND SERVICES		97,350.00	0.00		97,350.00	
<b>TOTAL:</b>		<b>97,350.00</b>	<b>0.00</b>		<b>97,350.00</b>	
FLUID & CUTTINGS DISPOSAL		62,300.00	0.00		62,300.00	
<b>TOTAL:</b>		<b>62,300.00</b>	<b>0.00</b>		<b>62,300.00</b>	
FRAC TANK RENTALS		180.00	0.00		180.00	
<b>TOTAL:</b>		<b>180.00</b>	<b>0.00</b>		<b>180.00</b>	
BITS		30,500.00	0.00		30,500.00	
<b>TOTAL:</b>		<b>30,500.00</b>	<b>0.00</b>		<b>30,500.00</b>	
FUEL, WATER & LUBE		23,400.00	0.00		23,400.00	
<b>TOTAL:</b>		<b>23,400.00</b>	<b>0.00</b>		<b>23,400.00</b>	
CEMENT		32,500.00	0.00		32,500.00	
<b>TOTAL:</b>		<b>32,500.00</b>	<b>0.00</b>		<b>32,500.00</b>	
CASING CREWS AND LAYDOWN SER'		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
PROD CSG CREW AND LAYDOWN SEI		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
MUD LOGGER		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
MOB/DEMOB RIG		16,800.00	0.00		16,800.00	
<b>TOTAL:</b>		<b>16,800.00</b>	<b>0.00</b>		<b>16,800.00</b>	
VACUUM TRUCKING		15,000.00	0.00		15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>	
DRILLPIPE INSPECTION		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
CONTRACT LABOR/SERVICES		38,000.00	0.00		38,000.00	
<b>TOTAL:</b>		<b>38,000.00</b>	<b>0.00</b>		<b>38,000.00</b>	
MISC IDC/CONTINGENCY		85,596.18	0.00		85,596.18	
<b>TOTAL:</b>		<b>85,596.18</b>	<b>0.00</b>		<b>85,596.18</b>	
SURFACE CASING		23,478.00	0.00		23,478.00	
<b>TOTAL:</b>		<b>23,478.00</b>	<b>0.00</b>		<b>23,478.00</b>	
PRODUCTION/LINER CASING		126,040.75	0.00		126,040.75	
<b>TOTAL:</b>		<b>126,040.75</b>	<b>0.00</b>		<b>126,040.75</b>	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>	
WELLHEAD		14,000.00	0.00		14,000.00	
<b>TOTAL:</b>		<b>14,000.00</b>	<b>0.00</b>		<b>14,000.00</b>	
LINER HANGER/CASING ACCESSORY		15,000.00	0.00		15,000.00	

### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20007	COMPANY	
AFE DESC:	FAT TIRE D 11H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

	<b>TOTAL:</b>	<b>15,000.00</b>	<b>0.00</b>	<b>15,000.00</b>
EQUIP RENT		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	<b>44,000.00</b>	<b>0.00</b>	<b>44,000.00</b>
RENTALS: SURFACE IRON		65,000.00	0.00	65,000.00
	<b>TOTAL:</b>	<b>65,000.00</b>	<b>0.00</b>	<b>65,000.00</b>
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
DRILL MUD & COMPL FLUID		275,000.00	0.00	275,000.00
	<b>TOTAL:</b>	<b>275,000.00</b>	<b>0.00</b>	<b>275,000.00</b>
WELLSITE SUPERVISION		46,250.00	0.00	46,250.00
	<b>TOTAL:</b>	<b>46,250.00</b>	<b>0.00</b>	<b>46,250.00</b>
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	<b>TOTAL:</b>	<b>110,000.00</b>	<b>0.00</b>	<b>110,000.00</b>
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
PUMPDOWN		25,000.00	0.00	25,000.00
	<b>TOTAL:</b>	<b>25,000.00</b>	<b>0.00</b>	<b>25,000.00</b>
CASED HOLE WIRELINE		82,000.00	0.00	82,000.00
	<b>TOTAL:</b>	<b>82,000.00</b>	<b>0.00</b>	<b>82,000.00</b>
FRAC PLUGS		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	<b>44,000.00</b>	<b>0.00</b>	<b>44,000.00</b>
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
FLOWBACK		47,000.00	0.00	47,000.00
	<b>TOTAL:</b>	<b>47,000.00</b>	<b>0.00</b>	<b>47,000.00</b>
STIMULATION AND PUMPING SERVIC		300,000.00	0.00	300,000.00
	<b>TOTAL:</b>	<b>300,000.00</b>	<b>0.00</b>	<b>300,000.00</b>
PROPPANT		150,000.00	0.00	150,000.00
	<b>TOTAL:</b>	<b>150,000.00</b>	<b>0.00</b>	<b>150,000.00</b>
FUEL, WATER & LUBE		120,000.00	0.00	120,000.00
	<b>TOTAL:</b>	<b>120,000.00</b>	<b>0.00</b>	<b>120,000.00</b>
CASING CREWS AND LAYDOWN SER		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
COMPLETION/WORKOVER RIG		51,500.00	0.00	51,500.00
	<b>TOTAL:</b>	<b>51,500.00</b>	<b>0.00</b>	<b>51,500.00</b>
KILL TRUCK		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	<b>17,500.00</b>	<b>0.00</b>	<b>17,500.00</b>
CONTRACT LABOR - ELECTRICAL/AU		20,000.00	0.00	20,000.00
	<b>TOTAL:</b>	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	<b>TOTAL:</b>	<b>15,000.00</b>	<b>0.00</b>	<b>15,000.00</b>
FACILITY PAD CONSTRUCTION		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	<b>17,500.00</b>	<b>0.00</b>	<b>17,500.00</b>
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00	5,000.00
	<b>TOTAL:</b>	<b>5,000.00</b>	<b>0.00</b>	<b>5,000.00</b>
CONTRACT LABOR - AUTOMATION		5,750.00	0.00	5,750.00
	<b>TOTAL:</b>	<b>5,750.00</b>	<b>0.00</b>	<b>5,750.00</b>
EQUIPMENT RENTALS		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	<b>3,750.00</b>	<b>0.00</b>	<b>3,750.00</b>
FREIGHT & HANDLING		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	<b>3,750.00</b>	<b>0.00</b>	<b>3,750.00</b>
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00	10,000.00



### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20007		COMPANY	
AFE DESC:	FAT TIRE D 11H		DIVISION	
DATE:	12/01/2020	OPERATOR:		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,		
GROSS/NET:	GROSS	LLC		
<b>TOTAL:</b>				
	10,000.00	0.00		10,000.00
FACILITY CONSTRUCTION LABOR	45,000.00	0.00		45,000.00
<b>TOTAL:</b>				
	45,000.00	0.00		45,000.00
BITS	1,000.00	0.00		1,000.00
<b>TOTAL:</b>				
	1,000.00	0.00		1,000.00
OVERHEAD POWER	12,500.00	0.00		12,500.00
<b>TOTAL:</b>				
	12,500.00	0.00		12,500.00
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00		50,000.00
<b>TOTAL:</b>				
	50,000.00	0.00		50,000.00
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00		5,000.00
<b>TOTAL:</b>				
	5,000.00	0.00		5,000.00
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00		20,000.00
<b>TOTAL:</b>				
	20,000.00	0.00		20,000.00
TUBING	44,250.00	0.00		44,250.00
<b>TOTAL:</b>				
	44,250.00	0.00		44,250.00
TUBING HEAD/XMAS TREE	10,000.00	0.00		10,000.00
<b>TOTAL:</b>				
	10,000.00	0.00		10,000.00
VESSELS	41,750.00	0.00		41,750.00
<b>TOTAL:</b>				
	41,750.00	0.00		41,750.00
ELECTRICAL - OVERHEAD & TRANSF	12,500.00	0.00		12,500.00
<b>TOTAL:</b>				
	12,500.00	0.00		12,500.00
LACT	18,750.00	0.00		18,750.00
<b>TOTAL:</b>				
	18,750.00	0.00		18,750.00
AUTOMATION METERS, SENSORS, V/	23,750.00	0.00		23,750.00
<b>TOTAL:</b>				
	23,750.00	0.00		23,750.00
MISC FITTINGS & SUPPLIES	20,000.00	0.00		20,000.00
<b>TOTAL:</b>				
	20,000.00	0.00		20,000.00
PUMPS & PUMP SUPPLIES	7,500.00	0.00		7,500.00
<b>TOTAL:</b>				
	7,500.00	0.00		7,500.00
MISC TANGIBLE FACILITY COSTS	2,500.00	0.00		2,500.00
<b>TOTAL:</b>				
	2,500.00	0.00		2,500.00
TANKS (OIL & WATER)	43,750.00	0.00		43,750.00
<b>TOTAL:</b>				
	43,750.00	0.00		43,750.00
CONTAINMENT	15,000.00	0.00		15,000.00
<b>TOTAL:</b>				
	15,000.00	0.00		15,000.00
PIPING	12,500.00	0.00		12,500.00
<b>TOTAL:</b>				
	12,500.00	0.00		12,500.00
ELECTRICAL - FACILITY	61,250.00	0.00		61,250.00
<b>TOTAL:</b>				
	61,250.00	0.00		61,250.00
<b>TOTAL THIS AFE:</b>				
	2,951,557.93	0.00		2,951,557.93

## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20008	COMPANY	
AFE DESC:	FAT TIRE D 22H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		29,000.00	0.00		29,000.00	
<b>TOTAL:</b>		<b>29,000.00</b>	<b>0.00</b>		<b>29,000.00</b>	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
TITLE WORK/OPINIONS - LAND		60,000.00	0.00		60,000.00	
<b>TOTAL:</b>		<b>60,000.00</b>	<b>0.00</b>		<b>60,000.00</b>	
SURVEY - LAND		5,000.00	0.00		5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>	
DRILLING RENTALS: SURFACE		44,013.00	0.00		44,013.00	
<b>TOTAL:</b>		<b>44,013.00</b>	<b>0.00</b>		<b>44,013.00</b>	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
DRILL MUD & COMPL FLUID		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
WELLSITE SUPERVISION		27,900.00	0.00		27,900.00	
<b>TOTAL:</b>		<b>27,900.00</b>	<b>0.00</b>		<b>27,900.00</b>	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
CONTRACT DRILLING (DAY RATE/TUF		122,500.00	0.00		122,500.00	
<b>TOTAL:</b>		<b>122,500.00</b>	<b>0.00</b>		<b>122,500.00</b>	
DIRECTIONAL TOOLS AND SERVICES		97,350.00	0.00		97,350.00	
<b>TOTAL:</b>		<b>97,350.00</b>	<b>0.00</b>		<b>97,350.00</b>	
FLUID & CUTTINGS DISPOSAL		62,300.00	0.00		62,300.00	
<b>TOTAL:</b>		<b>62,300.00</b>	<b>0.00</b>		<b>62,300.00</b>	
FRAC TANK RENTALS		180.00	0.00		180.00	
<b>TOTAL:</b>		<b>180.00</b>	<b>0.00</b>		<b>180.00</b>	
BITS		30,500.00	0.00		30,500.00	
<b>TOTAL:</b>		<b>30,500.00</b>	<b>0.00</b>		<b>30,500.00</b>	
FUEL, WATER & LUBE		23,400.00	0.00		23,400.00	
<b>TOTAL:</b>		<b>23,400.00</b>	<b>0.00</b>		<b>23,400.00</b>	
CEMENT		32,500.00	0.00		32,500.00	
<b>TOTAL:</b>		<b>32,500.00</b>	<b>0.00</b>		<b>32,500.00</b>	
CASING CREWS AND LAYDOWN SER'		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
PROD CSG CREW AND LAYDOWN SEI		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
MUD LOGGER		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
MOB/DEMOB RIG		16,800.00	0.00		16,800.00	
<b>TOTAL:</b>		<b>16,800.00</b>	<b>0.00</b>		<b>16,800.00</b>	
VACUUM TRUCKING		15,000.00	0.00		15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>	
DRILLPIPE INSPECTION		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
CONTRACT LABOR/SERVICES		38,000.00	0.00		38,000.00	
<b>TOTAL:</b>		<b>38,000.00</b>	<b>0.00</b>		<b>38,000.00</b>	
MISC IDC/CONTINGENCY		85,596.18	0.00		85,596.18	
<b>TOTAL:</b>		<b>85,596.18</b>	<b>0.00</b>		<b>85,596.18</b>	
SURFACE CASING		23,478.00	0.00		23,478.00	
<b>TOTAL:</b>		<b>23,478.00</b>	<b>0.00</b>		<b>23,478.00</b>	
PRODUCTION/LINER CASING		126,040.75	0.00		126,040.75	
<b>TOTAL:</b>		<b>126,040.75</b>	<b>0.00</b>		<b>126,040.75</b>	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>	
WELLHEAD		14,000.00	0.00		14,000.00	
<b>TOTAL:</b>		<b>14,000.00</b>	<b>0.00</b>		<b>14,000.00</b>	
LINER HANGER/CASING ACCESSORY		15,000.00	0.00		15,000.00	



## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20008		COMPANY
AFE DESC:	FAT TIRE D 22H		DIVISION
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
EQUIP RENT		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
RENTALS: SURFACE IRON		65,000.00	0.00	65,000.00
	<b>TOTAL:</b>	65,000.00	0.00	65,000.00
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
DRILL MUD & COMPL FLUID		275,000.00	0.00	275,000.00
	<b>TOTAL:</b>	275,000.00	0.00	275,000.00
WELLSITE SUPERVISION		46,250.00	0.00	46,250.00
	<b>TOTAL:</b>	46,250.00	0.00	46,250.00
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	<b>TOTAL:</b>	110,000.00	0.00	110,000.00
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
PUMPDOWN		25,000.00	0.00	25,000.00
	<b>TOTAL:</b>	25,000.00	0.00	25,000.00
CASED HOLE WIRELINE		82,000.00	0.00	82,000.00
	<b>TOTAL:</b>	82,000.00	0.00	82,000.00
FRAC PLUGS		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FLOWBACK		47,000.00	0.00	47,000.00
	<b>TOTAL:</b>	47,000.00	0.00	47,000.00
STIMULATION AND PUMPING SERVIC		300,000.00	0.00	300,000.00
	<b>TOTAL:</b>	300,000.00	0.00	300,000.00
PROPPANT		150,000.00	0.00	150,000.00
	<b>TOTAL:</b>	150,000.00	0.00	150,000.00
FUEL, WATER & LUBE		120,000.00	0.00	120,000.00
	<b>TOTAL:</b>	120,000.00	0.00	120,000.00
CASING CREWS AND LAYDOWN SER		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG		51,500.00	0.00	51,500.00
	<b>TOTAL:</b>	51,500.00	0.00	51,500.00
KILL TRUCK		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU'		20,000.00	0.00	20,000.00
	<b>TOTAL:</b>	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00	5,000.00
	<b>TOTAL:</b>	5,000.00	0.00	5,000.00
CONTRACT LABOR - AUTOMATION		5,750.00	0.00	5,750.00
	<b>TOTAL:</b>	5,750.00	0.00	5,750.00
EQUIPMENT RENTALS		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
FREIGHT & HANDLING		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00	10,000.00

## SEP Permian LLC

### AUTHORITY FOR EXPENDITURE

AFE NO.:	C20008		COMPANY
AFE DESC:	FAT TIRE D 22H		DIVISION
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	
<b>TOTAL:</b>			
	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
FACILITY CONSTRUCTION LABOR	45,000.00	0.00	45,000.00
<b>TOTAL:</b>			
	<b>45,000.00</b>	<b>0.00</b>	<b>45,000.00</b>
BITS	1,000.00	0.00	1,000.00
<b>TOTAL:</b>			
	<b>1,000.00</b>	<b>0.00</b>	<b>1,000.00</b>
OVERHEAD POWER	12,500.00	0.00	12,500.00
<b>TOTAL:</b>			
	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00	50,000.00
<b>TOTAL:</b>			
	<b>50,000.00</b>	<b>0.00</b>	<b>50,000.00</b>
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00	5,000.00
<b>TOTAL:</b>			
	<b>5,000.00</b>	<b>0.00</b>	<b>5,000.00</b>
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00	20,000.00
<b>TOTAL:</b>			
	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
TUBING	44,250.00	0.00	44,250.00
<b>TOTAL:</b>			
	<b>44,250.00</b>	<b>0.00</b>	<b>44,250.00</b>
TUBING HEAD/XMAS TREE	10,000.00	0.00	10,000.00
<b>TOTAL:</b>			
	<b>10,000.00</b>	<b>0.00</b>	<b>10,000.00</b>
VESSELS	41,750.00	0.00	41,750.00
<b>TOTAL:</b>			
	<b>41,750.00</b>	<b>0.00</b>	<b>41,750.00</b>
ELECTRICAL - OVERHEAD & TRANSFC	12,500.00	0.00	12,500.00
<b>TOTAL:</b>			
	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
LACT	18,750.00	0.00	18,750.00
<b>TOTAL:</b>			
	<b>18,750.00</b>	<b>0.00</b>	<b>18,750.00</b>
AUTOMATION METERS, SENSORS, V/	23,750.00	0.00	23,750.00
<b>TOTAL:</b>			
	<b>23,750.00</b>	<b>0.00</b>	<b>23,750.00</b>
MISC FITTINGS & SUPPLIES	20,000.00	0.00	20,000.00
<b>TOTAL:</b>			
	<b>20,000.00</b>	<b>0.00</b>	<b>20,000.00</b>
PUMPS & PUMP SUPPLIES	7,500.00	0.00	7,500.00
<b>TOTAL:</b>			
	<b>7,500.00</b>	<b>0.00</b>	<b>7,500.00</b>
MISC TANGIBLE FACILITY COSTS	2,500.00	0.00	2,500.00
<b>TOTAL:</b>			
	<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
TANKS (OIL & WATER)	43,750.00	0.00	43,750.00
<b>TOTAL:</b>			
	<b>43,750.00</b>	<b>0.00</b>	<b>43,750.00</b>
CONTAINMENT	15,000.00	0.00	15,000.00
<b>TOTAL:</b>			
	<b>15,000.00</b>	<b>0.00</b>	<b>15,000.00</b>
PIPING	12,500.00	0.00	12,500.00
<b>TOTAL:</b>			
	<b>12,500.00</b>	<b>0.00</b>	<b>12,500.00</b>
ELECTRICAL - FACILITY	61,250.00	0.00	61,250.00
<b>TOTAL:</b>			
	<b>61,250.00</b>	<b>0.00</b>	<b>61,250.00</b>
<b>TOTAL THIS AFE:</b>			
	<b>2,951,557.93</b>	<b>0.00</b>	<b>2,951,557.93</b>



## SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20009	COMPANY	
AFE DESC:	FAT TIRE D 52H	DIVISION	
DATE:	12/01/2020	OPERATOR:	
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,	
GROSS/NET:	GROSS	LLC	

DETAIL OF EXPENDITURES	DRYHOLE	COMPLETION	EQUIP-TIE	SUPPLEMENT	TOTAL	ACTUAL
LOCATION - OPS		29,000.00	0.00		29,000.00	
<b>TOTAL:</b>		<b>29,000.00</b>	<b>0.00</b>		<b>29,000.00</b>	
LOCATION/DAMAGES-LAND		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
TITLE WORK/OPINIONS - LAND		60,000.00	0.00		60,000.00	
<b>TOTAL:</b>		<b>60,000.00</b>	<b>0.00</b>		<b>60,000.00</b>	
SURVEY - LAND		5,000.00	0.00		5,000.00	
<b>TOTAL:</b>		<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>	
DRILLING RENTALS: SURFACE		44,013.00	0.00		44,013.00	
<b>TOTAL:</b>		<b>44,013.00</b>	<b>0.00</b>		<b>44,013.00</b>	
DRILLING RENTALS: SUBSURFACE		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
DRILL MUD & COMPL FLUID		25,000.00	0.00		25,000.00	
<b>TOTAL:</b>		<b>25,000.00</b>	<b>0.00</b>		<b>25,000.00</b>	
WELLSITE SUPERVISION		27,900.00	0.00		27,900.00	
<b>TOTAL:</b>		<b>27,900.00</b>	<b>0.00</b>		<b>27,900.00</b>	
GROUND TRANSPORT		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
CONTRACT DRILLING (DAY RATE/TUF)		122,500.00	0.00		122,500.00	
<b>TOTAL:</b>		<b>122,500.00</b>	<b>0.00</b>		<b>122,500.00</b>	
DIRECTIONAL TOOLS AND SERVICES		97,350.00	0.00		97,350.00	
<b>TOTAL:</b>		<b>97,350.00</b>	<b>0.00</b>		<b>97,350.00</b>	
FLUID & CUTTINGS DISPOSAL		62,300.00	0.00		62,300.00	
<b>TOTAL:</b>		<b>62,300.00</b>	<b>0.00</b>		<b>62,300.00</b>	
FRAC TANK RENTALS		180.00	0.00		180.00	
<b>TOTAL:</b>		<b>180.00</b>	<b>0.00</b>		<b>180.00</b>	
BITS		30,500.00	0.00		30,500.00	
<b>TOTAL:</b>		<b>30,500.00</b>	<b>0.00</b>		<b>30,500.00</b>	
FUEL, WATER & LUBE		23,400.00	0.00		23,400.00	
<b>TOTAL:</b>		<b>23,400.00</b>	<b>0.00</b>		<b>23,400.00</b>	
CEMENT		32,500.00	0.00		32,500.00	
<b>TOTAL:</b>		<b>32,500.00</b>	<b>0.00</b>		<b>32,500.00</b>	
CASING CREWS AND LAYDOWN SER		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
PROD CSG CREW AND LAYDOWN SEI		7,500.00	0.00		7,500.00	
<b>TOTAL:</b>		<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>	
MUD LOGGER		9,000.00	0.00		9,000.00	
<b>TOTAL:</b>		<b>9,000.00</b>	<b>0.00</b>		<b>9,000.00</b>	
MOB/DEMOB RIG		16,800.00	0.00		16,800.00	
<b>TOTAL:</b>		<b>16,800.00</b>	<b>0.00</b>		<b>16,800.00</b>	
VACUUM TRUCKING		15,000.00	0.00		15,000.00	
<b>TOTAL:</b>		<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>	
DRILLPIPE INSPECTION		10,000.00	0.00		10,000.00	
<b>TOTAL:</b>		<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>	
CONTRACT LABOR/SERVICES		38,000.00	0.00		38,000.00	
<b>TOTAL:</b>		<b>38,000.00</b>	<b>0.00</b>		<b>38,000.00</b>	
MISC IDC/CONTINGENCY		85,596.18	0.00		85,596.18	
<b>TOTAL:</b>		<b>85,596.18</b>	<b>0.00</b>		<b>85,596.18</b>	
SURFACE CASING		23,478.00	0.00		23,478.00	
<b>TOTAL:</b>		<b>23,478.00</b>	<b>0.00</b>		<b>23,478.00</b>	
PRODUCTION/LINER CASING		126,040.75	0.00		126,040.75	
<b>TOTAL:</b>		<b>126,040.75</b>	<b>0.00</b>		<b>126,040.75</b>	
CONDUCTOR PIPE		20,000.00	0.00		20,000.00	
<b>TOTAL:</b>		<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>	
WELLHEAD		14,000.00	0.00		14,000.00	
<b>TOTAL:</b>		<b>14,000.00</b>	<b>0.00</b>		<b>14,000.00</b>	
LINER HANGER/CASING ACCESSORY		15,000.00	0.00		15,000.00	

## SEP Permian LLC

### AUTHORITY FOR EXPENDITURE

AFE NO.:	C20009	OPERATOR:	102 - SEP PERMIAN, LLC
AFE DESC:	FAT TIRE D 52H	COMPANY DIVISION	
DATE:	12/01/2020		
AFE TYPE:	DRILL COMPLETE AND EQUIP		
GROSS/NET:	GROSS		

	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
EQUIP RENT		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
RENTALS: SURFACE IRON		65,000.00	0.00	65,000.00
	<b>TOTAL:</b>	65,000.00	0.00	65,000.00
DRILLING RENTALS: SUBSURFACE		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
DRILL MUD & COMPL FLUID		275,000.00	0.00	275,000.00
	<b>TOTAL:</b>	275,000.00	0.00	275,000.00
WELLSITE SUPERVISION		46,250.00	0.00	46,250.00
	<b>TOTAL:</b>	46,250.00	0.00	46,250.00
COMPLETION CHEMICALS		110,000.00	0.00	110,000.00
	<b>TOTAL:</b>	110,000.00	0.00	110,000.00
GROUND TRANSPORT		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
PUMPDOWN		25,000.00	0.00	25,000.00
	<b>TOTAL:</b>	25,000.00	0.00	25,000.00
CASED HOLE WIRELINE		82,000.00	0.00	82,000.00
	<b>TOTAL:</b>	82,000.00	0.00	82,000.00
FRAC PLUGS		44,000.00	0.00	44,000.00
	<b>TOTAL:</b>	44,000.00	0.00	44,000.00
FRAC/FLUID SW DISPOSAL		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FRAC TANK RENTALS		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
FLOWBACK		47,000.00	0.00	47,000.00
	<b>TOTAL:</b>	47,000.00	0.00	47,000.00
STIMULATION AND PUMPING SERVIC		300,000.00	0.00	300,000.00
	<b>TOTAL:</b>	300,000.00	0.00	300,000.00
PROPPANT		150,000.00	0.00	150,000.00
	<b>TOTAL:</b>	150,000.00	0.00	150,000.00
FUEL, WATER & LUBE		120,000.00	0.00	120,000.00
	<b>TOTAL:</b>	120,000.00	0.00	120,000.00
CASING CREWS AND LAYDOWN SER		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COMPLETION/WORKOVER RIG		51,500.00	0.00	51,500.00
	<b>TOTAL:</b>	51,500.00	0.00	51,500.00
KILL TRUCK		2,500.00	0.00	2,500.00
	<b>TOTAL:</b>	2,500.00	0.00	2,500.00
COIL TUBING, SNUBBING, NITRO SVC		10,000.00	0.00	10,000.00
	<b>TOTAL:</b>	10,000.00	0.00	10,000.00
CONTRACT LABOR - ARTIFICIAL LIFT		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
CONTRACT LABOR - ELECTRICAL/AU		20,000.00	0.00	20,000.00
	<b>TOTAL:</b>	20,000.00	0.00	20,000.00
CONTRACT LABOR - WELL LEVEL		15,000.00	0.00	15,000.00
	<b>TOTAL:</b>	15,000.00	0.00	15,000.00
FACILITY PAD CONSTRUCTION		17,500.00	0.00	17,500.00
	<b>TOTAL:</b>	17,500.00	0.00	17,500.00
MISC INTANGIBLE FACILITY COSTS		5,000.00	0.00	5,000.00
	<b>TOTAL:</b>	5,000.00	0.00	5,000.00
CONTRACT LABOR - AUTOMATION		5,750.00	0.00	5,750.00
	<b>TOTAL:</b>	5,750.00	0.00	5,750.00
EQUIPMENT RENTALS		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
FREIGHT & HANDLING		3,750.00	0.00	3,750.00
	<b>TOTAL:</b>	3,750.00	0.00	3,750.00
CONTRACT LABOR - ELECTRICAL		10,000.00	0.00	10,000.00



### SEP Permian LLC AUTHORITY FOR EXPENDITURE

AFE NO.:	C20009		COMPANY	
AFE DESC:	FAT TIRE D 52H		DIVISION	
DATE:	12/01/2020	OPERATOR:		
AFE TYPE:	DRILL COMPLETE AND EQUIP	102 - SEP PERMIAN,		
GROSS/NET:	GROSS	LLC		
<b>TOTAL:</b>				
	<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>
FACILITY CONSTRUCTION LABOR	45,000.00	0.00		45,000.00
<b>TOTAL:</b>				
	<b>45,000.00</b>	<b>0.00</b>		<b>45,000.00</b>
BITS	1,000.00	0.00		1,000.00
<b>TOTAL:</b>				
	<b>1,000.00</b>	<b>0.00</b>		<b>1,000.00</b>
OVERHEAD POWER	12,500.00	0.00		12,500.00
<b>TOTAL:</b>				
	<b>12,500.00</b>	<b>0.00</b>		<b>12,500.00</b>
PARTS & SUPPLIES - ARTIFICIAL LIFT	50,000.00	0.00		50,000.00
<b>TOTAL:</b>				
	<b>50,000.00</b>	<b>0.00</b>		<b>50,000.00</b>
PARTS & SUPPLIES - ELECTRICAL/AU	5,000.00	0.00		5,000.00
<b>TOTAL:</b>				
	<b>5,000.00</b>	<b>0.00</b>		<b>5,000.00</b>
PARTS & SUPPLIES - WELL LEVEL	20,000.00	0.00		20,000.00
<b>TOTAL:</b>				
	<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>
TUBING	44,250.00	0.00		44,250.00
<b>TOTAL:</b>				
	<b>44,250.00</b>	<b>0.00</b>		<b>44,250.00</b>
TUBING HEAD/XMAS TREE	10,000.00	0.00		10,000.00
<b>TOTAL:</b>				
	<b>10,000.00</b>	<b>0.00</b>		<b>10,000.00</b>
VESSELS	41,750.00	0.00		41,750.00
<b>TOTAL:</b>				
	<b>41,750.00</b>	<b>0.00</b>		<b>41,750.00</b>
ELECTRICAL - OVERHEAD & TRANSF(	12,500.00	0.00		12,500.00
<b>TOTAL:</b>				
	<b>12,500.00</b>	<b>0.00</b>		<b>12,500.00</b>
LACT	18,750.00	0.00		18,750.00
<b>TOTAL:</b>				
	<b>18,750.00</b>	<b>0.00</b>		<b>18,750.00</b>
AUTOMATION METERS, SENSORS, V/	23,750.00	0.00		23,750.00
<b>TOTAL:</b>				
	<b>23,750.00</b>	<b>0.00</b>		<b>23,750.00</b>
MISC FITTINGS & SUPPLIES	20,000.00	0.00		20,000.00
<b>TOTAL:</b>				
	<b>20,000.00</b>	<b>0.00</b>		<b>20,000.00</b>
PUMPS & PUMP SUPPLIES	7,500.00	0.00		7,500.00
<b>TOTAL:</b>				
	<b>7,500.00</b>	<b>0.00</b>		<b>7,500.00</b>
MISC TANGIBLE FACILITY COSTS	2,500.00	0.00		2,500.00
<b>TOTAL:</b>				
	<b>2,500.00</b>	<b>0.00</b>		<b>2,500.00</b>
TANKS (OIL & WATER)	43,750.00	0.00		43,750.00
<b>TOTAL:</b>				
	<b>43,750.00</b>	<b>0.00</b>		<b>43,750.00</b>
CONTAINMENT	15,000.00	0.00		15,000.00
<b>TOTAL:</b>				
	<b>15,000.00</b>	<b>0.00</b>		<b>15,000.00</b>
PIPING	12,500.00	0.00		12,500.00
<b>TOTAL:</b>				
	<b>12,500.00</b>	<b>0.00</b>		<b>12,500.00</b>
ELECTRICAL - FACILITY	61,250.00	0.00		61,250.00
<b>TOTAL:</b>				
	<b>61,250.00</b>	<b>0.00</b>		<b>61,250.00</b>
<b>TOTAL THIS AFE:</b>				
	<b>2,951,557.93</b>	<b>0.00</b>		<b>2,951,557.93</b>

## Communication Timeline

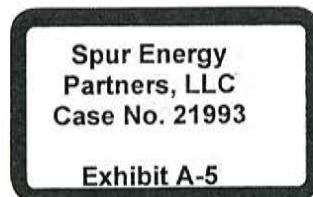
**December 22, 2020** – Initial proposal sent to Alamo Resources II, LLC, Davoil Oil & Gas Limited Partnership and Great Western Drilling Ltd. via Certified Mail for the Fat Tire C 10H, 51H, 71H and Fat Tire D 11H, 22H, 52H, Section 12-17S-29E, Eddy County, New Mexico.

**January through April 2021** – Multiple conversations with Great Western Drilling Ltd and Davoil Oil & Gas Limited Partnership regarding their interest and SEP plan of development. Both entities have expressed an interest to enter into a voluntary agreement but as of April 14, 2021, we have not come to terms on a voluntary agreement.

**January 2021** – Discussed proposals with Alamo Resources II, LLC and they stated they will review and let me know of their decision.

**February and March 2021** – Did not get any response from Alamo Resources II, LLC regarding how they wanted to proceed with the proposals.

**March 31, 2021** – Sent email requesting update on how they wanted to move forward with proposals. Alamo has expressed an interest in assigning their interest but as of April 14, 2021, we have not come to terms on an assignment.







hinklelawfirm.com

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

WRITER:

Dana S. Hardy, Partner  
dhardy@hinklelawfirm.com

June 8, 2021

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

**Re: Case No. 21993**  
**Application of Spur Energy Partners, LLC for compulsory pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that Spur Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **July 1, 2021** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcements.html>. 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 19.135.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement, and serve copies on other parties or, for parties that are represented, their attorneys at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to [ocd.hearings@state.nm.us](mailto:ocd.hearings@state.nm.us) 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.

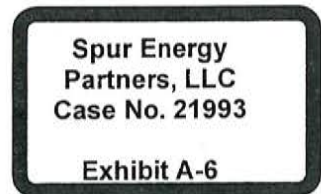
If you have any questions about this matter, please contact **Morgan Landry at (832) 930-8616** or [mlandry@spurepllc.com](mailto:mlandry@spurepllc.com).

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



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

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

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



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

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

June 8, 2021

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS**

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Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

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



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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 Davoil Oil & Gas Limited Partnership  
 Street and Apt. P.O. Box 122269  
 Fort Worth, TX 76121  
 City, State, ZIP \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J. J. ...</u></p> <p>C. Date of Delivery <u>6/14/21</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Davoil Oil &amp; Gas Limited Partnership          P.O. Box 122269          Fort Worth, TX 76121</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1787</p>	

7019 2970 0000 7641 1916

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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 Earth Hawk Energy, LLC  
 Street and 820 Gessner Road, Ste. 1650  
 City, State Houston, TX 77024

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-11</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>Earth Hawk Energy, LLC          820 Gessner Road, Ste. 1650          Houston, TX 77024</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1916</p>	

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

Domestic Return Receipt



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7020 0640 0000 0303 0450

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

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

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

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

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

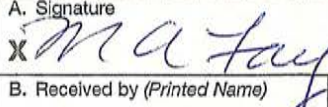
Postage \$ \_\_\_\_\_

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

Sent To  
Jon Erick Anderson  
2401 Wessynon Way  
Alexandria, Virginia 22309

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

SANTA FE MAIN POST OFFICE  
JUN 08 2021  
Postmark Here  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature   <input checked="" type="checkbox"/> 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>Jon Erick Anderson 2401 Wessynon Way Alexandria, Virginia 22309</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0450</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0303 0467

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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  
Lynn Barker  
 Street 14317 Mocho Avenue N.E.  
 Albuquerque, NM 87123  
 City, St

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

*SANTA FE POST OFFICE*  
 JUN 08 2021  
 87501-8998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> 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>Lynn Barker          14317 Mocho Avenue N.E.          Albuquerque, NM 87123</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9839 15</p> <p>7020 0640 0000 0303 0467</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



7020 0640 0000 0303 0474

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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: Leslie Lee Bayouth  
 Street and: P.O. Box 781  
 Cleveland, OK 74020-0781  
 City, State, : \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Leslie Lee Bayouth          P.O. Box 781          Cleveland, OK 74020-0781</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0474</p>	<p>Domestic Return Receipt</p>

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JUN 08 2021  
Postmark Here  
87501-9998

7020 0640 0000 0303 0481

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 \_\_\_\_\_  
John Bedingfield  
P.O. Box 630  
Artesia, NM 88211-0630

City, State \_\_\_\_\_

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>John Bedingfield P.O. Box 630 Artesia, NM 88211-0630</p> <div style="text-align: center;">             9590 9402 5941 0062 9839 46         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7020 0640 0000 0303 0481</p>	<p>A. Signature</p> <p style="font-size: 1.5em; font-family: cursive;">John Bedingfield</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> <p style="font-size: 0.8em;">Mail Restricted Delivery (00)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												



7020 0640 0000 0303 0498

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

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

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

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

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

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

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

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

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

Sent To

James Chester Bethel, Jr.  
524 Pittman Street  
Richardson, Texas 75081-4278

City, St. \_\_\_\_\_

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

SANTA FE POST OFFICE  
JUN 08 2021  
Postmark Here  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><b>X</b> <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 Chester Bethel, Jr. 524 Pittman Street Richardson, Texas 75081-4278</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail _____ Mail Restricted Delivery _____ (enter zip)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9839 53</p> <p>7020 0640 0000 0303 0498</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0303 0504

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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 A/City, State, Z  
Marianne K. Stokes Blakely  
273 Ironwood Drive  
Sidney, OH 45365

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature Marianne Blakely <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Marianne Blakely</p> <p>C. Date of Delivery 6-18-2021</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: Marianne K. Stokes Blakely 273 Ironwood Drive Sidney, OH 45365</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0303 0504</p>	



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

Domestic Return Receipt



7020 0640 0000 0303 0511

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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

Debbie L. Bowers, Trustee

Street and, Debbie L. Bowers Revocable Trust

286 Stagecoach Road

City, State, Arroyo Grande, CA 93420

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

*SANTA ANA MAIN POST OFFICE*  
**JUN 08 2021**  
Postmark Here  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Debbie Bowers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DEBBIE BOWERS G-H-21</i></p> <p>C. Date of Delivery <i>6/8/21</i></p> <p>D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Debbie L. Bowers, Trustee Debbie L. Bowers Revocable Trust 286 Stagecoach Road Arroyo Grande, CA 93420</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>1 Mail 1 Mail Restricted Delivery 500</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9839 77</p> <p>7020 0640 0000 0303 0511</p>	

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

Domestic Return Receipt

7020 0640 0000 0303 0528

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**OFFICIAL MAIL**

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, Breck Minerals, LP  
P.O. Box 911  
Breckenridge, Texas 76424

City, State, \_\_\_\_\_

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

*SAN ANGELO MAIN POST OFFICE*  
JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Christy Spencer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Christy Spencer</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>Breck Minerals, LP P.O. Box 911 Breckenridge, Texas 76424</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0528</p>	<p>Mail Restricted Delivery</p>



7020 0640 0000 0303 0535

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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: David Rhea Carson  
Street: P.O. Box 3068  
City, State: Taos, New Mexico 87571-3068

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

POSTAL SERVICE  
CENTRAL POST OFFICE  
JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>David Carson</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery            JUN 14 2021</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>David Rhea Carson P.O. Box 3068 Taos, New Mexico 87571-3068</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Registered Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0535</p>	

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

Domestic Return Receipt

7020 0640 0000 0303 0542

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street or PO Box \_\_\_\_\_  
Edward Louis Carson, Jr.  
4308 NW 49th Street  
Oklahoma City, OK 73112

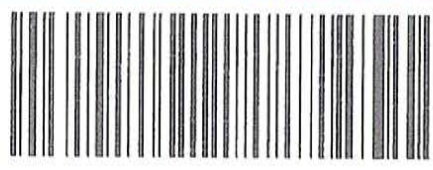
City, State \_\_\_\_\_

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**LE SHANOR LLP**  
ATTORNEYS AT LAW  
311 WEST OFFICE BOX 2068  
TULSA, OKLAHOMA 74103



7020 0640 0000 0303 0542



Edward Louis Carson, Jr.  
4308 NW 49th Street  
Oklahoma City, OK 73112

400  
6/17

NIXIE 751 PE 1 0005/14/21

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

ANK  
87504206858 \*0968-03763-08-43



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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 \_\_\_\_\_ Gayle Angela Carson f/k/a Gayle Angela

City, State \_\_\_\_\_ Carson Carpenter  
619 Rolling Mill Drive  
Sugar Land, Texas 77498-3075

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

*Postmark Here*  
SANTA ANNE, TEXAS  
JUN 08 2021  
87501-9998

7020 0640 0000 0303 0559

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>COVID 19</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>9827</i> C. Date of Delivery <i>6/11</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>Gayle Angela Carson f/k/a Gayle Angela Carson Carpenter 619 Rolling Mill Drive Sugar Land, Texas 77498-3075</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0559</p>	<p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery</p> <p>500</p>
<p>PS Form 3811, July 2015 PSN 7630-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0303 0566

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL U.S. POST OFFICE**

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  
Nancy Helen Castillo  
1108 Dahlia Court  
Calexico, California 92231

City, St: \_\_\_\_\_

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

*Postmark Here*  
JUN 08 2021  
7501-9908

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature x <i>N. Castillo</i></p> <p>B. Received by (Printed Name) <i>Anna Martinez</i></p> <p>C. Date of Delivery <i>6/29/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nancy Helen Castillo 1108 Dahlia Court Calexico, California 92231</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0566</p>	<p>Restricted Delivery</p>

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



7020 0640 0000 0303 3673

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**OFFICIAL**

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. Chase Oil Corporation  
11344 Lovington Highway  
Artesia, NM 88210

City, State, ZIP

Postmark JUN 11 2021

87501-8998

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>Conrad R. DF</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Conrad R. DF</i> C. Date of Delivery <i>6/11/2021</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Chase Oil Corporation 11344 Lovington Highway Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail Restricted Delivery (00)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9840 42</p> <p>7020 0640 0000 0303 3673</p>	

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

Domestic Return Receipt

7020 0640 0000 0303 3680

**U.S. POSTAL SERVICE**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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**OFFICIAL POST OFFICE**

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 Connor Family LLC  
 Street and P.O. Box 86  
 City, State, Hampton, NY 12837

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Kevin Rank</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>Connor Family LLC          P.O. Box 86          Hampton, NY 12837</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9840 59</p> <p>7020 0640 0000 0303 3680</p>	<p>Domestic Return Receipt</p>



**CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL U.S. POST OFFICE**

7020 0640 0000 0303 0573

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 City, State Dastarac, Inc.  
2308 Sierra Vista  
Artesia, NM 88210

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

SANTA FE, NM JUN 08 2021 87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> 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>Dastarac, Inc. 2308 Sierra Vista Artesia, NM 88210</p> <p>9590 9402 5941 0062 9840 80</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0573</p>	<p>Mail Restricted Delivery (M)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0303 0580

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**OFFICIAL USE**

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

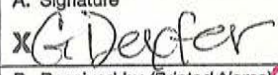
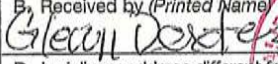

Postage \$

**Total Postage and Fees** \$

Sent To Dexter Family Holdings, LLC  
20940 Pacific Coast Highway  
Street and Address Malibu, CA 90265  
City, State, Z.

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature    <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery    <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Dexter Family Holdings, LLC 20940 Pacific Coast Highway Malibu, CA 90265</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0580</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>



9590 9402 5941 0062 9837 48



7019 2970 0000 7641 3859

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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 Robert Christian Dexter/Hadiya Musleh Dexter

Street and Trustees, Dexter Family Trust

9262 Irongate Lane

City, State San Diego, CA 92126

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>CG</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>2654 CG</i> C. Date of Delivery <i>6-7-21</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>Robert Christian Dexter/Hadiya Musleh Dexter Trustees, Dexter Family Trust 9262 Irongate Lane San Diego, CA 92126</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 3859</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7595 6586

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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 Ap Edward Jones Trust Company, Trustee  
Dolores Thomas Trust fbo Robert Dexter  
12555 Manchester Road  
City, State, Zi St. Louis, MO 63131

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

*Stamp: ST. LOUIS, MO JUN 08 2021 87501-9993*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Michael [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>6-10-21</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>Edward Jones Trust Company, Trustee Dolores Thomas Trust fbo Robert Dexter 12555 Manchester Road St. Louis, MO 63131</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 6586</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



7019 2970 0000 7595 6593

**CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL MAIL POST OFFICE**

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: Edward Jones Trust Company, Trustee  
Dolores Thomas Trust fbo Carol Purcell  
Street: 12555 Manchester Road  
City, S: St. Louis, MO 63131

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

87501-9998

JUN 08 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 6-10-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Edward Jones Trust Company, Trustee Dolores Thomas Trust fbo Carol Purcell 12555 Manchester Road St. Louis, MO 63131</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9838 16</p> <p>7019 2970 0000 7595 6593</p>	

7019 2970 0000 7595 6609

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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 Gates Properties, Ltd  
P.O. Box 81119  
Midland, TX 79708-1119

City, State \_\_\_\_\_

Postmark JUN 08 2021  
SAN ANTONIO MAIN POST OFFICE  
87501-9998

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Karen Gates</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen Gates</i> C. Date of Delivery <i>10-12-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Gates Properties, Ltd P.O. Box 81119 Midland, TX 79708-1119</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9838 09</p> <p>6099 5652 0000 0262 6102</p>	

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

Domestic Return Receipt



7019 2970 0000 7595 6616

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**OFFICIAL USE**

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

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

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

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

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

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

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

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

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

Sent To John W. Gates, LLC  
706 West Grand Street  
Artesia, NM 88210

City, State \_\_\_\_\_

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

**SANTA FE MAIN POST OFFICE**  
JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature * <i>Margaret J. Gates</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MARGARET J. GATES</p> <p>C. Date of Delivery 6/11/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: John W. Gates, LLC 706 West Grand Street Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>red Mail red Mail Restricted Delivery (\$500)</p>
<p>2. Article Number (Transfer from service label) 7019 2970 0000 7595 6616</p>	

7019 2970 0000 7595 6630

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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  
William Allen Gates  
208 Wren Drive  
Greensburg, PA 15601

Street and  
Greensburg, PA 15601

City, State, \_\_\_\_\_

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

SANTA FE MAIN POST OFFICE  
JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>William Allen Gates 208 Wren Drive Greensburg, PA 15601</p> <p>9590 9402 5941 0062 9838 47</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 6630</p>	<p>A. Signature X <i>William Allen Gates</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>



7019 2970 0000 7641 1794

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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 \_\_\_\_\_ James Warren Hanson and Kathie A. Hanson,  
 Individually and as Trustees of the Warren  
 and Kathie Hanson Trust

City, State \_\_\_\_\_ P.O. Box 2304

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

*Postmark Here*  
 JUN 08 2021  
 87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Kathie A. Hanson</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>KATHIE HANSON</i></p> <p>C. Date of Delivery  <i>JUN 08 2021</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>James Warren Hanson and Kathie A. Hanson,          Individually and as Trustees of the Warren and          Kathie Hanson Trust          P.O. Box 2304          Ruidoso, NM 88355</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 5941 0062 9838 61</p> <p>7019 2970 0000 7641 1794</p>	

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

Domestic Return Receipt

7019 2970 0000 7641 1800

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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  
 Hunt Oil Company  
 Street and 1900 North Akard Street  
 Dallas, TX 75201-2300  
 City, State, \_\_\_\_\_

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

7501-9998  
 JUN 08 2021  
 Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name)  <i>S</i></p> <p>C. Date of Delivery  <i>6-14-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>Covid-19</i></p>
<p>1. Article Addressed to:</p> <p>Hunt Oil Company          1900 North Akard Street          Dallas, TX 75201-2300</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9838 85</p> <p>7019 2970 0000 7641 1800</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>



7019 2970 0000 7641 1831

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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 Robert Morley Irish  
Street 15155 Northwest Valley Road  
City, St Yamhill, Oregon 97148

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

SAN ANTONIO POST OFFICE  
JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>RM Irish</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) ROBERT IRISH</p> <p>C. Date of Delivery 6-14-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert Morley Irish 15155 Northwest Valley Road Yamhill, Oregon 97148</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1831</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7641 1848

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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 a. Mary Carolyn Johnston  
320 Oak Brook Lane  
Greenwood, IN 46142

City, St \_\_\_\_\_

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

SAFETY MAIN OFFICE  
JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x Carolyn Johnston</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CM JOHNSTON</i></p> <p>C. Date of Delivery <i>6-11-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mary Carolyn Johnston 320 Oak Brook Lane Greenwood, IN 46142</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1848</p>	

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

Domestic Return Receipt



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Certified Mail Fee  
\$

Extra Services & Fees (check box, add fee 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	\$

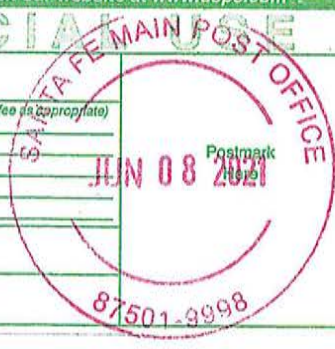
Postage  
\$

Total Postage and Fees  
\$

Sent To  
Leland Price, Inc.  
Street and: 1511 Northgate Place  
Artesia, NM 88210  
City, State

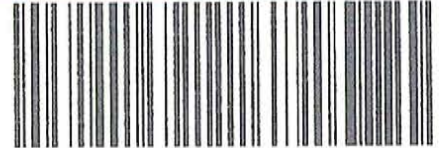
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 2970 0000 7641 1879



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**E SHANOR LLP**  
ATTORNEYS AT LAW  
OFFICE BOX 2068  
ARTESIA, NEW MEXICO 87504

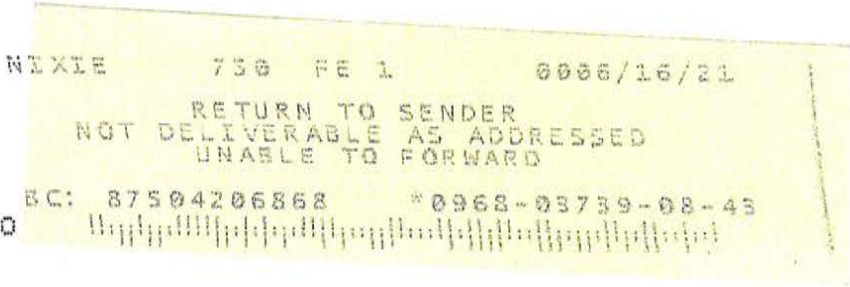


7019 2970 0000 7641 1879



400  
6/18

Leland Price, Inc.  
1511 Northgate Place  
Artesia, NM 88210



7019 2970 0000 7641 1893

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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 Richard M. Lowery  
 137 Apollo Dr.  
 Street Burnet, TX 78611  
 City, State, ZIP+4® \_\_\_\_\_

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

*Postmark Here*  
 JUN 08 2021  
 37501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Richard M. Lowery</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Richard M. Lowery</i> C. Date of Delivery <i>7-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Richard M. Lowery          137 Apollo Dr.          Burnet, TX 78611</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1893</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



7019 2970 0000 7641 1909

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**OFFICIAL RECEIPT**

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

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

Return Receipt (hardcopy)

Return Receipt (electronic)

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

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

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

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

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

Sent To  
Alice Mainello  
1004 W. Avenue N  
Lovington, NM 88260

City, State, ZIP+4® \_\_\_\_\_

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

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JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>BS cd C19</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Alice Mainello 1004 W. Avenue N Lovington, NM 88260</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1909</p>	

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

Domestic Return Receipt

7019 2970 0000 7641 1930

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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: David Leonard Maxwell  
Street: 34 Fairview Street  
City, State: Asheville, NC 28803

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

QUANTICO, VA  
JUN 08 2021  
Postmark Here  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature x WF 318 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) S. C. on Shore</p> <p>C. Date of Delivery 6-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>David Leonard Maxwell 34 Fairview Street Asheville, NC 28803</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1930</p>	

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

Domestic Return Receipt



7019 2970 0000 7641 1947

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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: Jonathan Virett Maxwell  
 Street: 34 Fairview Street  
 City: Asheville, NC 28803

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>WJ 318</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SUSAN SHORE</i> C. Date of Delivery <i>6-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jonathan Virett Maxwell          34 Fairview Street          Asheville, NC 28803</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 5941 0062 9836 18</p> <p>7019 2970 0000 7641 1947</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7019 2970 0000 7641 1954

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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 Peter N. Maxwell  
 Street and 309 Frances Thacker  
 Williamsburg, VA 23185-8238  
 City, State \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>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>FOR P. Maxwell</i> C. Date of Delivery <i>6/14/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Peter N. Maxwell          309 Frances Thacker          Williamsburg, VA 23185-8238</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9836 25</p> <p>7019 2970 0000 7641 1954</p>	



7019 2970 0000 7641 1978

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**OFFICIAL USE OFFICE**

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: Michael McDowell  
Street and: 326 South 5th Street  
City, State: Shelton, WA 98984

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

Postmark: JUN 08 2021  
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <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>Michael McDowell 326 South 5th Street Shelton, WA 98984</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1978</p>	<p>Domestic Return Rec</p>

7019 2970 0000 7641 1985

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

Extra Services & Fees (check box, add rate 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  
 Raye P. Miller and Mary K. Miller  
 Street and 2308 Sierra Vista  
 City, State, Artesia, NM 88210

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> 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>Raye P. Miller and Mary K. Miller          2308 Sierra Vista          Artesia, NM 88210</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1985</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



7019 2970 0000 7641 1992

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street and: John Lambert Mock & Mary Annettie Mock,  
 Trustees, Mock Family Trust  
 2839 Camino Serbal

City, State: Carlsbad, CA 92009

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            X <u>COJSD-19</u> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>F.O. C35 COJSD-19</u> C. Date of Delivery <u>6-12-21</u></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  <u>2899 CAMINO SERBAL</u>  <u>CARLSBAD, CA 92009</u></p>
<p>1. Article Addressed to:</p> <p>John Lambert Mock &amp; Mary Annettie Mock,            Trustees, Mock Family Trust            2839 Camino Serbal            Carlsbad, CA 92009</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1992</p>	

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

Domestic Return Receipt

7019 2970 0000 7641 2005

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street a The New Mexico Baptist Foundation, Inc., \_\_\_\_\_

Trustee, NM Baptist Children's Home, Inc. \_\_\_\_\_

2511 Wyoming Boulevard, NE \_\_\_\_\_

City, St Albuquerque, New Mexico 87112 \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Elizabeth Allen</p> <p>C. Date of Delivery            6-10-21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            - If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>The New Mexico Baptist Foundation, Inc.,            Trustee, NM Baptist Children's Home, Inc.            2511 Wyoming Boulevard, NE            Albuquerque, New Mexico 87112</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 checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 2005</p>	

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

Domestic Return Receipt



7019 2970 0000 7641 2012

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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: Lola I. Newquist, Successor Trustee

Street and: The Newquist Trust

City, State: 25670 Bellerive Drive  
Valencia, CA 91355

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>C-19</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>C-19</u> 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>Lola I. Newquist, Successor Trustee The Newquist Trust 25670 Bellerive Drive Valencia, CA 91355</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 2012</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



9590 9402 5941 0062 9991 52

7019 2970 0000 7641 2029

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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 Pioneer Natural Resources USA, Inc.  
 Street at 3617 N Big Spring Street  
 Midland, TX 79705  
 City, Sta \_\_\_\_\_

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

**POST OFFICE**  
 JUN 08 2021  
 87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Patrice</i></p> <p>B. Received by (Printed Name) <i>Patricio Carrasco</i></p> <p>C. Date of Delivery <i>6-11-21</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>Pioneer Natural Resources USA, Inc.          3617 N Big Spring Street          Midland, TX 79705</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 2029</p>	

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

Domestic Return Receipt



7019 2970 0000 7641 2043

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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 \$

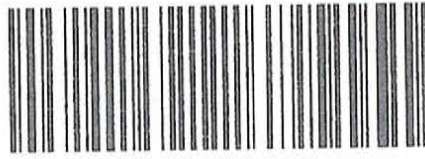
Sent To Rhodes Interests, Ltd.  
 Street and A 110 W. Louisiana Avenue, Suite 200  
 City, State, Z Midland, Texas 79701

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



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FILE SHANOR LLP  
ATTORNEYS AT LAW  
ST OFFICE BOX 2068  
FE, NEW MEXICO 87504



7019 2970 0000 7641 2043



Rhodes Interests, Ltd.  
110 W. Louisiana Avenue, Suite 200  
Midland, Texas 79701

871 NFE 1 52010006/08/21  
 FORWARD TIME EXP RTN TO SEND  
 : RHODES INTERESTS  
 PO BOX 51790  
 MIDLAND TX 79710-1790

RETURN TO SENDER

87504  
79701

7019 2970 0000 7641 2067

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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 Charles R. Rountree  
Street and P.O. Box 86  
City, State Hampton, NY 12837

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>Charles Rountree</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>Charles R. Rountree P.O. Box 86 Hampton, NY 12837</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</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"/> Registered Mail™	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<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"/> Registered Mail™																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 4714 8344 6170 85</p> <p>7019 2970 0000 7641 2067</p>																	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																



7019 2970 0000 7641 2074

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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: Wiley C. Rountree  
703 W. Centre Avenue  
Artesia, NM 88210

City, Sta \_\_\_\_\_

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:

Wiley C. Rountree  
703 W. Centre Avenue  
Artesia, NM 88210



2. Article Number (Transfer from service label)  
7019 2970 0000 7641 2074

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X W-dl-c2  Agent  Addressee

B. Received by (Printed Name) cord 19 C. Date of Delivery 6/11

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

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

Domestic Return Receipt

7019 2970 0000 7641 2111

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL MAIL POST OFFICE**

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 Valarie Rose Carson Ryckman

Street or PO Box 1621 Seattle Hill Road, Apt. J5

City, State Bothell, WA 98012

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	<b>A. Signature</b> <input checked="" type="checkbox"/> C.R. <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<b>1. Article Addressed to:</b>  Valarie Rose Carson Ryckman 1621 Seattle Hill Road, Apt. J5 Bothell, WA 98012	<b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b> L.H.K. COV-19 6-11-21
<b>2. Article Number (Transfer from service label)</b> 7019 2970 0000 7641 2111	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
 9590 9402 5941 0062 9826 04	<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



7019 2970 0000 7641 2104

CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Susan Maxwell Shope
Street	34 Fairview Street
City, S	Asheville, NC 28603
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>MF 3/8</i></p> <p>B. Received by (Printed Name) <i>Susan Shope</i> C. Date of Delivery <i>6-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Susan Maxwell Shope 34 Fairview Street Asheville, NC 28803</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 2104</p>	<p>mail Restricted Delivery (0)</p>

7019 2970 0000 7641 2142

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

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

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

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

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

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

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

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

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

Sent To \_\_\_\_\_

Street and A Sara Meredith Stevenson  
 34 Fairview Street  
 Asheville, NC 28803

City, State, \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X: <u>WF 318</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Susan Shope</u> C. Date of Delivery <u>6-11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Sara Meredith Stevenson  34 Fairview Street  Asheville, NC 28803</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 checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5941 0062 9825 74</p> <p>7019 2970 0000 7641 2142</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>



7019 2970 0000 7641 2166

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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 Kerry Allen Vandagriff

Street and A; 7000 Shalidar Drive

City, State, Z Knoxville, TN 37921

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

*Postmark JUN 08 2021*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>DLSmith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CVTS</i> C. Date of Delivery <i>6-11-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Kerry Allen Vandagriff 7000 Shalidar Drive Knoxville, TN 37921</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 5751 0003 4027 64</p> <p>7019 2970 0000 7641 2166</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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

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

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

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

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

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

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

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

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

Sent To Kurt A. Weber

Street or PO Box 7558 Kester Avenue, #5

City, State, ZIP+4® Van Nuys, CA 91405

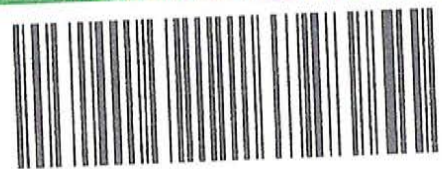
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 2970 0000 7641 2173



**CERTIFIED MAIL**

E SHANOR LLP  
 ATTORNEYS AT LAW  
 OFFICE BOX 2068  
 NEW MEXICO 87504



7019 2970 0000 7641 2173



Kurt A. Weber  
 7558 Kester Avenue, #5  
 Van Nuys, CA 91405

4/10 6/11/21

NTXTE 011 CF 1 0605/1R/21

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

ANK BC: 87504206868 \*0968-03792-03-43

\*5140567400



7019 2970 0000 7641 2180

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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	
Unknown Heirs or Assigns of	
Street and	Virginia Weber, Deceased
	7631 Willis
City, State	Van Nuys, CA 91405

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



**CERTIFIED MAIL®**

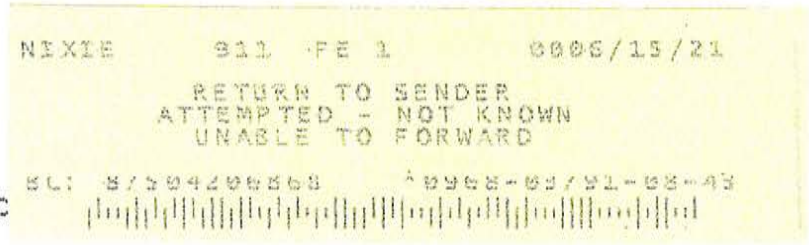


7019 2970 0000 7641 2180

**SHANOR LLP**  
 ATTORNEYS AT LAW  
 PO BOX 2068  
 VAN NUYS, CA 91405



Unknown Heirs or Assigns of  
 Virginia Weber, Deceased  
 7631 Willis  
 Van Nuys, CA 91405



91405 91235 C

7019 2970 0000 7641 2197

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)

<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  
 \$ \_\_\_\_\_

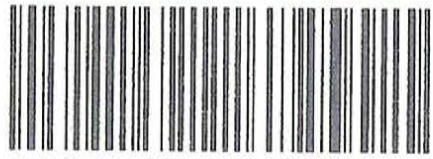
Sent To  
 Winston Partners c/o Sargent Mgmt  
 Street and Apt. No., or PO Box No.  
 901 Marquette, # 2630  
 City, State, ZIP+4®  
 Minneapolis, MN 55402-3260

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

**SATAFE MAIN POST OFFICE**  
 JUN 08 2021  
 87501-9998

**CERTIFIED MAIL®**

**SHANOR LLP**  
ORNEYS AT LAW  
OFFICE BOX 2068  
NEW MEXICO 87504



7019 2970 0000 7641 2197



4/11/21

Winston Partners, Ltd.  
c/o Sargent Management  
901 Marquette Ave., Ste. 2630  
Minneapolis, MN 55402-3260

NIXIE 553 RE 1 0005/11/21

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

ANK  
 85540323230

SC: 87504205868 \*6968-83744-08-43



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p>Great Western Drilling Ltd.  P.O. Box 1659  Midland, TX 79702</p>	<p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery</p> <p>A. Berry 6/17/21</p>																
<p>9590 9402 5941 0062 9836 01</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 1923</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																	

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7019 2970 0000 7641 1961

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 Joanna L. McDermott  
Street and 6625 East Cypress Street  
City, State Scottsdale, AZ 85257

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

SANTA FE MAIN POST OFFICE  
JUN 08 2021  
501-996

**CERTIFIED MAIL®**

**SHANOR LLP**  
ATTORNEYS AT LAW  
OFFICE BOX 2068  
NEW MEXICO 87504



7019 2970 0000 7641 1961



Joanna L. McDermott  
6625 East Cypress Street  
Scottsdale, AZ 85257

*No L*

NIXIE 850 FE 1 0006/16/21

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 87304206868 \* 0968-05793-06-43

9400921779167300

UTF  
07 00 00 00 00 00



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**OFFICIAL U.S. POST OFFICE**

7019 2970 0000 7641 1886

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. Long Minerals Trust  
 4189 Bellaire Blvd. Ste. 202  
 Houston, TX 77025-1045

City, State, ZIP+4® \_\_\_\_\_

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

87501-9998 JUN 08 2021

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**SHANOR LLP**  
**INEYS AT LAW**  
 OFFICE BOX 2068  
 NEW MEXICO 87504



7019 2970 0000 7641 1886



Long Minerals Trust  
4189 Bellaire Blvd. Ste. 202  
Houston, TX 77025-1045

NSN

NIXIE 773 DE 1 8866/17/21

RETURN TO SENDER  
 NO SUCH NUMBER  
 UNABLE TO FORWARD

BC: 87504206862 \*0968-03740-08-43

770 N 4th St  
75642 YN 87504

7019 2970 0000 764J 2159

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**POST OFFICE**  
**JUN 08 2021** Postmark Here  
 87501-9398

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 \$ **87501-9398**

Sent To Margaret L. Treat  
 P. O. Box 10701  
 Street Unit Bozeman, MT 59719  
 City, State

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:

Margaret L. Treat  
P.O. Box 10701  
Bozeman, MT 59719



2. Article Number (Transfer from service label)

7019 2970 0000 764J 2159

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

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 M.L. Treat 6/29/21  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Mail  
 Mail Restricted Delivery

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt



7020 0640 0000 0303 0597

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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 Carol Jean Dexter  
 Street and P. O. Box 414  
 Lexington, TX 78947-0414  
 City, State \_\_\_\_\_

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

*Postmark Here JUN 08 2021 87501-9998*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Carrie Morris</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carrie Morris</i></p> <p>C. Date of Delivery <i>6-22-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Carol Jean Dexter          P.O. Box 414          Lexington, TX 78947-0414</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0303 0597</p>	<p>Domestic Return Receipt</p>

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

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

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

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

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

Sent To  
Root Family Holdings, LLC  
c/o Bryan J. Root  
Street and P.O. Box 403  
City, State Rosemount, MN 55068-0403

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

### SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Root Family Holdings, LLC  
c/o Bryan J. Root  
P.O. Box 403  
Rosemount, MN 55068-0403



9590 9402 4714 8344 6172 14

9 Article Number (Transfer from *envelope label*)

7019 2970 0000 7641 2050

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

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Valerie Leah Root*

B. Received by (Printed Name)  Agent  Addressee  
*Valerie Leah Root*

C. Date of Delivery *6-21-21*

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

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Collect on Delivery Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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SANTA FE OFFICE  
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729E 0640 0000 0303 3697

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 CQWE, LLC

Street and c/o Bob Acree

59-916 Kohala Ranch Road

City, State, Kamuela, HI 96743-8564

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 0640 0000 0303 3697

CQWE, LLC  
 c/o Bob Acree  
 59-916 Kohala Ranch Road  
 Kamuela, HI 96743-8564

6/12 LN



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BC: 8750420000 \*6958-93753-68-43

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## Affidavit of Publication

Ad # 0004776562

This is not an invoice

HINKLE SHANOR LLP  
218 MONTEZUMA

SANTA FE, NM 87501

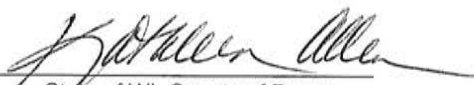
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

06/11/2021



Legal Clerk

Subscribed and sworn before me this June 11, 2021:



State of WI, County of Brown  
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN  
Notary Public  
State of Wisconsin

Ad # 0004776562  
PO #: Spur Fat Tire  
# of Affidavits 1

This is not an invoice

Spur Energy  
Partners, LLC  
Case No. 21993  
Exhibit A-7



This is to notify all interested parties, including: Davoil Oil & Gas Limited Partnership, Earth Hawk Energy, LLC, Great Western Drilling Ltd., Root Family Holdings, LLC, Breck Minerals, LP, Chase Oil Corporation, Pioneer Natural Resources USA, Inc., Jon Erick Anderson, Aaron Anderson, Rhodes Interests, Ltd., SEP Permian Holding Corp., Joanna L. McDermott, John Bedingfield, Leland Price, Inc., Michael McDowell, Alice Mainello, Mary Carolyn Johnston, RRA Minerals, L.L.C., Gates Properties, Ltd., Estate of Virginia Gates Irish, Robert Morley Irish, Nancy Helen Castillo, Kenneth William Irish, John W. Gates, LLC, Susan Maxwell Shope, Sara Meredith Stevenson, Peter N. Maxwell, Jonathan V. Maxwell, David L. Maxwell, Russell Sanford Gates, William Allen Gates, James Warren Hanson, Kathie A. Hanson, Warren and Kathie Hanson Trust, James Chester Bethel, Jr., Leslie Lee Bayouth, Edward Louis Carson, Jr., Gayle Angela Carson f/k/a Gayle Angela Carson Carpenter, Valarie Rose Carson Ryckman, Diana Louise Carson Kostka, David Rhea Carson, Jackie Kemp Jones, Richard M. Lowery, The New Mexico Baptist Foundation, Lynn Barker, Connor Family LLC, Charles R. Rountree, Wiley C. Rountree, unknown heirs or assigns of Lee Vandagriff, Kerry Allen Vandagriff, Edward Jones Trust Company, the Dolores Thomas Trust, Dexter Family Holdings, LLC, Carol Jean Dexter, Robert Christian Dexter, Hadiya Musleh Dexter, the Dexter Family Trust, CQWE, LLC, Chester J. Acree, Jean C. Acree, Acree Family Trust, John Lambert Mock, Mary Annettie Mock, Mock Family Trust, Debbie L. Bowers, Debbie L. Bowers Revocable Trust, Margaret L. Treat, John Steven Doyle, Estate of Rebecca Marguerite Smith, Kurt A. Weber, unknown heirs or assigns of Virginia Weber, Maryanne K. Stokes Blakely, Cary Winston Severn, Lorann Bell Severn, The Cary W. Severn and Lorann B. Severn Family Trust, Lonnie A. Downer, Jolinda Downer, 2012 Lonnie and Jolinda Downer Revocable Trust, Lola I. Newquist, The Newquist Trust, Raye P. Miller, Mary K. Miller, Dastarac, Inc., Hunt Oil Company, Long Minerals Trust, and Winston Partners, Ltd., that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Spur Energy Partners, LLC (Case No. 21993). During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on July 1, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant seeks an order pooling all uncommitted mineral interests from the top of the Yeso formation (at a stratigraphic equivalent of approximately 4,225' MD as observed on the Anderson-Federal 1 well Schlumberger Sidewall Neutron Porosity Log (API No. 30-015-20565)) to a depth of approximately 5,000' MD in a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Section 12, Township 17 South, Range 29 East, Eddy County, New Mexico ("HSU"). The HSU will be dedicated to following wells:

- a. Fat Tire 12 Federal 10H and Fat Tire 12 Federal 51H, which will be horizontally drilled from a surface location in Lot 3 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit L in Section 12, Township 17 South, Range 29 East;
- b. Fat Tire 12 Federal 71H, which will be horizontally drilled from a surface location in Lot 4 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit L in Section 12, Township 17 South, Range 29 East; and
- c. Fat Tire 12 Federal 11H, 22H, and 52H, which will be horizontally drilled from a surface location in Lot 4 in Section 7, Township 17 South, Range 30 East to a bottom hole location in Unit M in Section 12, Township 17 South, Range 29 East (collectively "Wells").

The completed intervals of the Wells will be orthodox. The completed interval of the Fat Tire 12 Federal 22H will be within 330' of the line separating the N/2S/2 and S/2S/2 of Section 7 to allow inclusion of this acreage into a standard 320-acre horizontal spacing unit. The completed intervals of the wells will be orthodox. Also to be considered will be the cost of drilling and completing the wells and the allocation of the cost, the designation of Spur Energy Partners, LLC as the operator of the wells, and a 200% charge for the risk involved in drilling and completing the wells. The wells are located approximately 3 miles northwest of Loco Hills, New Mexico.

June 11, 2021

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

APPLICATION OF SPUR ENERGY  
PARTNERS, LLC FOR COMPULSORY  
POOLING, EDDY COUNTY, NEW MEXICO

Case No. 21993

SELF-AFFIRMED STATEMENT OF  
C.J. LIPINSKI

1. I am over 18 years of age and am competent to provide this Self-Affirmed Statement. I have personal knowledge of the matters addressed herein.
2. I am a geologist at Spur Energy Partners, LLC (“Spur”). I am familiar with the geological matters that pertain to Spur’s application.
3. I have previously testified before the New Mexico Oil Conservation Division as an expert in geology, and my qualifications were accepted.
4. **Exhibit B-1** is a general location map of the proposed horizontal spacing unit (“HSU”) that shows the proposed **Fat Tire 12 Federal 10H, 51H, 71H, 22H, 52H, and 11H** wells (“Wells”) with black lines and the offset Yeso producers with purple squares. This map also identifies five wells penetrating the targeted intervals that I used to construct a cross-section from A to A’. I utilized these well logs because they penetrate the targeted intervals, are of good quality, and have been subjected to a petrophysical analysis of the targeted intervals.
5. **Exhibit B-2** is a structure map for the top of the Glorieta formation, which also reflects the surrounding area in Eddy County in relation to the HSU. The contour interval is 25 feet. The map demonstrates the formation is gently dipping to the east in this area. I do not observe



any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-3** is a structural cross-section using the representative wells identified on **Exhibit B-1**. It contains gamma ray, resistivity and porosity logs. The landing zones for the wells are labeled on the exhibit. In my opinion, these well logs are representative of the geology in the area. The cross-section demonstrates the target interval within the Yeso formation is continuous across the HSU.

7. **Exhibit B-4** is a Gun Barrel view from B to B' of Spur's intended development of the Yeso formation in Section 12.

8. In my opinion, a laydown orientation in the Yeso formation is appropriate for proper exploitation because of consistent rock properties throughout the spacing unit and the lack of preferred fracture orientation in this portion of the trend.

9. Based on my geologic study of the area, the Yeso formation underlying the subject areas and subject HSU is suitable for development by horizontal wells and the tracts comprising the HSU will contribute more or less equally to the production of the well.

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

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

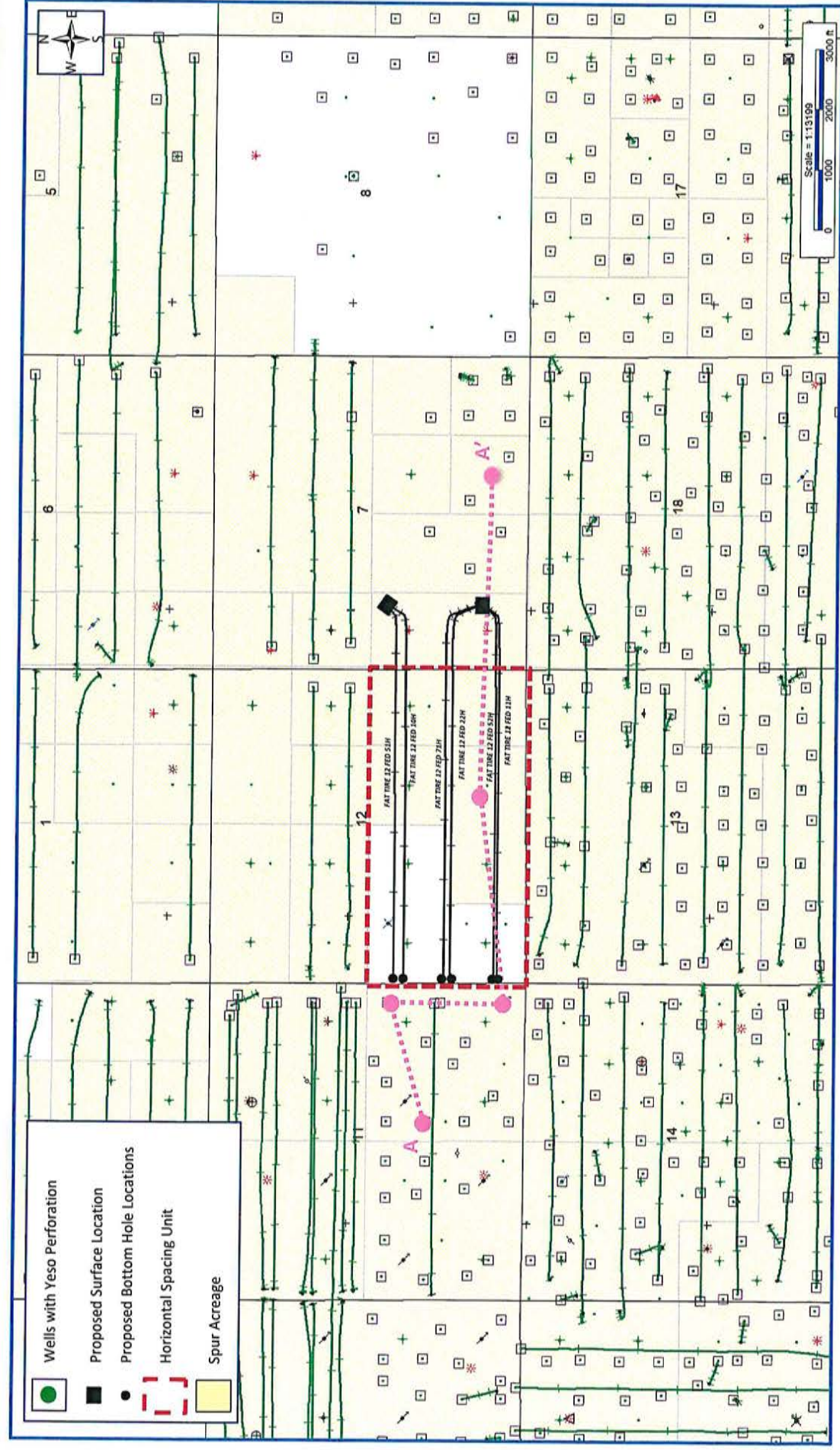
12. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 11 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten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

  
C.J. Lipinski

4/15/21  
Date



# Exhibit B-1: Fat Tire 12 Federal Basemap



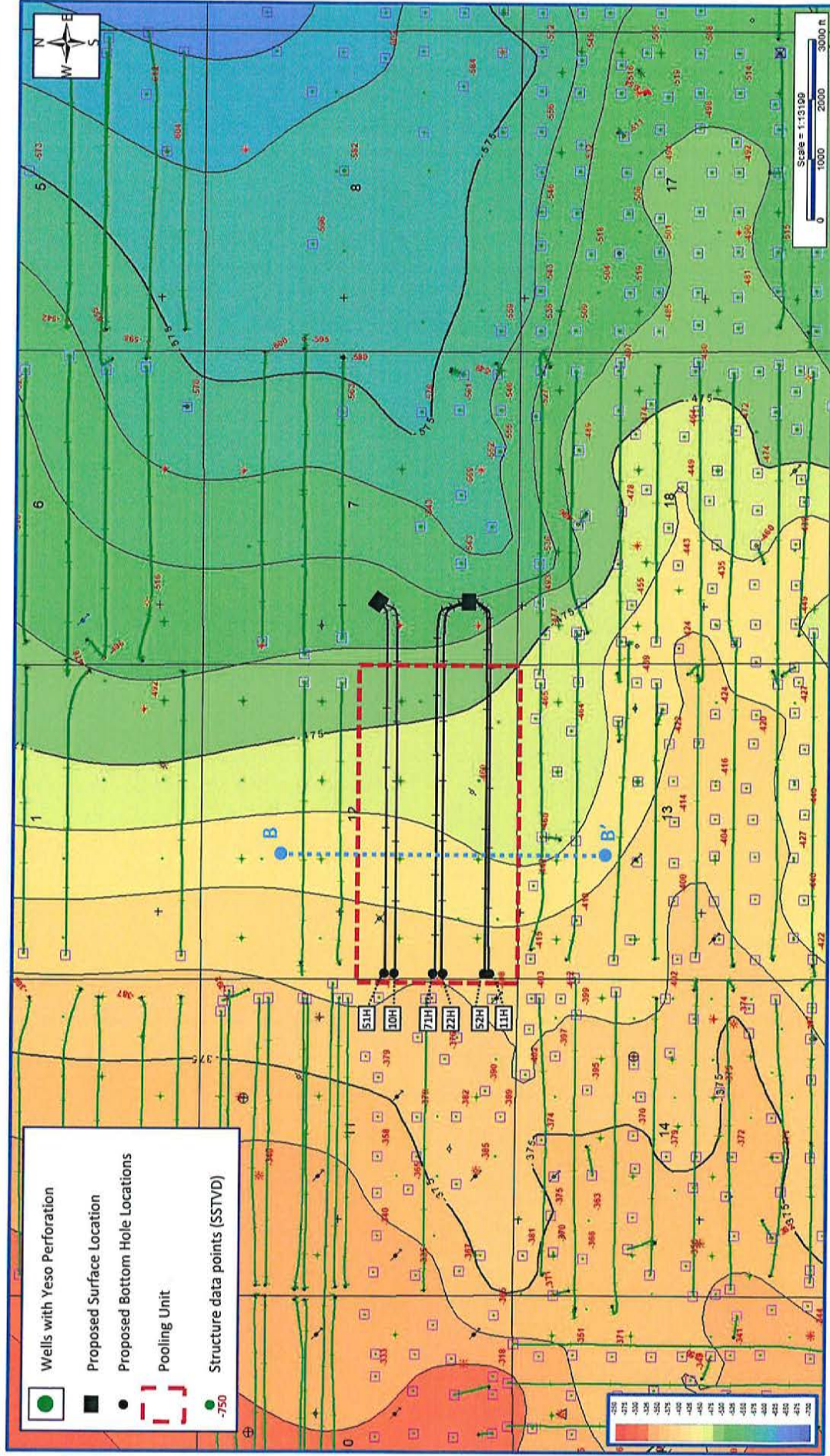
Spur Energy  
Partners, LLC  
Case No. 21993

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# Exhibit B-2: Structure Map (SSTVD): Top Glorieta



Spur Energy  
Partners, LLC  
Case No. 21993

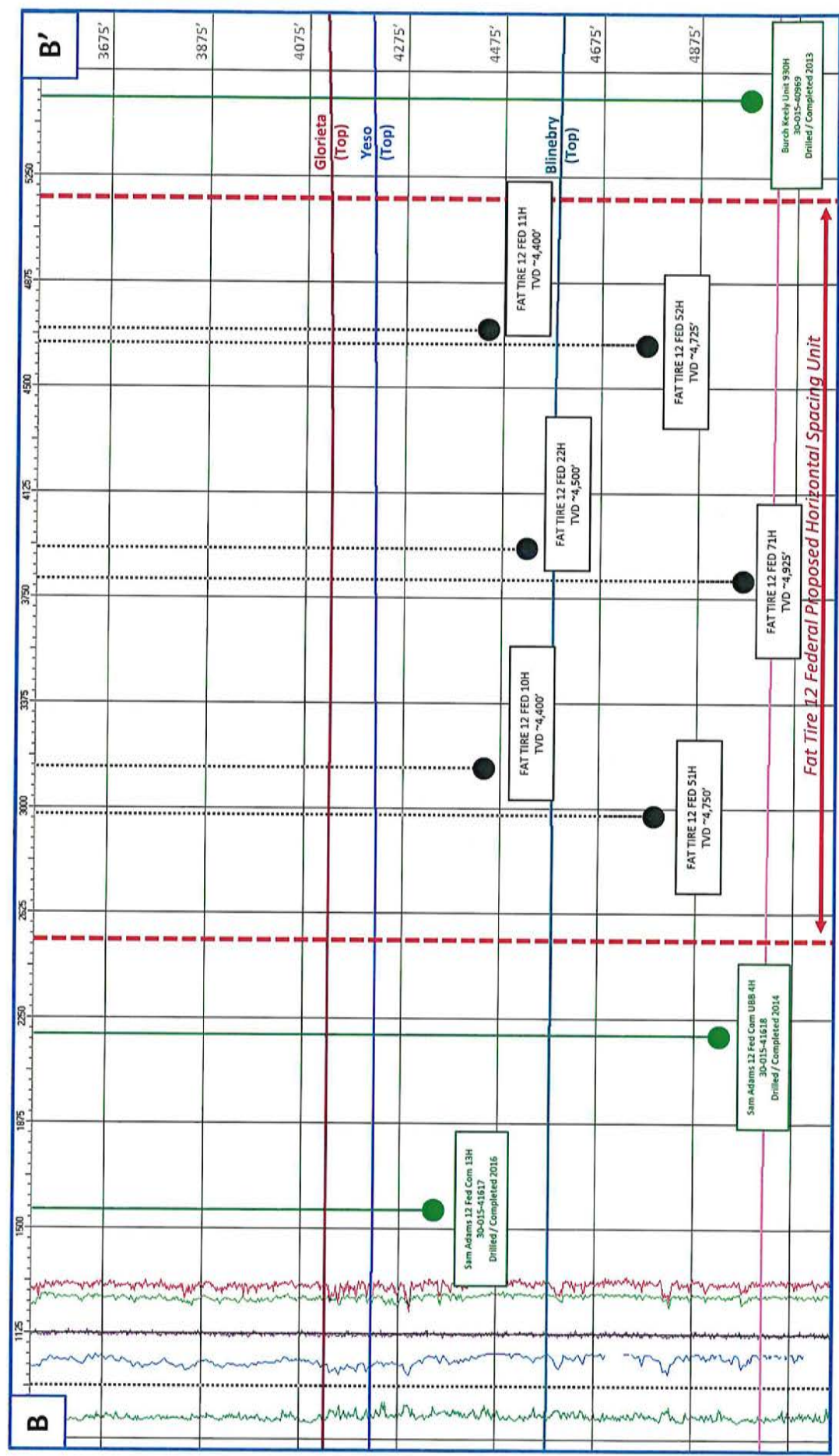
Exhibit B-2







# Exhibit B-4: Fat Tire 12 Federal Gun Barrel (TVD)



Spur Energy  
Partners, LLC  
Case No. 21993

Exhibit B-4

