

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

APPLICATION OF ARMSTRONG ENERGY
CORPORATION FOR REINSTATEMENT OF
AUTHORIZATION TO INJECT FOR
WATERFLOOD OPERATIONS,
LEA COUNTY, NEW MEXICO

CASE NO. 22080

EXHIBIT INDEX

Exhibit A	Self-Affirmed Statement of Kevin Klein
A-1	Resume of Kevin Klein
A-2	Application & Proposed Notice of Hearing
A-3	Order No. R-12496
A-4	Order No. R-12496-A
A-5	General Location Map
A-6	Midland Map
A-7	C-108
A-8	Sample Hearing Notice Letter
A-9	Affidavit of Publication of Hearing Notice
Exhibit B	Self-Affirmed Statement of Kyle Alpers
B-1	Resume of Kyle Alpers
B-2	Unit Production Chart
Exhibit C	Self-Affirmed Statement of Kelsey Garner
C-1	Resume of Kelsey Garner
C-2	Type Log
C-3	Structure Map
C-4	Cross-Section

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

APPLICATION OF ARMSTRONG ENERGY
CORPORATION FOR REINSTATEMENT OF
AUTHORIZATION TO INJECT FOR
WATERFLOOD OPERATIONS,
LEA COUNTY, NEW MEXICO

CASE NO. 22080

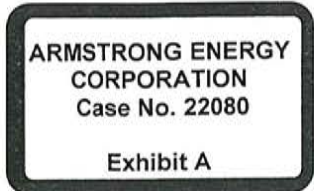
SELF-AFFIRMED STATEMENT OF KEVIN KLEIN

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. I am employed as the Land Manager of Armstrong Energy Corporation (“Armstrong”). I have not previously testified before the New Mexico Oil Conservation Division (“Division”). A copy of my resume is attached as **Exhibit A-1**.

2. I am familiar with the Application filed by Armstrong in this case and with the land matters pertaining to this Application. Copies of the application and proposed notice are attached as **Exhibit A-2**.

3. Armstrong’s Application seeks an order reinstating injection authority for certain injection wells within its Trinity Burrus Abo Unit waterflood project comprised of portions of Sections 15, 22, 23, 26, and 27, Township 12 South, Range 38 East NMPM in Lea County, New Mexico.

4. On January 24, 2006, the Division issued Order No. R-12496, approving the statutory unitization of the Trinity Burrus Abo Unit (“Unit” or “Project”) for secondary recovery. A copy of Division Order No. R-12496 is attached as **Exhibit A-3**. The Unit is comprised of the



following 1,720 acres, more or less, of federal, state and fee lands located in Township 12 South, Range 38 East, NMPM, Lea County, New Mexico:

- Section 15: SW/4SE/4
- Section 22: E/2, E/2W/2
- Section 23: W/2, W/2E/2
- Section 26: W/2W/2, NE/4NW/4, SE/4SW/4
- Section 27: E/2, E/2W/2

5. On April 28, 2006, the Division issued Order No. R-12496-A to confirm that at least seventy-five percent of the working interest owners in the Unit approved the plan for Unit operations and that the Unit could then become effective pursuant to Order No. R-12496. A copy of Division Order No. R-12496-A is attached as **Exhibit A-4**.

6. In accordance with Order No. R-12496, the unitized interval is 9,063' to 9,131' measured depth.

7. A general location map depicting the location of the Unit is attached as **Exhibit A-5**, and a Midland Map of the Unit acreage is attached as **Exhibit A-6**.

8. In 2006, the Trinity Burrus Abo Unit #013, #018, and #21 wells were converted to injection under the authorization of Order No. R-12496 establishing the Unit waterflood project. In 2007, the Trinity Burrus Abo Unit #004H well was converted to injection and included within the waterflood project under Administrative Order WFX-830. In 2007, the Trinity Burrus Abo Unit #016 and Trinity Burrus Abo Unit #028 wells were also converted to injection and included in the waterflood project under Administrative Order WFX-831. In 2010, the Trinity Burrus Abo Unit #026 well was converted to injection and included in the waterflood project under Administrative Order WFX-878. In 2011, the Trinity Burrus Abo Unit #005 and Trinity Burrus Abo Unit #011 wells were converted to injection and included in the waterflood project under Administrative Order IPI-398.

9. Armstrong acquired the Unit in 2017 and has maintained productive waterflood operations within the Unit. In April 2019, Armstrong temporarily shut-in certain injection wells in the Unit to evaluate injection pressures and patterns and remained shut-in due to the collapse in oil and gas prices. Armstrong’s injection authority inadvertently lapsed in May 2020 for the wells listed below (“Wells”):

Well Name (API: 30-025-)	Location within T12S-R38E	Injection interval
Trinity Burrus Abo Unit #004 (35817)	2310 FSL & 1210 FEL, UL I, Sec. 22	9050’- 9078’
Trinity Burrus Abo Unit #005 (36451)	2310 FNL & 1650 FWL, UL F, Sec 23	9056’- 9091’
Trinity Burrus Abo Unit #006 (35937)	330 FSL & 2310 FWL, UL N, Sec 22	9035’- 9087’
Trinity Burrus Abo Unit #011 (36038)	1650 FSL & 2310 FWL, UL K, Sec 22	9030’- 9080’
Trinity Burrus Abo Unit #013 (36018)	2310 FNL & 990 FEL, UL H, Sec 22	9052’- 9086’
Trinity Burrus Abo Unit #016 (36251)	1980 FSL & 660 FWL, UL L, Sec 23	9014’- 9062’
Trinity Burrus Abo Unit #018 (36450)	1650 FSL & 2200 FEL, UL J, Sec 23	9150’- 9184’
Trinity Burrus Abo Unit #021 (30106)	330 FSL & 1650 FWL, UL N, Sec 23	9110’- 9144’
Trinity Burrus Abo Unit #025 (36248)	2310 FSL & 330 FEL, UL I, Sec 27	9086’- 9128’
Trinity Burrus Abo Unit #026 (35985)	330 FNL & 2000 FEL, UL B, Sec 27	9036’- 9094’
Trinity Burrus Abo Unit #028 (37254)	2240 FSL & 2310 FWL, UL K, Sec 27	9078’- 9126’

10. The Wells were initially producers in the Trinity; Wolfcamp pool within the Wolfcamp formation.

11. **Exhibit A-7** includes a copy of Armstrong’s Application for Authorization to Inject (Form C-108). I am generally familiar with the content provided in the Form C-108, but it will be addressed in further detail by Mr. Alpers.

12. Pages 6-57 of Form C-108 contain location maps identifying the proposed Wells and other wells within the ½ mile radius areas of review that penetrate the proposed injection zone and provide detailed well information for the wells within the areas of review.

13. As shown on pages 62-66 of Form C-108, Armstrong identified all affected parties.

14. Armstrong conducted a diligent, good-faith effort to identify the correct addresses of persons entitled to notice and has complied with the Division’s notice requirements.

15. At Armstrong's direction, notice of the Division's hearing was provided to all affected parties, including the New Mexico State Land Office and Bureau of Land Management, at least 20 days prior to the hearing date. A sample of the hearing notice letter and the associated return receipts are attached as **Exhibit A-8**.


16. Notice of the hearing was also published more than ten business days prior to the hearing date. The affidavit of publication is attached as **Exhibit A-9**.

17. Armstrong did not receive notice of any objections to its Application.

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

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

20. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 19 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



Kevin Klein

8/2/2021
Date

KEVIN KLEIN

109 W Compress Rd., Artesia, NM 88210 · 575-317-4842
nmlandman@gmail.com

EXPERIENCE

MARCH 2013-PRESENT

LAND MANAGER/LANDMAN, ARMSTRONG ENERGY CORPORATION

As Land Manager I am responsible for all land related matters for Armstrong Energy. Record management and maintenance, land owner relations, negotiation of agreements, leasing, title research, title updates, division order analysis, working with technical staff to evaluate drilling, acquisition, and divestiture opportunities, and many other tasks that arise.

JULY 2010 – MARCH 2013

LANDMAN, YATES PETROLEUM CORPORATION

As a Landman my duties include just about everything land related that would be required for the drilling of oil and gas wells in the Permian Basin. I work on leasing projects, supervise field Landmen, draft and negotiate agreements, acquire drilling and division order title, perform curative work, and more.

OCTOBER 2005 – JULY 2010

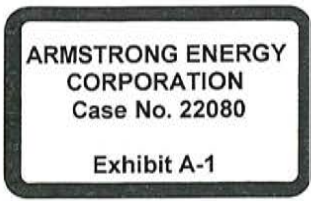
INDEPENDENT LANDMAN, SELF-EMPLOYED

As a self-employed Landman most of my work was title research and lease acquisitions in New Mexico and West Texas, including HBP acreage. I have also negotiated surface damages for drilling, road and utility construction, and right-of-way research and acquisition.

APRIL 2004 – OCTOBER 2005

ASSOCIATE LANDMAN, YATES PETROLEUM CORPORATION

Most of my work was with non-operated oil and gas properties in the Rocky Mountain region, including the Green River Basin, Wind River Basin, Sand Wash Basin. I also worked on operated properties in the Piceance Basin, San Juan Basin, and Utah. I was involved in the negotiation of farmout agreements, joint operating agreements, as well as other agreements. I was involved in many non-operated Federal Exploratory Units, and some operated units. I did quite a lot of fee lease acquisitions in Moffat County, CO and Lea and Roosevelt Counties, NM and several areas of Wyoming. I also bid the State and Federal lease sales in Wyoming for the last 12 months of my employment at Yates. I performed records research and due diligence on acquisitions. I learned much about the business of exploring for and producing oil and gas and discovered that I love working in the oil and gas industry. I also had the opportunity to learn to work together with engineers, geologists, and management while working on projects.



EDUCATION

2000

ANIMAL SCIENCE/CHEMISTRY MINOR, TEXAS TECH UNIVERSITY

Presidential Scholar

1995

ARTESIA HIGH SCHOOL

4.09 GPA, 32 ACT, Top 2% of class

ACTIVITIES

- NMLA, Member
- PBLA, Member
- AAPL, Member
- Eddy County Shooting Range Association, Director, 2009-2015
- Eddy County Fair Board, Director, 2012-Present
- Otero County Cattle Growers Assn., Board Member, 2003
- National FFA Degree, 1996
- Texas Tech University, Presidential Scholarship, 1995

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

APPLICATION OF ARMSTRONG ENERGY
CORPORATION FOR REINSTATEMENT OF
AUTHORIZATION TO INJECT FOR
WATERFLOOD OPERATIONS,
LEA COUNTY, NEW MEXICO

Case No. 22080

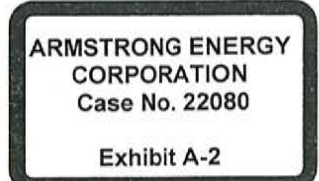
APPLICATION

Pursuant to Sections 70-7-1 through 70-7-21, NMSA, 19.15.26.8 NMAC and Oil Conservation Division ("Division") Order No. R-12496, Armstrong Energy Corporation ("Armstrong") applies for an order reinstating injection authority for certain injection wells within its Trinity Burrus Abo Unit waterflood project, comprised of portions of Sections 15, 22, 23, 26, and 27, Township 12 South, Range 38 East NMPM in Lea County, New Mexico. In support of its Application, Armstrong states the following.

1. On January 24, 2006, the Division issued Order No. R-12496 approving the statutory unitization of the Trinity Burrus Abo Unit ("Unit") for secondary recovery. The Unit is comprised of the following described 1,720 acres, more or less, of federal, state and fee lands located in Township 12 South, Range 38 East, NMPM, Lea County, New Mexico:

- Section 15: SW/4SE/4
- Section 22: E/2, E/2W/2
- Section 23: W/2, W/2E/2
- Section 26: W/2W/2, NE/4NW/4, SE/4SW/4
- Section 27: E/2, E/2W/2

2. In accordance with Order No. R-12496, the unitized interval is 9,063' to 9,131' measured depth.



3. On April 28, 2006, the Division issued Order No. R-12496-A to confirm that at least seventy-five percent of the working interest owners in the Unit approved the plan for Unit operations and that the Unit could then become effective pursuant to Order No. R-12496.

4. Armstrong acquired the Unit in 2017 and has maintained waterflood operations within the Unit. However, Armstrong's injection authority inadvertently lapsed in May 2020 for the wells listed below ("Wells"):

Well Name (API: 30-025-)	Location within T12S-R38E	Injection interval
Trinity Burrus Abo Unit #004 (35817)	2310 FSL & 1210 FEL, UL I, Sec. 22	9050'- 9098'
Trinity Burrus Abo Unit #005 (36451)	2310 FNL & 1650 FWL, UL F, Sec 23	9055'- 9115'
Trinity Burrus Abo Unit #006 (35937)	330 FSL & 2310 FWL, UL N, Sec 22	9046'- 9108'
Trinity Burrus Abo Unit #011 (36038)	1650 FSL & 2310 FWL, UL K, Sec 22	9045'- 9102'
Trinity Burrus Abo Unit #013 (36018)	2310 FNL & 990 FEL, UL H, Sec 22	9051'- 9110'
Trinity Burrus Abo Unit #016 (36251)	1980 FSL & 660 FWL, UL L, Sec 23	9014'- 9084'
Trinity Burrus Abo Unit #018 (36450)	1650 FSL & 2200 FEL, UL J, Sec 23	9141'- 9209'
Trinity Burrus Abo Unit #021 (30106)	330 FSL & 1650 FWL, UL N, Sec 23	9107'- 9167'
Trinity Burrus Abo Unit #025 (36248)	2310 FSL & 330 FEL, UL I, Sec 27	9083'- 9152'
Trinity Burrus Abo Unit #026 (35985)	330 FNL & 2000 FEL, UL B, Sec 27	9048'- 9117'
Trinity Burrus Abo Unit #028 (37254)	2240 FSL & 2310 FWL, UL K, Sec 27	9078'- 9126'

5. All of the Wells were initially producers in the Trinity; Wolfcamp pool within the Wolfcamp formation.

6. In 2006, the Trinity Burrus Abo Unit #013, #018, and #21 wells were converted to injection under the authorization of Order No. R-12496 establishing the Unit waterflood project. In 2007, the Trinity Burrus Abo Unit #004H well was converted to injection and included within the waterflood project under Administrative Order WFX-830. In 2007, the Trinity Burrus Abo Unit #016 and Trinity Burrus Abo Unit #028 wells were also converted to injection and included in the waterflood project under Administrative Order WFX-831. In 2010, the Trinity Burrus Abo Unit #026 well was converted to injection and included in the waterflood project under Administrative Order WFX-878. In 2011, the Trinity Burrus Abo Unit #005 and Trinity Burrus

Abo Unit #011 wells were converted to injection and included in the waterflood project under Administrative Order IPI-398.

7. Armstrong proposes to reinstate injection into the wells for waterflood operations and plans to inject water through a closed system through perforations at depths of 9,045' to 9,209' within the Wolfcamp formation.

8. The proposed average injection rate through the Wells is expected to be 100 psig.

9. The expected maximum injection pressure is 1,800 psig or as permitted by the Division.

10. The proposed average injection rate is expected to be 500 barrels of water per day.

11. The maximum daily injection rate will be 1,000 barrels of water per day or as permitted by the Division.

12. The source of the water to be injected will be produced water from other Wolfcamp formation wells drilled on the leases within the Unit.

13. Armstrong's proposed injection operations can be conducted in a safe and responsible manner without causing waste, impairing correlative rights or endangering fresh water, public health or the environment.

14. Granting Armstrong's application will protect correlative rights and prevent waste.

15. A copy of Armstrong's C-108 Application for Authorization to Inject is attached as Exhibit A.

WHEREFORE, Applicant requests this Application be set for hearing before a duly appointed examiner of the Oil Conservation Division on August 5, 2021, and that after notice and hearing as required by law, the Division enter an Order reinstating injection authority for the Wells at the intervals, pressures, volumes and rates indicated.

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 Armstrong Energy Corporation

Application of Armstrong Energy Corporation for Reinstatement of Authorization to Inject for Waterflood Operations, Lea County, New Mexico. Applicant applies for an order reinstating its injection authority for certain injection wells within its Trinity Burrus Abo Unit waterflood project ("Unit"). Order No. R-12496 approved creation of the Unit, which is comprised of the following 1,720 acres, more or less, of federal, state and fee lands located in Township 12 South, Range 38 East, NMPM, Lea County: Section 15 – SW/4SE/4; Section 22 – E/2 and E/2W/2; Section 23 – W/2 and W/2E/2; and Section 26 – W/2W/2, NE/4NW/4, and SE/4SW/4. The unitized interval is 9,063' to 9,131'. Applicant has maintained waterflood operations within the Unit and proposes to reinstate its injection authority for the wells listed below:

Well Name (API: 30-025-)	Location within T12S-R38E	Injection interval
Trinity Burrus Abo Unit #004 (35817)	2310 FSL & 1210 FEL, UL I, Sec. 22	9050' - 9098'
Trinity Burrus Abo Unit #005 (36451)	2310 FNL & 1650 FWL, UL F, Sec 23	9055' - 9115'
Trinity Burrus Abo Unit #006 (35937)	330 FSL & 2310 FWL, UL N, Sec 22	9046' - 9108'
Trinity Burrus Abo Unit #011 (36038)	1650 FSL & 2310 FWL, UL K, Sec 22	9045' - 9102'
Trinity Burrus Abo Unit #013 (36018)	2310 FNL & 990 FEL, UL H, Sec 22	9051' - 9110'
Trinity Burrus Abo Unit #016 (36251)	1980 FSL & 660 FWL, UL L, Sec 23	9014' - 9084'
Trinity Burrus Abo Unit #018 (36450)	1650 FSL & 2200 FEL, UL J, Sec 23	9141' - 9209'
Trinity Burrus Abo Unit #021 (30106)	330 FSL & 1650 FWL, UL N, Sec 23	9107' - 9167'
Trinity Burrus Abo Unit #025 (36248)	2310 FSL & 330 FEL, UL I, Sec 27	9083' - 9152'
Trinity Burrus Abo Unit #026 (35985)	330 FNL & 2000 FEL, UL B, Sec 27	9048' - 9117'
Trinity Burrus Abo Unit #028 (37254)	2240 FSL & 2310 FWL, UL K, Sec 27	9078' - 9126'

Applicant proposes to inject water through a closed system through perforations at depths of 9,045' to 9,209' within the Wolfcamp formation. The proposed average injection rate is expected to be 100 psig, and the expected maximum injection pressure is 1,800 psig or as permitted by the Division. The proposed average injection rate is expected to be 500 barrels of water per day, and the maximum daily injection rate will be 1,000 barrels of water per day or as permitted by the Division. The Unit acreage is located approximately 25 miles northeast of Lovington, New Mexico.

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

IN THE MATTER OF THE HEARING
CALLED BY THE OIL CONSERVATION
DIVISION FOR THE PURPOSE OF
CONSIDERING THE:

APPLICATION OF CHESAPEAKE OPERATING, INC. FOR STATUTORY
UNITIZATION OF THE TRINITY BURRUS UNIT AREA, LEA COUNTY, NEW
MEXICO

CASE NO. 13582

APPLICATION OF CHESAPEAKE OPERATING, INC. FOR APPROVAL OF A
WATERFLOOD PROJECT AND QUALIFICATION OF THE PROJECT AREA
OF THE TRINITY BURRUS UNIT FOR THE RECOVERED OIL TAX RATE
PURSUANT TO THE ENHANCED OIL RECOVERY ACT, LEA COUNTY, NEW
MEXICO

CASE NO. 13583

ORDER NO. R-12496

ORDER OF THE DIVISION

BY THE DIVISION:

These cases came on for hearing at 8:15 a.m. on October 20, 2005, at Santa Fe, New Mexico, before Examiner William V. Jones.

NOW, on this 24th day of January, 2006, the Division Director, having considered the record and the recommendations of the Examiner,

FINDS THAT:

1. Due public notice has been given, and the Division has jurisdiction of these cases and the subject matter.
2. In Case No. 13582, Chesapeake Operating, Inc. ("Chesapeake" or "applicant") seeks a statutory unitization, pursuant to the Statutory Unitization Act, NMSA 1978 Sections 70-7-1 through 70-7-21, as amended ("the Statutory Unitization Act"), of 1720 acres, more or less, of federal, state and fee lands located in portions of Sections 15, 22, 23, 26 and 27 of Township 12 South, Range 38 East, NMPM, Lea County, New Mexico ("the unit area"), for the purpose of instituting secondary recovery operations which include a waterflood project within the Trinity-Wolfcamp Pool, to be

ARMSTRONG ENERGY CORPORATION
Case No. 22080
Exhibit A-3

called the Trinity Burrus Abo Unit, and approval of the unit agreement and the unit operating agreement, which were submitted as applicant's Exhibits No. 2 and 4 in this case.

3. In Case No. 13583, Chesapeake seeks approval of a waterflood project for the injection of water into the Abo formation within the Trinity-Wolfcamp Pool, initially through seven injection wells shown on Exhibit "A" attached to this order. Chesapeake further seeks provisions allowing for the administrative approval of additional injection wells in succeeding phases of operation. Chesapeake also seeks to qualify the proposed project as an "Enhanced Oil Recovery Project" pursuant to the "Enhanced Oil Recovery Act" (NMSA 1978 Sections 7-29A-1 through 7-29A-5, as amended).

4. Cases No. 13582 and 13583 were consolidated at the hearing for the purpose of testimony. Because the cases involve the same property and subject matter, a single order is being issued for both cases.

5. The proposed unit area consists of 1720 acres, more or less, of federal, state and fee lands located in Lea County, New Mexico, described as follows:

TOWNSHIP 12 SOUTH, RANGE 38 EAST, NMPM

Section 15: SW/4 SE/4
Section 22: E/2, E/2 W/2
Section 23: W/2, W/2 E/2
Section 26: W/2 W/2, NE/4 NW/4, SE/4 SW/4
Section 27: E/2, E/2 W/2

6. The proposed vertical extent of the unit ("unitized formation") is that interval within the proposed unit area, included in the Trinity-Wolfcamp Pool, but geologically known as the Abo Dolomite formation, found at the drilling depth interval of 9,063 feet to 9,131 feet (5,257 feet to 5,325 feet below sea level), as measured on the electric log called the "Compensated Neutron, Photo Density, Micro Log" ran September 24, 2003 on Limark Corporation's State DZ Well No. 2 (API No. 30-025-36373). This well was drilled in September of 2003, and is located in the SW/4 SW/4 of Section 23, Township 12 South, Range 38 West, NMPM, Lea County, New Mexico.

7. The proposed unit area has been approved by the United States Bureau of Land Management (BLM) subject to the Division's approval of the proposed statutory unitization, and the Commissioner of Public Lands has granted preliminary approval to the unit agreement as to form and content.

8. Chesapeake presented the testimony of landman Terry Frohnafel as follows:

(a) In June 2005, the proposed unit was proposed by Chesapeake to the working interest owners in the unit area and thereafter reviewed with representatives of the Bureau of Land Management and the State Land Office. On June 24, 2005, Chesapeake conducted a working interest meeting to review

the proposed unitization plan and the unit agreement with the other working interest owners in the unit area and on August 31, 2005 proposed the unit agreement and unit operating agreement to all working interest owners and all royalty owners in the unit area. Since that time, and in accordance with the provisions of the unit agreement, Chesapeake has had numerous conversations with the owners in the unit area concerning this proposed unit.

(b) The proposed unit contains approximately 30 separate tracts owned by numerous parties. Tracts comprising 1,200 acres are in private ownership and comprise 66.67% of the unit area. Tracts comprising 480 acres are State of New Mexico land currently under lease and comprise 26.67% of the unit area. Tracts comprising 120 acres are federal lands currently under lease and comprise 6.66% of the unit area. Approximately 94% of the working interest and 91% of the royalty interest were committed to the unit at the time of the hearing.

(c) Rehoboth, Inc., a working interest owner, objected to the language in one paragraph of the latest unit operating agreement. Chesapeake has agreed to the suggested change and will be amending the unit operating agreement and submitting the amendment to all the working interest owners for ratification. Rehoboth, Inc. has since dropped any further objection to this proceeding.

(d) Chesapeake is proposing a 200% non-participation penalty, to apply to parties unitized by order who do not elect to participate in subsequent operations.

9. Chesapeake presented the testimony of petroleum geologist David Godsey as follows:

(a) The Burrus Pay in the Trinity-Wolfcamp Pool is in fact the lowermost unit of dolomitized Abo Carbonate shelf that sits immediately above the Wolfcamp limestone. The fact that the Abo formation exists within the Trinity-Wolfcamp Pool has been confirmed and supported by the Division's Hobbs District geologist.

(b) The Burrus Pay is a dolomitized carbonate with minor amounts of small anhydrite nodules and occasional siliceous material. There is no fracturing and essentially no vugular porosity fabric evident in the cores or on the openhole wireline log data. Productive porosity typically ranges from 5% to 14% but is as high as 17% in the Unit area.

(c) The pool is located over a small, deep-seated, faulted Siluro-Devonian structure bounded on the east by a downthrown block. At the Burrus pay horizon this results in a low-relief four-way closure centered over the SE/4 of Section 22 plunging steeply on the east flank in the E/2 of Section 23 into a deep closed low.

(d) Chesapeake presented a composite Net Porosity Isopach map of

the Burrus pay interval showing that all lands within the proposed unit contain porous reservoir rock and therefore, all lands within the proposed unit appear capable of contributing additional secondary recovery reserves. This preponderance of porosity can also be seen on cross sections and with seismic trace inversion data. Accordingly, from geologic studies performed over this area, the unit area is well suited for secondary and tertiary recovery operations and the entire proposed unit area should contribute enhanced recovery reserves.

10. Chesapeake presented the testimony of petroleum engineer Everett Bradley as follows:

(a) All tracts within the unit area should contribute to secondary production.

(b) The proposed tract participation formula will be in effect during all future secondary recovery operations and the formula best allocates unitized substances to the owners on a fair, reasonable and equitable basis. The formula is listed in Section 13 of the unit agreement and consists of the following 5 equally weighted parameters – each calculated from the tract's percentage of the whole unitized area:

- (i) useable wellbores;
- (ii) latest (early 2005) average producing rate;
- (iii) remaining primary reserves;
- (iv) estimated ultimate primary recovery; and
- (v) hydrocarbon pore volume.

(c) The proposed waterflood project is feasible, and the proposed unit area can be efficiently and effectively operated under the proposed plan of development.

(d) The waterflood project will be initiated with seven injection wells and be implemented rapidly in one phase until the entire unitized area is swept by injection wells.

(e) The remaining primary recovery from the unit area is estimated at approximately 487,300 barrels of oil.

(f) The estimated total capital costs associated with initiating the project is 7 million dollars. Total project costs including capital costs and operating expenses are estimated at 50 million dollars.

(g) The projected secondary recovery from the waterflood project is

estimated to be approximately 1.7 million barrels of oil and no gas, with an estimated total value of approximately 84 million dollars.

(h) Unitized management of this pool is necessary to effectively implement and carry on the proposed waterflood operations.

(i) Each of the seven proposed injection wells will inject an average of 1,000 barrels (which will be the maximum proposed injection rate) of produced water per day. No fresh makeup water will be used. Injection waters will consist of produced water from the unit area and of Devonian makeup water. The Devonian and Abo waters are compatible and mixing these will not result in reservoir damage or reduced recovery.

(j) The wells are initially expected to take water on vacuum but if pressure is needed it is not planned to exceed 2,000-psi. In any case, Chesapeake will not exceed a maximum surface injection pressure equivalent to 0.2 psig per foot times the depth to the uppermost perforation in each injection well, unless given permission for a higher pressure by the Division Director.

(k) The fresh water interval in this area consists of the Ogallala formation that produces from intervals above 125 feet in depth. Active and plugged and abandoned wells within the area of review (wells within 1/2 mile of the proposed initial injection wells) have adequate cement to isolate the injection interval and to protect fresh water, and no remedial work is required on these wells to enable Chesapeake to safely operate the project. The proposed injection operation will not pose a threat to any freshwater supplies.

The Examiner Concludes That:

1. The unitized management, operation and further development of the Trinity-Wolfcamp Pool in the proposed Trinity Burrus Abo Unit is reasonably necessary in order to effectively carry on the proposed waterflood project, which will substantially increase the ultimate recovery of oil and gas from this pool. Delays in implementing this project will further deplete reservoir pressure and reduce ultimate waterflood efficiency.

2. The proposed unit agreement and unit operating agreement contain satisfactory provisions with respect to all of the matters required by NMSA 1978 Section 70-7-7, as amended which states: *"The order providing for unitization and unit operation of a pool or part of a pool shall be upon terms and conditions that are fair, reasonable and equitable and shall approve or prescribe a plan or unit agreement for unit operation..."*

3. The provisions of the proposed unit agreement and unit operating agreement are fair and reasonable and the statutory unitization of the unitized formation within the unit area in accordance with the plan embodied in the unit agreement and the unit operating agreement will prevent waste and protect correlative rights.

4. Chesapeake has made a good faith effort to secure voluntary unitization of the unitized formation within the unit area. As of the hearing date, owners of more than 94% of the working interest and owners of approximately 90% of the non-cost bearing interest, including the interest of the State of New Mexico and the federal government, had voluntarily committed to the unit.

5. No party opposes the implementation of enhanced recovery operations or the unitization of the unit area.

6. Exhibit G, Paragraph 3 of the unit operating agreement for the Trinity Burrus Abo Unit contains an error and incorrectly states the intention of the working interest owners in the unit. The unit operating agreement should be amended and the amended unit operating agreement submitted to the unit working interest owners for ratification. Within the unit operating agreement, Exhibit G, Paragraph 3 should read as follows:

"3) After the date of unitization, unit production and costs shall be allocated to each tract which contains a well with a non-consent balance based on such tract's tract participation factor. Unit costs attributable to any interest which is not a non-consenting interest with respect to unit operations shall be subject to the non-consent penalties in accordance with the terms of the applicable original agreements. Unit costs attributable to any interest which is a non-consenting interest with respect to unit operations pursuant to an election made after the date of the unitization order shall be capped at the maximum 200% penalty allowed under New Mexico law for penalties pertaining to unit costs."

7. The participation formula contained in the proposed unit agreement, as corrected by this order, allocates the produced and saved, unitized hydrocarbons to the separately owned tracts in the unit area on a fair, reasonable, and equitable basis.

8. The proposed unitized method of secondary recovery operations within the unit area is feasible and will result with reasonable probability in the recovery of substantially more oil and gas from the unitized portion of the pool than would otherwise be recovered.

9. The estimated additional costs of the proposed operations will not exceed the estimated value of the additional oil and gas recovered plus a reasonable profit.

10. Statutory unitization and adoption of applicant's proposed unitized method of operation will benefit the working interest and royalty interest owners within the proposed unit area, and will prevent waste and protect correlative rights of all parties.

11. The area affected by the proposed project has been depleted by primary operations and it is prudent to apply secondary recovery techniques to extend the life of the reservoir and to maximize the ultimate recovery of crude oil from the Trinity-Wolfcamp Pool.

12. The applicant proposes to institute a "waterflood project" within the Trinity Burrus Abo Unit area. The certified "project area" should initially comprise the area approved for statutory unitization as described in Finding 5 of this order.

13. The proposed waterflood project should be approved, and the project governed by Division Rules No. 701 through 708.

14. The seven listed wells in the attached Exhibit "A", should be initially approved for use as injection wells. Provisions should be made for the operator of the Trinity Burrus Abo Unit to apply administratively for additional injection wells as needed.

15. Injection should be confined to the unitized formation through specific injection intervals as shown in the attached Exhibit "B". The casing-tubing annulus should be installed to within 100 feet of the top of the injection interval, loaded with inert fluid, and constantly monitored to ensure leakage does not occur. For the Burrus 2A deviated well, the casing-tubing annulus should be installed to within 100 feet of top of the uncemented 4-1/2 inch liner. Surface injection pressure should be constantly monitored and restricted to a maximum gradient of 0.2 psi per foot above the top permitted true vertical depth (Exhibit "B"). This maximum pressure should be increased only upon proof that additional pressure will not result in fluid movement out of zone.

16. The evidence establishes that the proposed waterflood project meets all the criteria for certification by the Division as a qualified "Enhanced Oil Recovery (EOR) Project" pursuant to the "Enhanced Oil Recovery Act" (NMSA 1978 Sections 7-29A-1 through 7-29A-5).

17. To be eligible for the EOR credit, the operator should advise the Division when water injection commences in the project area and at such time, request the Division certify the project to the New Mexico Taxation and Revenue Department.

18. The area within the waterflood project and/or the producing wells within such area eligible for the recovered oil tax rate may be contracted and reduced dependent upon the evidence presented by the applicant in its demonstration of the occurrence of a positive production response.

IT IS THEREFORE ORDERED THAT:

1. The application of Chesapeake Operating Inc. for the statutory unitization of 1,720 acres, more or less, in Lea County, New Mexico, to be known as the Trinity Burrus Abo Unit, is hereby approved pursuant to the Statutory Unitization Act, Sections 70-7-1 through 70-7-21, NMSA 1978.

2. The "unit area" for the Trinity Burrus Abo Unit shall comprise the following described 1,720 acres, more or less, of federal, state and fee lands located in Lea County, New Mexico:

TOWNSHIP 12 SOUTH. RANGE 38 EAST. NMPM

Section 15: SW/4 SE/4
Section 22: E/2, E/2 W/2
Section 23: W/2, W/2 E/2
Section 26: W/2 W/2, NE/4 NW/4, SE/4 SW/4
Section 27: E/2, E/2 W/2

3. The unitized formation shall be that interval underlying the unit area, included in the Trinity-Wolfcamp Pool, and geologically known as the Abo Dolomite formation, found at the drilling depth interval of 9,063 feet to 9,131 feet (5,257 feet to 5,325 feet below sea level), as measured on the electric log called the "Compensated Neutron, Photo Density, Micro Log" ran September 24, 2003 on Limark Corporation's State DZ Well No. 2 (API No. 30-025-36373). This well was drilled in September of 2003, and is located in the SW/4 SW/4 of Section 23, Township 12 South, Range 38 West, NMPM, Lea County, New Mexico.

4. Exhibit G, Paragraph 3 of the unit operating agreement is hereby amended to read in its entirety as follows:

"3) After the date of unitization, unit production and costs shall be allocated to each tract which contains a well with a non-consent balance based on such tract's tract participation factor. Unit costs attributable to any interest which is not a non-consenting interest with respect to unit operations shall be subject to the non-consent penalties in accordance with the terms of the applicable original agreements. Unit costs attributable to any interest which is a non-consenting interest with respect to unit operations pursuant to an election made after the date of the unitization order shall be capped at the maximum 200% penalty allowed under New Mexico law for penalties pertaining to unit costs."

5. The unit agreement and the unit operating agreement, as hereby amended, which were admitted in evidence at the hearing as Exhibits 2 and 4, respectively, are hereby incorporated by reference into this order.

6. This order shall not become effective unless and until the unit operating agreement, as amended herein, has been re-ratified by the owners of at least seventy-five percent of the working interest in the Trinity Burrus Abo Unit area as required by NMSA 1978, §70-7-8 (1975).

7. Chesapeake shall notify the Division Director in writing of any removal of Chesapeake as unit operator or substitution as unit operator of any other working interest owner within the unit area. In the event an entity other than Chesapeake assumes operation of the unit established hereby, such entity shall comply with all the terms and provisions of this order.

8. The unit established hereby shall terminate upon the plugging and abandonment of the last well in the unit area completed in the unitized formation.

9. Chesapeake is hereby authorized to institute waterflood operations within the unit area initially by the injection of produced water into the unitized formation of the Trinity-Wolfcamp Pool through the seven wells shown on Exhibit "A" attached to this order located in Sections 22, 23 and 27 of Township 12 South, Range 38 East, NMPM, Eddy County, New Mexico.

10. Each well is specifically permitted for injection only within the depth intervals ("permitted injection intervals") specified on Exhibit "B" attached to this order.

11. Chesapeake shall take all steps necessary to ensure that the injected water enters only the permitted injection intervals and is not permitted to escape to other formations or onto the surface from injection, production, or plugged and abandoned wells.

12. Injection into each of the wells shown on Exhibit "A" with the exception of the Burrus Well No. 2A shall be accomplished through lined tubing installed in a packer located within 100 feet of the uppermost injection perforation. Injection into the Burrus Well No. 2A shall be accomplished through lined tubing installed in a packer located within 100 feet of the top of the uncemented 4-1/2 inch liner. The casing-tubing annulus shall be filled with an inert fluid, and a gauge or approved leak-detection device shall be attached to the annulus in order to determine leakage in the casing, tubing, or packer.

13. The injection wells or pressurization system shall be equipped with a pressure control device or acceptable substitute that will limit the surface injection pressure to those pressures shown on Exhibit "B" attached to this order.

14. The Division Director may administratively authorize a pressure limitation in excess of the above upon a showing by the operator that such higher pressure will not result in the fracturing of the injection formation or confining strata.

15. The Division Director may administratively authorize additional injection wells within the unit area as provided in Division Rule 701.F(3).

16. Prior to commencing injection operations, the casing in each well shall be pressure tested throughout the interval from the surface down to the proposed packer setting depth to assure the integrity of such casing.

17. The unit operator shall give advance notice to the supervisor of the Division's Hobbs District Office of the date and time (i) injection equipment will be installed, and (ii) the mechanical integrity pressure test will be conducted on the proposed injection wells, so that these operations may be witnessed.

18. The unit operator shall immediately notify the supervisor of the Division's Hobbs District office of any failure of the tubing, casing or packer in any of the injection wells or the leakage of water, oil or gas from or around any producing or plugged and abandoned well within the project area, and shall promptly take all steps necessary to

correct such failure or leakage.

19. The unit operator shall conduct injection operations in accordance with Division Rules No. 701 through 708, and shall submit monthly progress reports in accordance with Division Rules No. 706 and 1115.

20. The injection authority granted herein for each well shown on Exhibit "A" shall terminate one year after the date of this order if the unit operator has not commenced injection operations into that well; provided, however, the Division, upon written request for that well, may grant an extension for good cause.

21. The waterflood project authorized by this order shall be known as the Trinity Burrus Abo Unit Waterflood Project.

22. The Trinity Burrus Abo Unit Waterflood Project is hereby certified as an "Enhanced Oil Recovery Project" pursuant to the "Enhanced Oil Recovery Act" (NMSA 1978 Sections 7-29A-1 through 7-29A-5). The project area shall comprise the entire Trinity Burrus Unit, described in Ordering Paragraph No. 2; provided the area and/or the producing wells eligible for the enhanced oil recovery (EOR) tax rate may be contracted and reduced based upon the evidence presented by the unit operator in its demonstration of a positive production response.

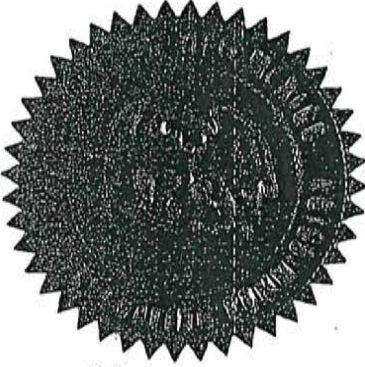
23. To be eligible for the EOR tax rate, the unit operator shall advise the Division of the date and time water injection commences into the project area and at such time, request the Division certify the project to the New Mexico Taxation and Revenue Department.

24. At such time as a positive production response occurs, and within five years from the date the project was certified to the New Mexico Taxation and Revenue Department, the unit operator must apply to the Division for certification of a positive production response. This application shall identify the area benefiting from enhanced oil recovery operations and the specific wells eligible for the EOR tax rate. The Division may review the application administratively or set it for hearing. Based upon the evidence presented, the Division will certify to the New Mexico Taxation and Revenue Department those wells that are eligible for the EOR tax rate.

25. Jurisdiction is hereby retained for the entry of such further orders as the Division may deem necessary.

Cases No. 13582 & 13583
Order No. R-12496
Page 11

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.



SEAL

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

A handwritten signature in dark ink, appearing to read "M. E. Fesmire".

MARK E. FESMIRE P.E.
Director

Cases No. 13582 & 13583
Order No. R-12496
Page 12

CASE NO. 13583

**EXHIBIT "A"
INITIALLY APPROVED INJECTION WELLS
TRINITY BURRUS ABO UNIT
WELL NAMES AND LOCATIONS**

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

Well	API 30-025-			Unit	Sec	Tsp	Rge
Burrus Well No. 2A	35188	900 FSL*	600 FEL*	P	22	12S	38E
Burrus Well No. 11	36038	1650 FSL	2310 FWL	K	22	12S	38E
Concho Burrus 23 Well No. 5	36451	2310 FNL	1650 FWL	F	23	12S	38E
State 22 Well No. 1	36018	2310 FNL	990 FEL	H	22	12S	38E
Burrus Well No. 7	36187	330 FNL	2310 FWL	C	27	12S	38E
Concho Burrus 23 Well No. 3	36450	1650 FSL	2200 FEL	J	23	12S	38E
State DZ Well No. 1	30106	330 FSL	1650 FWL	N	23	12S	38E

* This well is deviated. The bottom hole location for the Burrus Well No. 2A = 343 FSL, 338 FEL, Unit P

CASE NO. 13583

EXHIBIT "B"
INITIALLY APPROVED INJECTION WELLS
PERMITTED INJECTION DEPTHS AND PRESSURES

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

Well	API 30-025-	Top Permitted Measured Depth, Feet	Bottom Permitted Measured Depth, Feet	Maximum Surface Injection Pressure, Psi
Burrus Well No. 2A	35188	9,098*	9,506*	1,806
Burrus Well No. 11	36038	9,030	9,080	1,806
Concho Burrus 23 Well No. 5	36451	9,056	9,091	1,811
State 22 Well No. 1	36018	9,052	9,086	1,810
Burrus Well No. 7	36187	9,048	9,092	1,810
Concho Burrus 23 Well No. 3	36450	9,222	9,265	1,844
State DZ Well No. 1	30106	9,110	9,136	1,822

* This well is deviated. The True-Vertical-Depth of the Wolfcamp is approximately 9,030 feet to 9,060 feet. 9,030 feet @ 0.2psi/ft = 1,806 psi.

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

IN THE MATTER OF THE HEARING CALLED BY THE OIL
CONSERVATION DIVISION FOR THE PURPOSE OF CONSIDERING:

IN THE MATTER OF THE APPLICATION OF CHESAPEAKE OPERATING
INC. FOR STATUTORY UNITIZATION OF THE TRINITY BURRUS UNIT
AREA, LEA COUNTY, NEW MEXICO.

CASE NO. 13582 (Reopened)
ORDER NO. R-12496-A

ORDER OF THE DIVISION

BY THE DIVISION:

This case came on for hearing at 8:15 a.m. on April 13, 2006, at Santa Fe, New Mexico before Examiner David K. Brooks.

NOW, on this 28th day of April, 2006, the Division Director, having considered the testimony, the record and the recommendations of the Examiner,

FINDS THAT:

(1) Due public notice has been given, and the Division has jurisdiction of this case and its subject matter.

(2) By Order No. R-12496, entered on January 24, 2006, the Division approved the application of Chesapeake Operating, Inc. ("Chesapeake") for statutory unitization of the Trinity Burrus Abo Unit Area located in Sections 15, 22, 23, 26, and 27, Township 12 South, Range 38 East, NMPM, Lea County, New Mexico.

(3) Order No. R-12496 required that Exhibit G, Paragraph 3 of the Unit Operating Agreement be re-ratified to correctly state the intentions of the working interest owners in the unit.

(4) Pursuant to Order No. R-12496, Chesapeake sent the Unit Operating Agreement to all working interest owners in the Trinity Burrus Abo Unit Area for re-ratification.

(5) At the hearing, Chesapeake appeared and presented copies of the re-ratifications from the owners of more than 80% of the working interest in the Unit area.

ARMSTRONG ENERGY
CORPORATION
Case No. 22080

Exhibit A-4

(6) Chesapeake requests the entry of a supplemental order pursuant to the provisions of N.M.S.A. § 70-7-8 (2006), confirming that the plan for unit operations has been approved by at least seventy-five percent of the working interest owners in the Trinity Burrus Abo Unit and that the Unit can now become effective pursuant to Order No. R-12496.

(7) Pursuant to the provisions of N.M.S.A. § 70-7-8 (2006), Order No. R-12496, approving statutory unitization of the Trinity Burrus Abo Unit, has been approved by the required percentages of interest owners in the Unit area, and Order No. R-12496 is accordingly in full force and effect.

IT IS THEREFORE ORDERED THAT:

(1) The application of Chesapeake Operating Inc. for a supplemental order pursuant to the provisions of N.M.S.A. § 70-7-8 (2006) confirming that the plan for unit operations has been approved by at least seventy-five percent of the working interest owners in the Trinity Burrus Abo Unit, and that the Unit can now become effective pursuant to Order No. R-12496, is hereby granted.

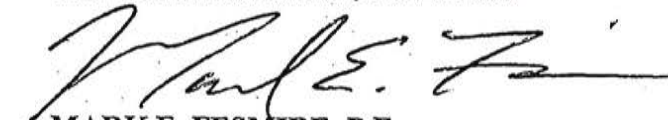
(2) Jurisdiction is hereby retained for the entry of such further orders as the Division may deem necessary.

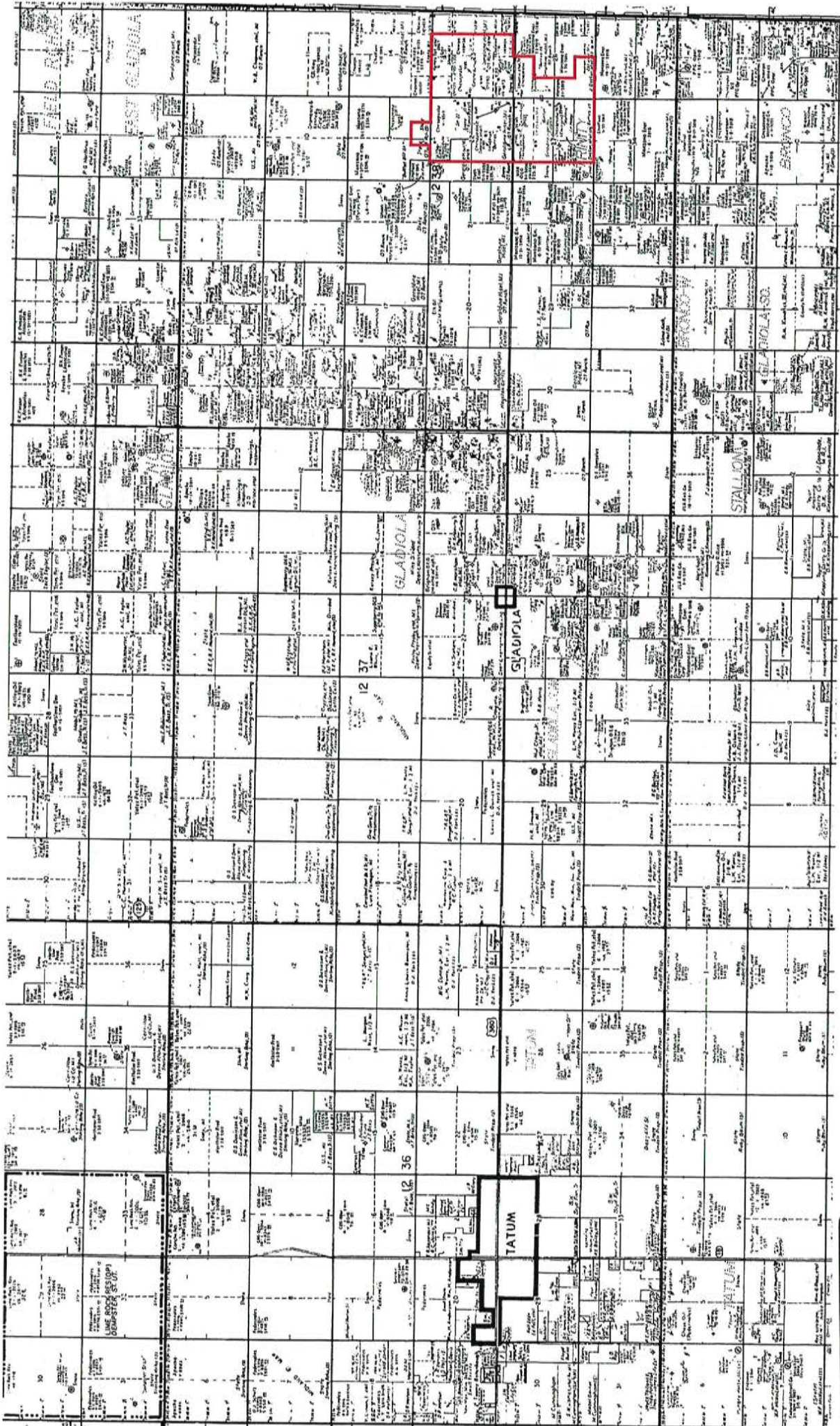
Done at Santa Fe, New Mexico, on the day and year hereinabove designated.



SEAL

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION


MARK E. FESMIRE, P.E.
Director

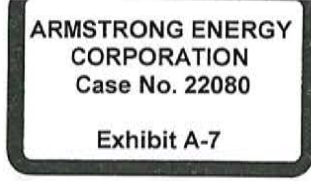


ARMSTRONG ENERGY CORPORATION
 Case No. 22080

Exhibit A-6
 Released to Imaging - 8/4/2021 3:54:12 PM

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL
RESOURCES DEPARTMENT

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505



APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? Yes No

II. OPERATOR: Armstrong Energy Corporation
ADDRESS: PO Box 1973 Roswell, NM 88202
CONTACT PARTY: Kyle Alpers PHONE: 575-625-2222

III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? Yes No
If yes, give the Division order number authorizing the project: _____

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: Kyle Alpers TITLE: VP Engineering
SIGNATURE: [Signature] DATE: 3/26/21
E-MAIL ADDRESS: kalpers@aecnm.com

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: X - logs were submitted at various times when wells were drilled

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

APPLICATION FOR AUTHORIZATION TO INJECT
Armstrong Energy Corporation
Lea County, New Mexico

LIST OF WELLS FOR THIS APPLICATION

- | | |
|--|---|
| Trinity Burrus Abo Unit #004H
API # 30-025-35817
2310' FSL & 1210' FWL
Ul. I, Sec 22, T12S R38E | Trinity Burrus Abo Unit #016
API # 30-025-36251
1980' FSL & 660' FWL
Ul. I, Sec 23, T12S R38E |
| Trinity Burrus Abo Unit #005
API # 30-025-36451
2310' FNL & 1650' FWL
Ul. F, Sec 23, T12S R38E | Trinity Burrus Abo Unit #018
API # 30-025-36450
1650' FSL & 2200' FEI
Ul. J, Sec 23, T12S R38E |
| Trinity Burrus Abo Unit #006
API # 30-025-35937
330' FSL & 2310' FWL
Ul. N, Sec 22, T12S R38E | Trinity Burrus Abo Unit #021
API # 30-025-30106
330' FSL & 1650' FWL
Ul. N, Sec 23, T12S R38E |
| Trinity Burrus Abo Unit #011
API # 30-025-36038
1650' FSL & 2310' FWL
Ul. K, Sec 22, T12S R38E | Trinity Burrus Abo Unit #025
API # 30-025-36248
2310' FSL & 330' FEI
Ul. I, Sec 27, T12S R38E |
| Trinity Burrus Abo Unit #013
API # 30-025-36018
2310' FNL & 990' FEI
Ul. H, Sec 22, T12S R38E | Trinity Burrus Abo Unit #026
API # 30-025-35985
330' FNL & 2000' FEI
Ul. B, Sec 27, T12S R38E |
| | Trinity Burrus Abo Unit #028
API # 30-025-37254
2240' FSL & 2310' FWL
Ul. H, Sec 27, T12S R38E |

Requirements Per Form C-108

ITEM I

The purpose of this application is secondary recovery.

ITEM II

Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
Kyle Alpers (575) 625-2222 ext. 305

ITEM III

See data sheets attached.

ITEM IV

This is not an expansion of an existing project.

ITEM V

See maps attached.

ITEM VI

See data sheets attached.

ITEM VII

1. Proposed average injection rate is expected to be 500 BWP/D. Maximum daily injection rate would be approximately 1,000 BWP/D.
2. The system will be closed.
3. The proposed average injection pressure is expected to be 100 psig, and the maximum pressure is expected to be 1800 psig.
4. The source of water to be injected is produced water and occasionally fresh water for remedial purposes only.
5. Injection is not for disposal purposes.

ITEM VIII

The TrinityWolfcamp pool is located in Southeastern Lea County, New Mexico. The top and depth to the bottom of the Wolfcamp is indicated below for each well in this application. The fresh water for the area is from the Ogallala with depth from the surface at approximately 35' and the total depth at around 125'.

<u>Well Name</u>	<u>Top of Wolfcamp</u>	<u>Bottom of Wolfcamp</u>
Trinity Burrus Abo Unit #00411	9050'	9098'
Trinity Burrus Abo Unit #005	9055'	9115'
Trinity Burrus Abo Unit #006	9046'	9108'
Trinity Burrus Abo Unit #011	9045'	9102'
Trinity Burrus Abo Unit #013	9051'	9110'
Trinity Burrus Abo Unit #016	9014'	9084'
Trinity Burrus Abo Unit #018	9141'	9209'
Trinity Burrus Abo Unit #021	9107'	9167'
Trinity Burrus Abo Unit #025	9083'	9152'
Trinity Burrus Abo Unit #026	9048'	9117'
Trinity Burrus Abo Unit #028	9078'	9126'

ITEM IX

There is not a proposed stimulation program.

ITEM X

Logs for each well were sent to the Oil Conservation Division when the wells were drilled.

ITEM XI

See water analyses attached, for two freshwater wells within 1 mile of injection wells, and for unit produced water which will be the injection water for this project.

ITEM XII

This application is not for a saltwater disposal well.

ITEM XIII

The "Proof of Notice" as required with this application is attached.

Side 2

INJECTION WELL DATA SHEET

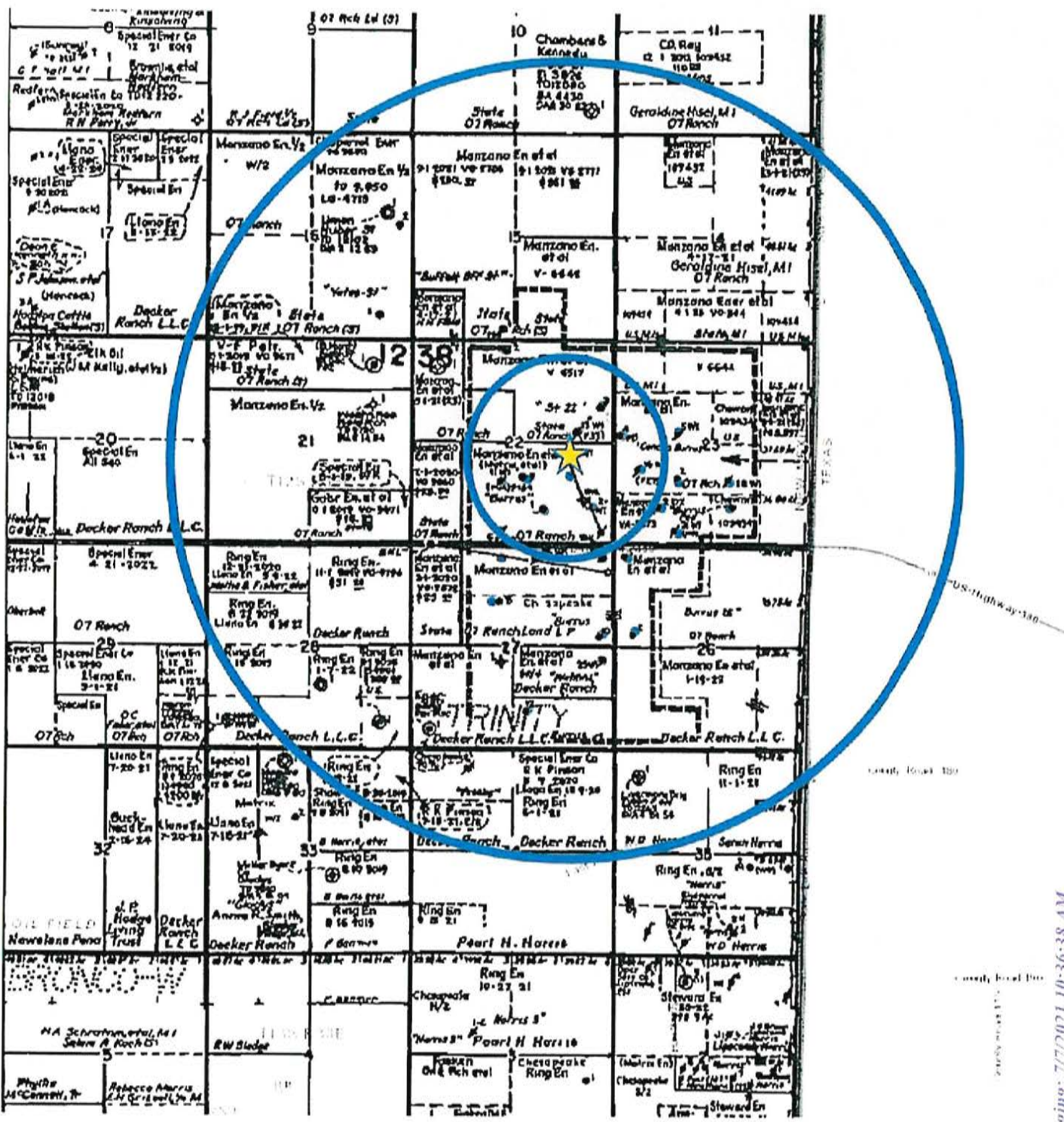
Tubing Size: 2.375" Lining Material: Plastic
Type of Packer: Nickel-coated Lok-Set
Packer Setting Depth: 9227'
Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes No
If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus #4 Producer by Rick's Exploration
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Devonian 12020' . Abo 7840' . Tubb 7150' . Glorieta 5370' . San Andres 4460'

TBAU #004H AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #004H WIW

Application for Authorization to Inject list of wells within 1/2 mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #015	OIL	10/03/04	1645' FNL & 354' FEL UL H, Sec 22, T12S R38E	9265'
TBAU #013	INJ	10/19/02	2310' FNL & 990' FEL UL H, Sec 22, T12S R38E	9250'
TBAU #003	OIL	07/03/01	1720' FSL & 2310' FEL UL J, Sec 22, T12S R38E	9184'
TBAU #011	INJ	11/13/02	1650' FSL & 2310' FWL UL K, Sec 22, T12S R38E	9240'
TBAU #001	OIL	04/11/00	900' FSL & 1859' FEL UL O, Sec 22, T12S R38E	12036'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #019	OIL	04/09/05	2431' FNL & 175' FWL UL E, Sec 23, T12S R38E	9330'
TBAU #016	INJ	05/23/03	1980' FSL & 660' FWL UL L, Sec 23, T12S R38E	9235'
TBAU #006	INJ	07/13/06	330' FSL & 2310' FWL UL N, Sec 22, T12S R38E	9254'

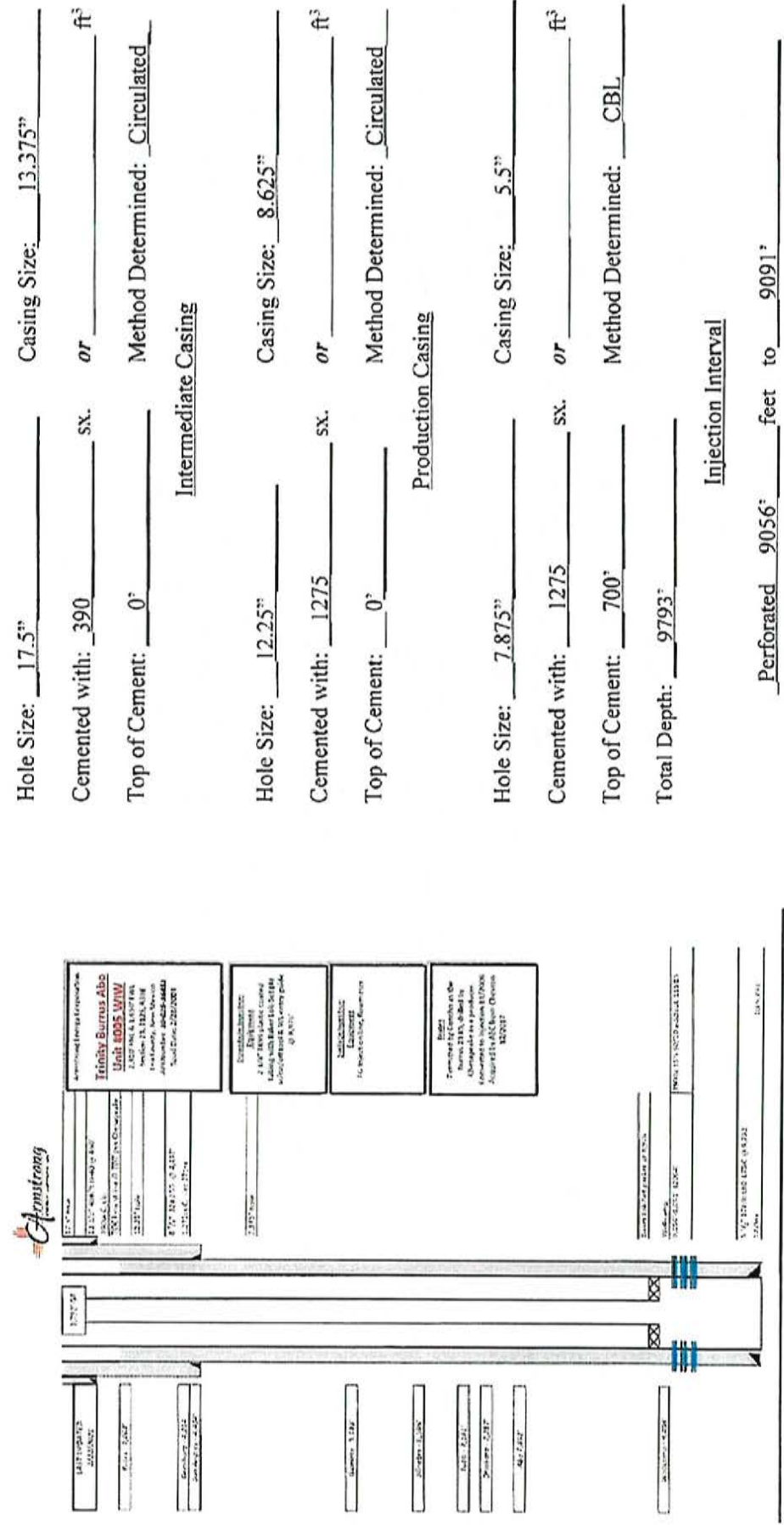
INJECTION WELL DATA SHEET

Side 1

OPERATOR: Armstrong Energy Corporation
 WELL NAME & NUMBER: Trinity Burrus Abo Unit #005 30-025-36451

WELL LOCATION: 2310' FNL & 1650' FWL UNIT LETTER F SECTION 23 TOWNSHIP 12S RANGE 38E
 FOOTAGE LOCATION

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

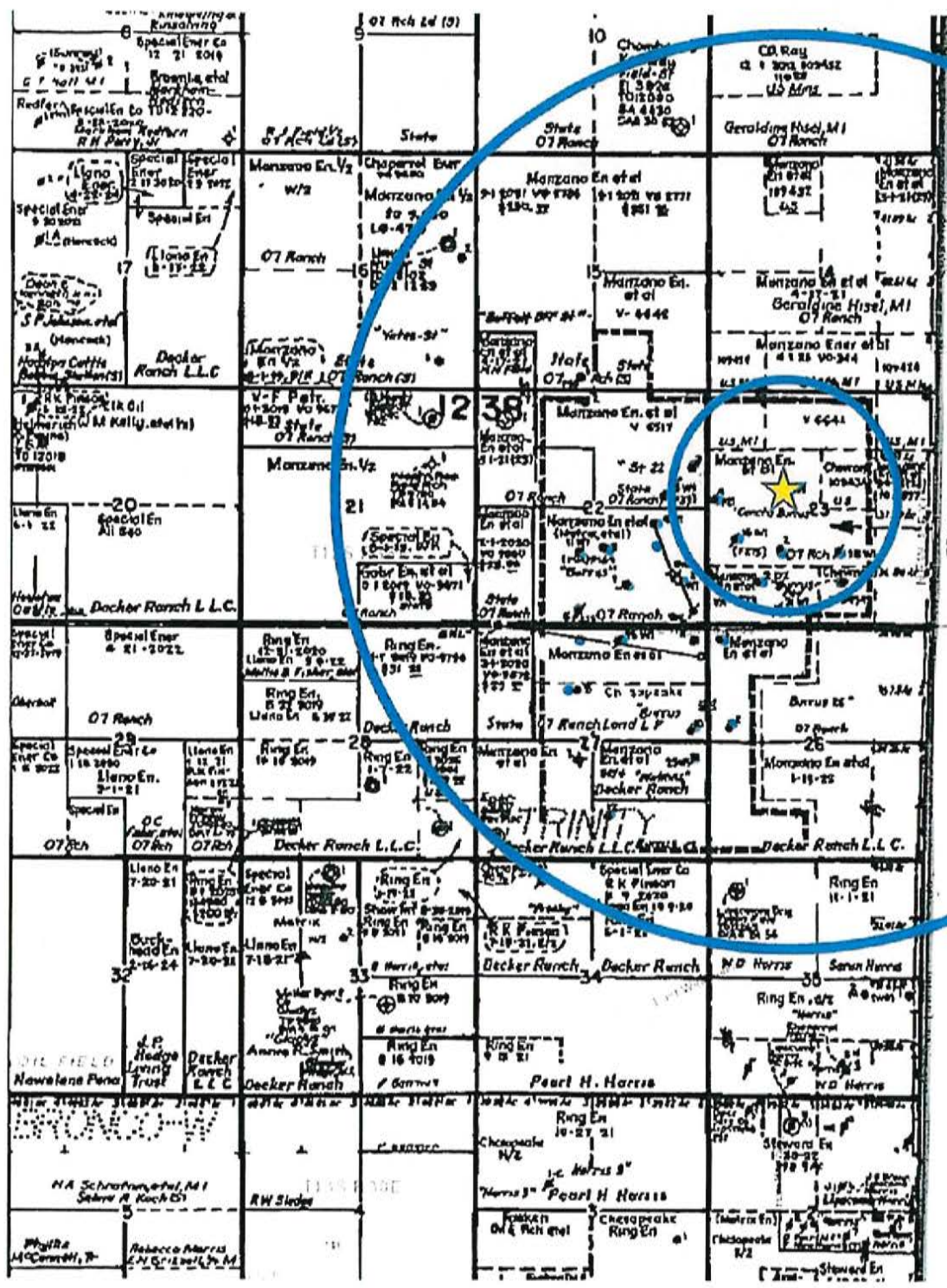
Tubing Size: 2.375" Lining Material: Plastic
Type of Packer: Nickel-coated Lok-Set
Packer Setting Depth: 8976'
Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes X No
If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus 23 #5 Producer by Concho
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Devonian 12020' . Abo 7840' . Tubb 7150' . Glorieta 5370' . San Andres 4460'

TBAU #005 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #005 WIW

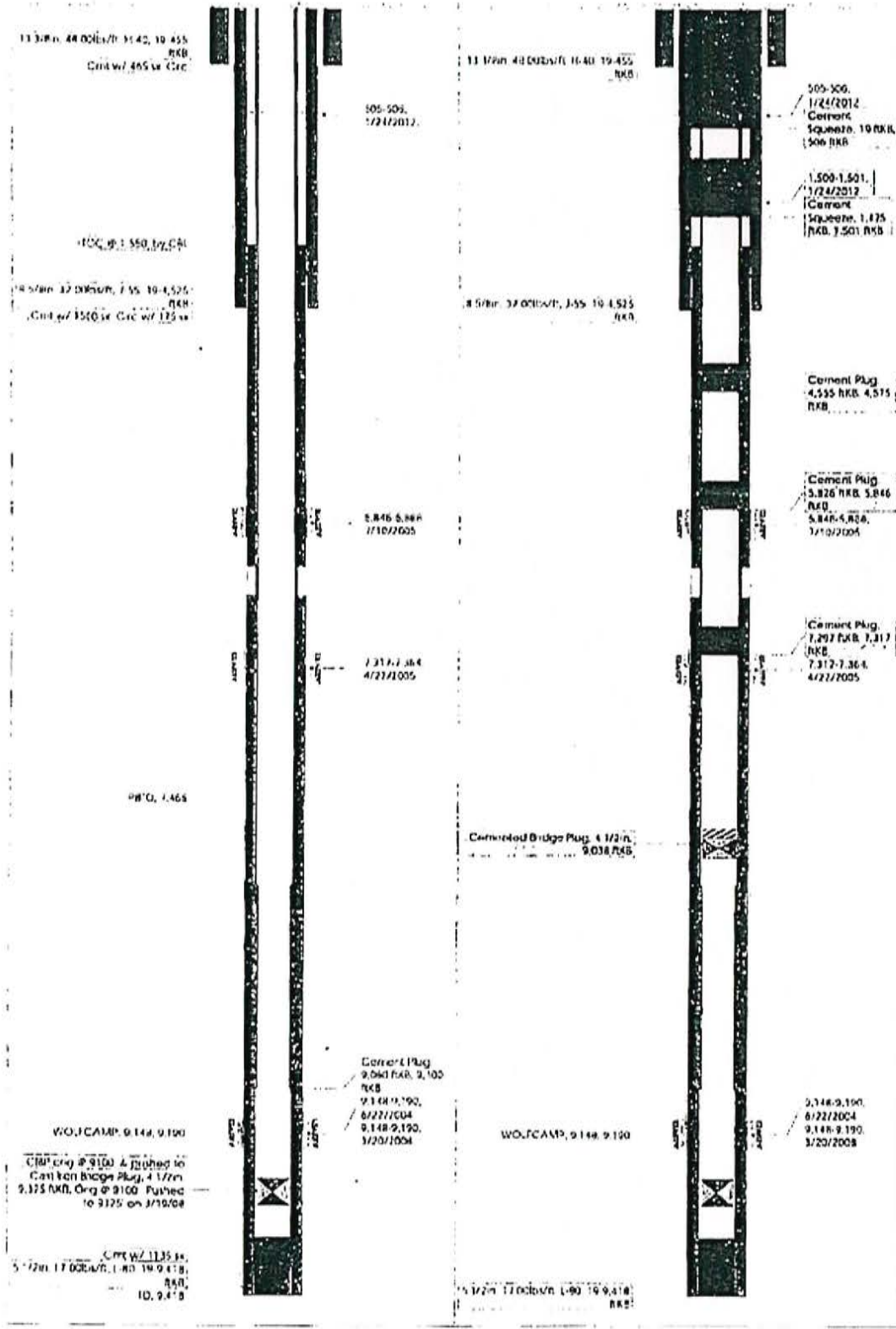
Application for Authorization to Inject list of wells within 1/2 mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #015	OIL	10/03/04	1645' FNL & 354' FEL UL H, Sec 22, T12S R38E	9265'
TBAU #019	OIL	04/09/05	2431' FNL & 175' FWL UL E, Sec 23, T12S R38E	9330'
TBAU #016	INJ	05/23/03	1980' FSL & 660' FWL UL L, Sec 23, T12S R38E	9235'
TBAU #017	OIL	10/03/03	1650' FSL & 1650' FWL UL K, Sec 23, T12S R38E	9265'
TBAU #018	INJ	01/28/04	1650' FSL & 2200' FEL UL J, Sec 23, T12S R38E	9800'
TBAU #022	OIL	08/26/03	990' FSL & 1200' FWL UL M, Sec 23, T12S R38E	9225'
TBAU #021	INJ	11/02/87	330' FSL & 1650' FWL UL N, Sec 23, T12S R38E	12650'
TBAU #020 (SEE P&A WBD BELOW)	P&A	05/11/04	990' FSL & 2170' FEL UL O, Sec 23, T12S R38E	9418'

Well Config: VERTICAL - Original Memo, 1/26/2012 2:58:51 PM

Schematic - Actual

Schematic - Proposed



Side 2

INJECTION WELL DATA SHEET

Tubing Size: 2.375" Lining Material: Plastic

Type of Packer: Peak AX-1X

Packer Setting Depth: 8975'

Other Type of Tubing/Casing Seal (if applicable): None

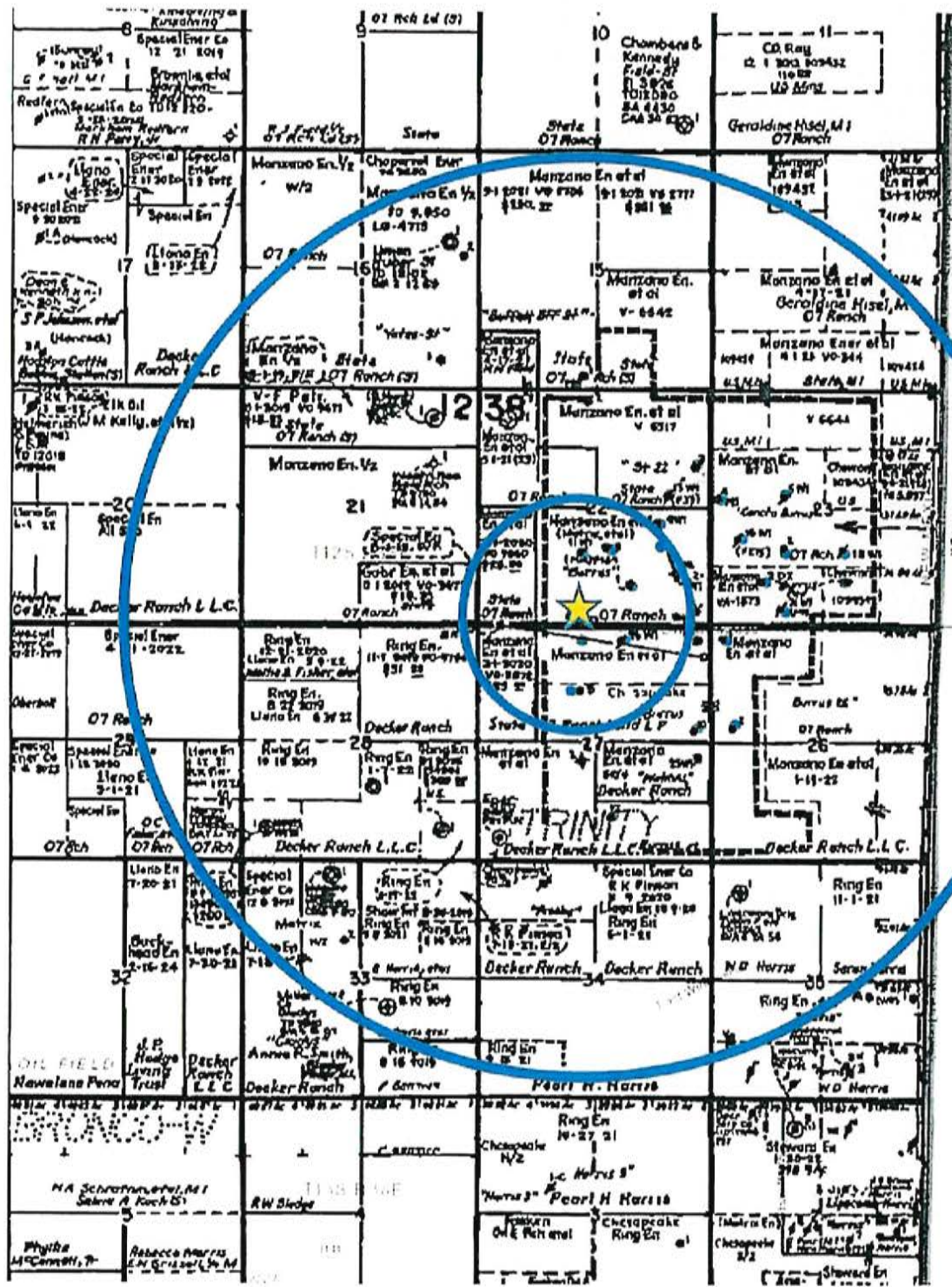
Additional Data

1. Is this a new well drilled for injection? Yes No
 If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus #6 Producer by Rick's Exploration
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity: Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Devonian 12020' . Abo 7840' . Tubb 7150' . Glorieta 5370' . San Andres 4460'

TBAU #006 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #006 WIW

Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #011	INJ	11/13/02	1650' FSL & 2310' FWL UL K, Sec 22, T12S R38E	9240'
TBAU #001	OIL	04/11/00	900' FSL & 1859' FEL UL O, Sec 22, T12S R38E	12036'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #009	OIL	08/07/04	1473' FNL & 2056' FWL UL F, Sec 27, T12S R28E	9800'
TBAU #026	INJ	09/19/02	330' FNL & 2000' FEL UL B, Sec 27, T12S R38E	9260'
TBAU #004H	INJ	02/06/02	2310' FSL & 1210' FEL UL I, Sec 22, T12S R38E	10015'
TBAU #003	OIL	07/03/01	1720' FSL & 2310' FEL UL J, Sec 22, T12S R38E	9184'
TBAU #007 (SEE P&A WBD BELOW)	P&A	04/17/03	330' FNL & 2310' FWL UL C, Sec 27, T12S R38E	9218'

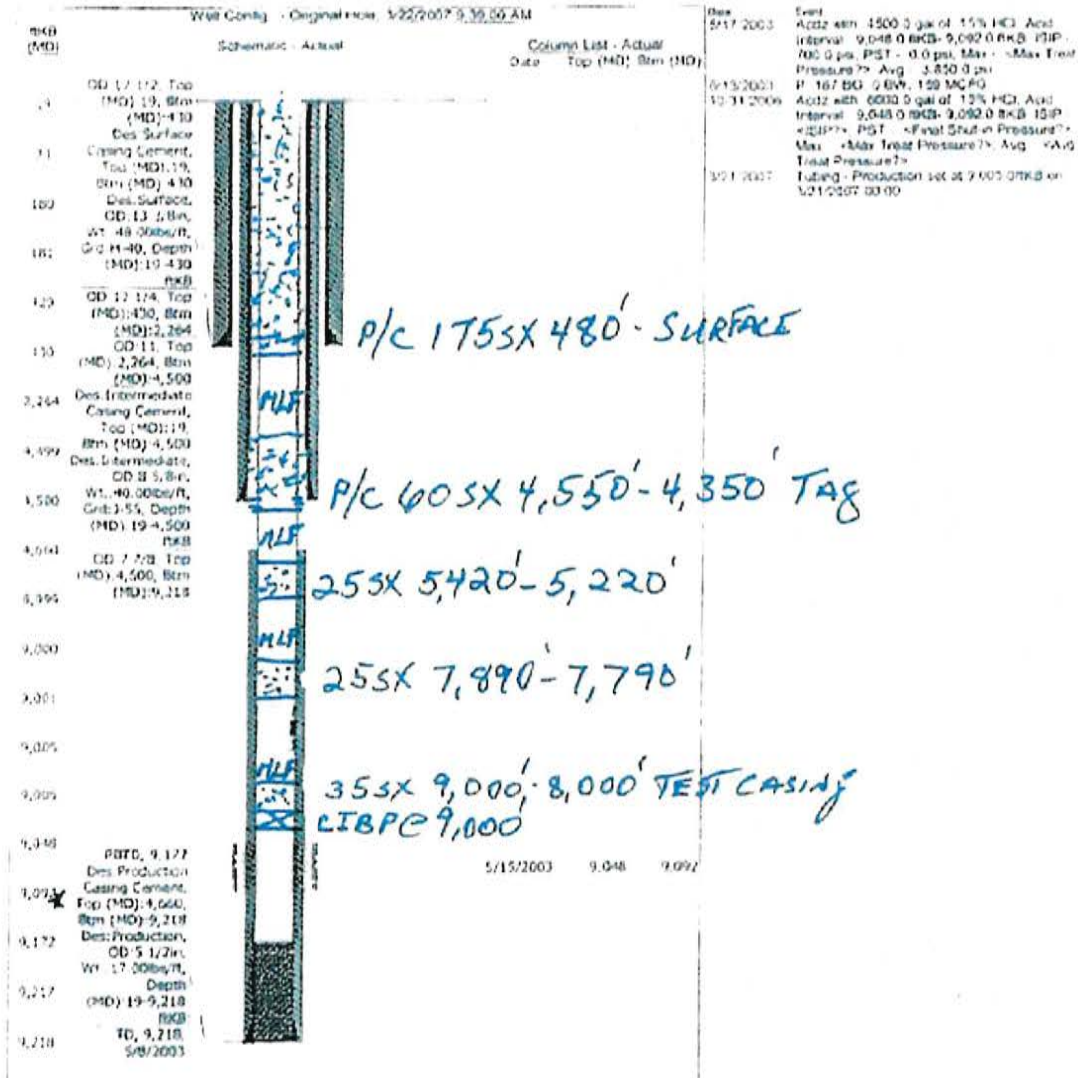
Chesapeake

PTA Wellbore Schematic back

TBAU 7

Field: Trinity
County: LEA
State: NEW MEXICO
Location: SEC 27-12S-38E, 330 FNL & 2310 FWL
Elevation: GL 3,799.00 KB 3,818.00
KB Height: 19.00

Spud Date: 4/17/2003
API #: 3002536187
CHK Property #: 890682
1st Prod Date: 5/19/2003
PBDT: Original Hole - 9172.0
TD: 9,218.0



Run Date	String	Workover	Log No.	Chart	Pressure (psia)	Core	Yield (lb/ft)	Gravity (lb/gal)	Cement
4/19/2003	Surface 430.0 BKB	Original Hole			440 C				2% CaCl2 25 ppt CP
4/26/2003	Intermediate 4,500.0 BKB	Original Hole		Lead	1,350 C				50/50 PCZ 5% salt 10% gel 38 Gilsortite 250 CP
4/26/2003	Intermediate 4,500.0 BKB	Original Hole		Tail	200 G				1% CaCl2
5/11/2003	Production 9,218.0 BKB	Original Hole		Lead	425 H				50/50 PCZ 5% salt 2% gel 4% D167 2% D65
5/11/2003	Production 9,218.0 BKB	Original Hole		Tail	175 H				50/50 PCZ 5% salt 2% gel 4% D167 2% D65

INJECTION WELL DATA SHEET

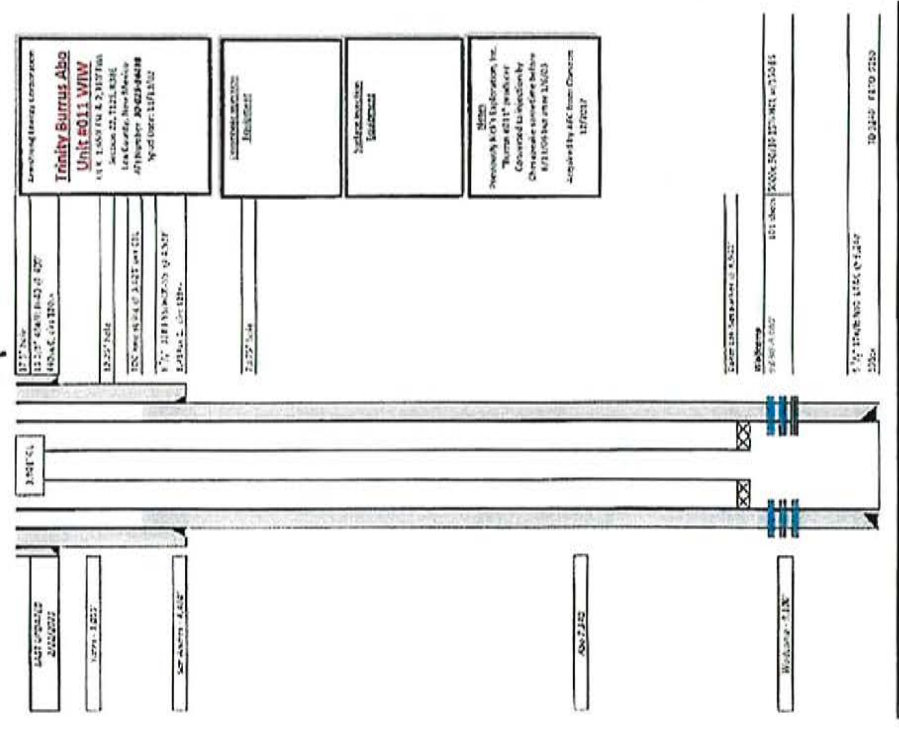
Side 1

OPERATOR: Armstrong Energy Corporation

WELL NAME & NUMBER: Trinity Burrus Abo Unit #011 30-025-36038

WELL LOCATION: 1650' FSL & 2310' FWL UNIT LETTER K SECTION 22 TOWNSHIP 12S RANGE 38E

FOOTAGE LOCATION
WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

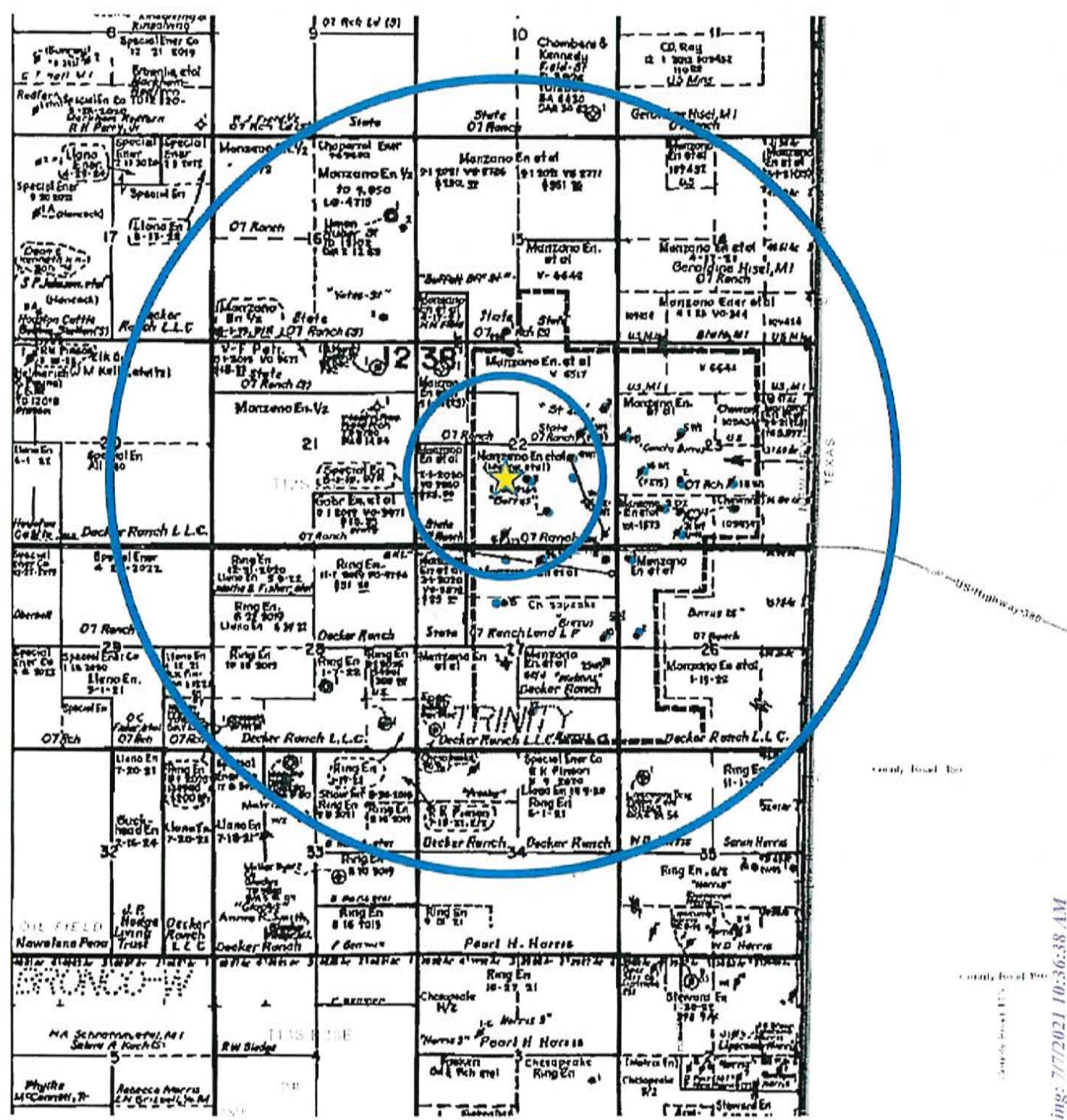
Tubing Size: 2.375" Lining Material: Plastic
Type of Packer: Baker Lok-Set
Packer Setting Depth: 8963'
Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes No
If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus #11 Producer by Rick's Exploration
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity: Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Devonian 12020', Abo 7840', Tubb 7150', Glorieta 5370', San Andres 4460'

TBAU #011 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #011 WIW

Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #006	INJ	07/13/02	330' FSL & 2310' FWL UL N, Sec 22, T12S R38E	9254'
TBAU #001	OIL	04/11/00	900' FSL & 1859' FEL UL O, Sec 22, T12S R38E	12036'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #003	OIL	07/03/01	1720' FSL & 2310' FEL UL J, Sec 22, T12S R38E	9184'
TBAU #026	INJ	09/19/02	330' FNL & 2000' FEL UL B, Sec 27, T12S R38E	9260'
TBAU #004H	INJ	02/06/02	2310' FSL & 1210' FEL UL I, Sec 22, T12S R38E	10015'
TBAU #013	INJ	10/19/02	2310' FNL & 990' FEL UL H, Sec 22, T12S R38E	9250'
TBAU #007 (SEE P&A WBD BELOW)	P&A	04/17/03	330' FNL & 2310' FWL UL C, Sec 27, T12S R38E	9218'

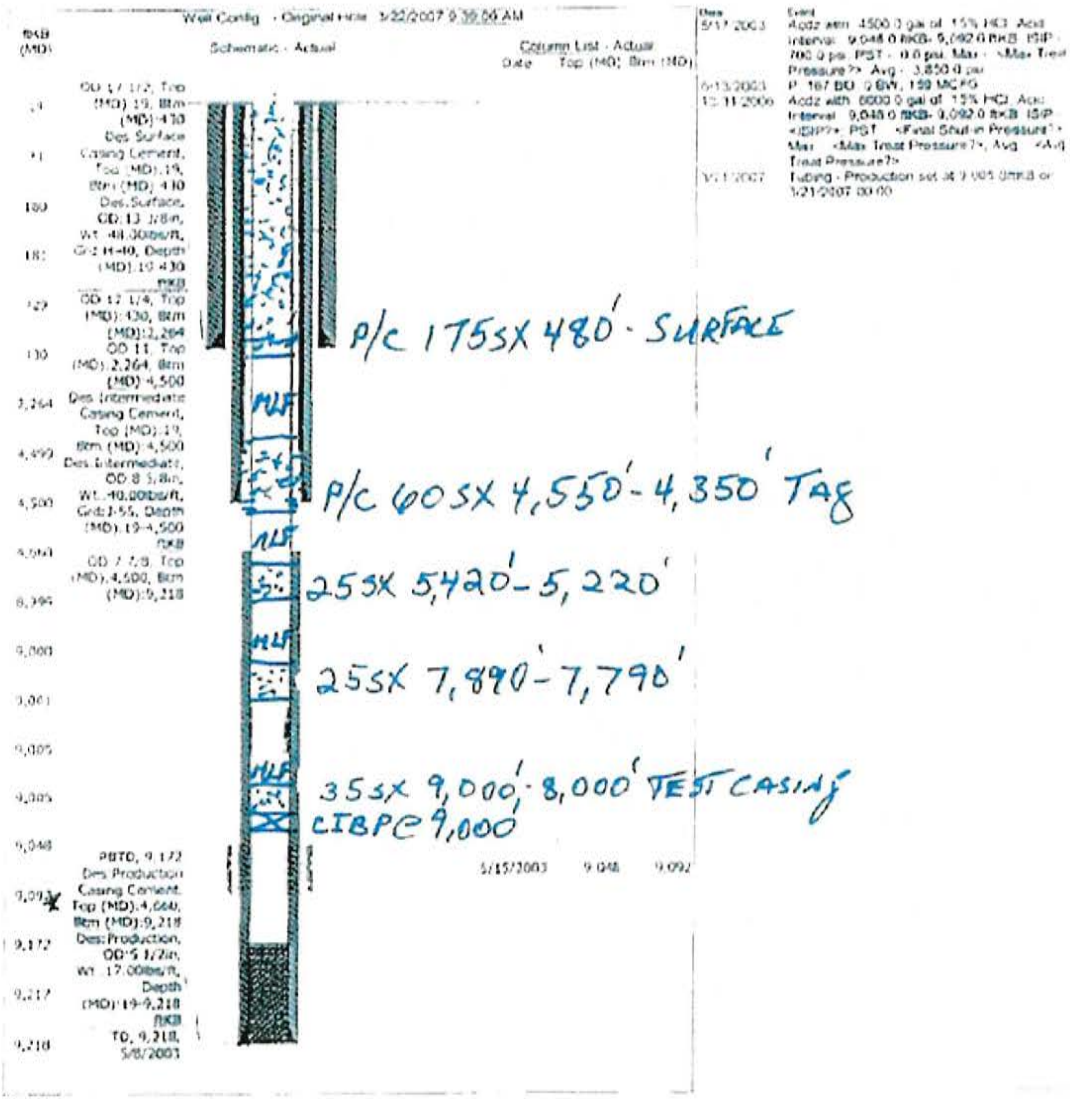
Wellbore Schematic back

Chesapeake

TBAU 7

Field: Trinity
 County: LEA
 State: NEW MEXICO
 Location: SEC 27-12S-38E, 330 FNL & 2310 FWL
 Elevation: GL 3,799.00 KB 3,818.00
 KB Height: 19.00

Spud Date: 4/17/2003
 API #: 3002536187
 CHK Property #: 890682
 1st Prod Date: 5/19/2003
 PBTD: Original Hole - 9172.0
 TD: 9,218.0



Spud Date	String	Bottom	Original Hole	Top	Run	Amount	Class	Field	Density	Cement
4/19/2003	Surface 430 OBNB	Original Hole				440 C				2% CaCl ₂ , 26 pps CP
4/26/2003	Intermediate 4,500 OBNB	Original Hole		Lead		1,350 C				50/50 POZ, 5% salt, 10% gel, 3# Gilscolite, 75# CF
4/26/2003	Intermediate, 4,500 OBNB	Original Hole		Tail		200 C				1% CaCl ₂
5/1/2003	Production 9,218 OBNB	Original Hole		Lead		425 H				50/50 POZ, 5% salt, 2% gel, 4% O167, 2% O65
5/1/2003	Production 9,218 OBNB	Original Hole		Tail		175 H				50/50 POZ, 5% salt, 2% gel, 4% O167, 2% O65

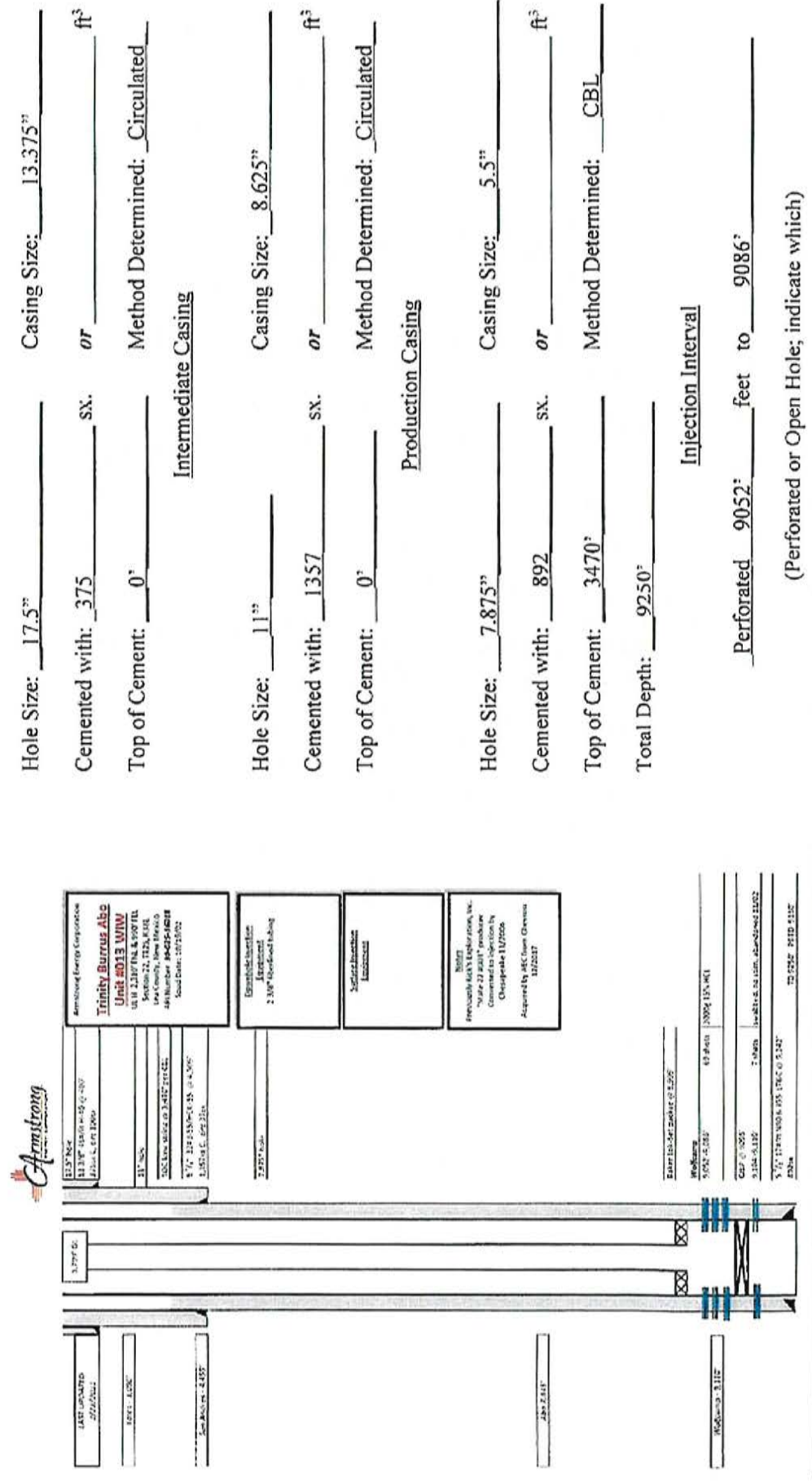
INJECTION WELL DATA SHEET

Side 1

OPERATOR: Armstrong Energy Corporation
 WELL NAME & NUMBER: Trinity Burrus Abo Unit #013 30-025-36018

WELL LOCATION: 2310' FNL & 990' FEL H 22 12S 38E
 FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



Side 2

INJECTION WELL DATA SHEET

Tubing Size: 2.375" Lining Material: Plastic

Type of Packer: Baker Lok-Set

Packer Setting Depth: 8999'

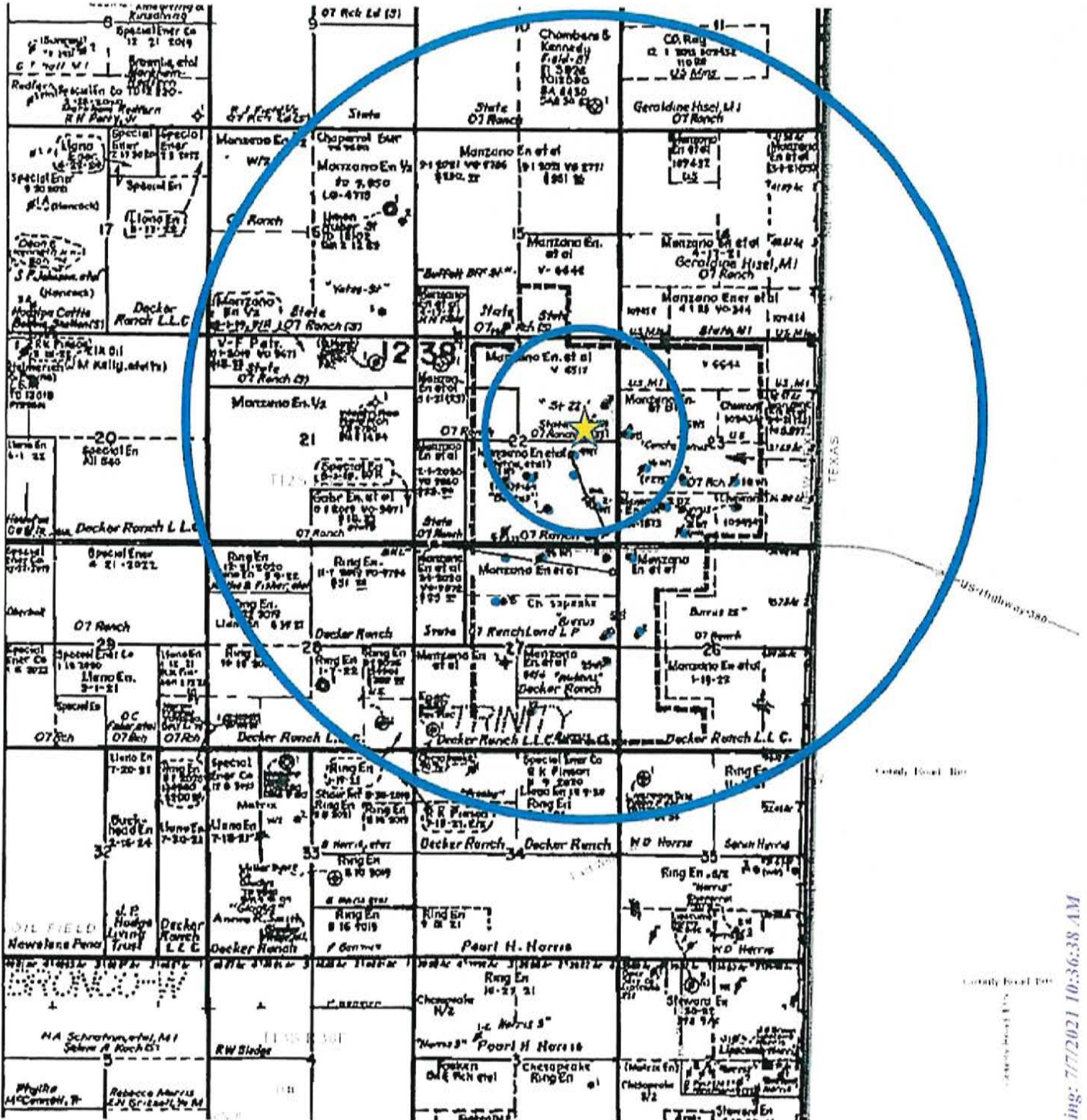
Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes X No
 If no, for what purpose was the well originally drilled? Well was originally drilled as the State "22" #001 Producer by Rick's Exploration
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
Original Wolfcamp perms @ 9104' -9110' abandoned under CIBP @ 9095'
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Devonian 12020' . Abo 7840' . Tubb 7150' . Glorieta 5370' . San Andres 4460'

TBAU #013 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #013 WIW

Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #015	OIL	10/03/04	1645' FNL & 354' FEL UL H, Sec 22, T12S R38E	9265'
TBAU #005	INJ	02/29/04	2310' FNL & 1650' FWL UL F, Sec 23, T12S R38E	9793'
TBAU #003	OIL	07/03/01	1720' FSL & 2310' FEL UL J, Sec 22, T12S R38E	9184'
TBAU #011	INJ	11/13/02	1650' FSL & 2310' FWL UL K, Sec 22, T12S R38E	9240'
TBAU #001	OIL	04/11/00	900' FSL & 1859' FEL UL O, Sec 22, T12S R38E	12036'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #019	OIL	04/09/05	2431' FNL & 175' FWL UL E, Sec 23, T12S R38E	9330'
TBAU #016	INJ	05/23/03	1980' FSL & 660' FWL UL L, Sec 23, T12S R38E	9235'
TBAU #004H	INJ	02/06/02	2310' FSL & 1210' FEL UL I, Sec 22, T12S R38E	10015'

INJECTION WELL DATA SHEET

Side 1

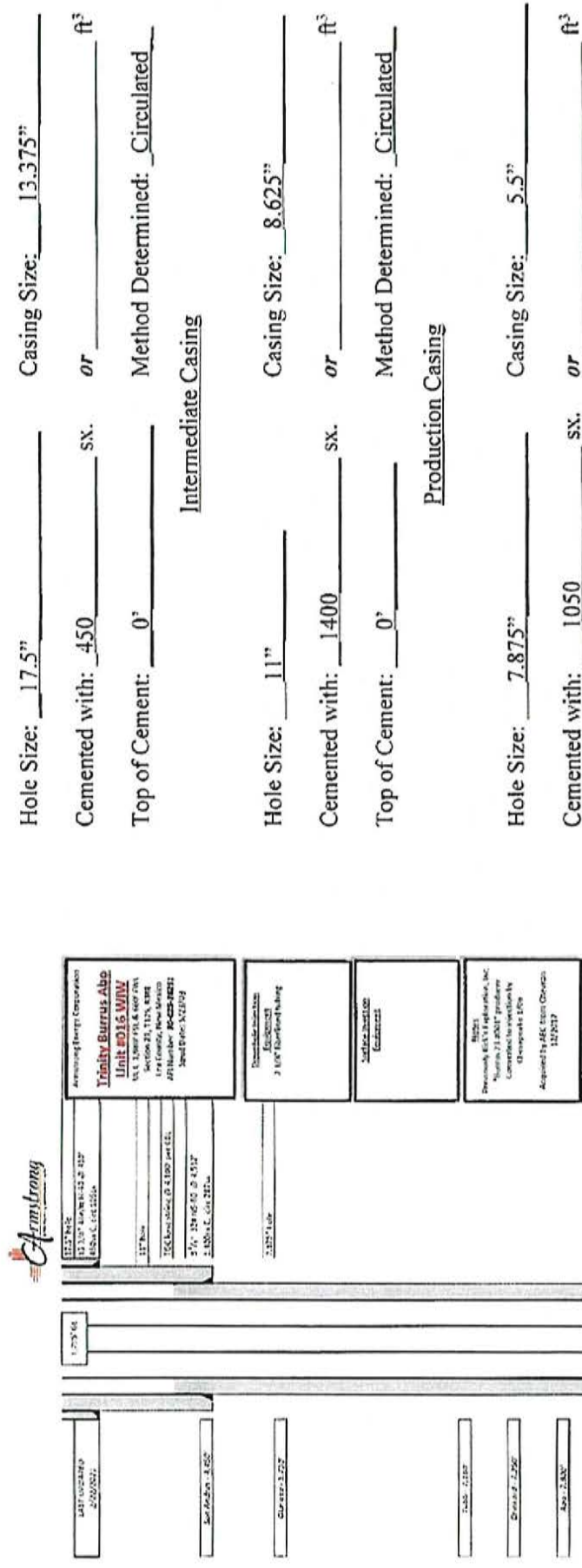
OPERATOR: Armstrong Energy Corporation

WELL NAME & NUMBER: Trinity Burrus Abo Unit #016 30-025-36251

WELL LOCATION: 1980' FSL & 660' FWL UNIT LETTER L SECTION 23 TOWNSHIP 12S RANGE 38E

FOOTAGE LOCATION
Surface Casing

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



Hole Size: 17.5" Casing Size: 13.375" ft³
 Cemented with: 450 sx. or ft³
 Top of Cement: 0' Method Determined: Circulated
Intermediate Casing
 Hole Size: 11" Casing Size: 8.625" ft³
 Cemented with: 1400 sx. or ft³
 Top of Cement: 0' Method Determined: Circulated
Production Casing
 Hole Size: 7.875" Casing Size: 5.5" ft³
 Cemented with: 1050 sx. or ft³
 Top of Cement: 4100' Method Determined: CBL
 Total Depth: 9235'
Injection Interval
Perforated 9014' feet to 9062'
 (Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

Tubing Size: 2.375" Lining Material: Plastic

Type of Packer: Baker Lok-Set

Packer Setting Depth: 8955'

Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes No

If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus "23" #001 Producer by Rick's Exploration

2. Name of the Injection Formation: Wolfcamp

3. Name of Field or Pool (if applicable): Trinity: Wolfcamp

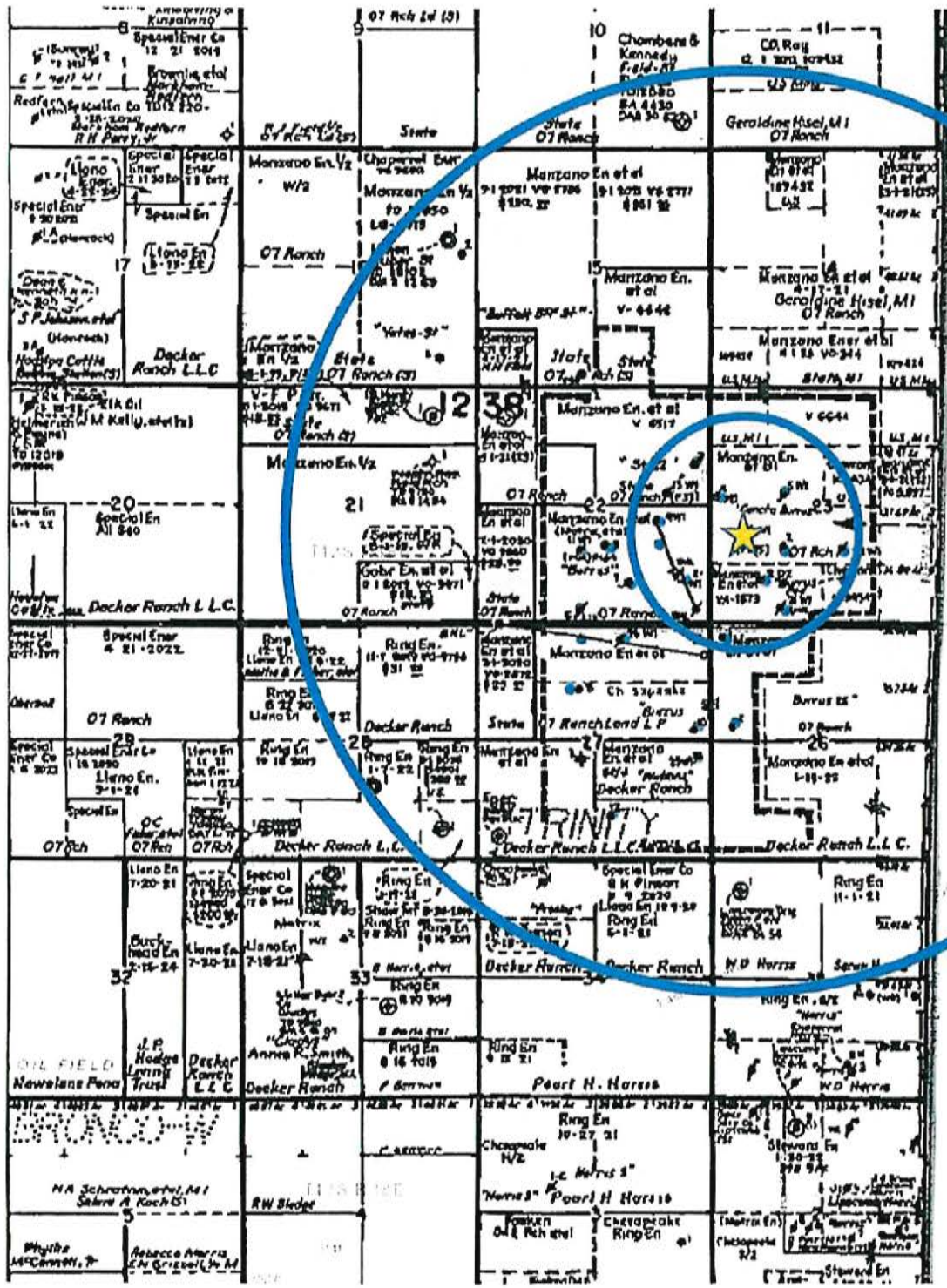
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Devonian 12020'. Abo 7840'. Tubb 7150'. Glorieta 5370'. San Andres 4460'

TBAU #016 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #016 WIW

Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

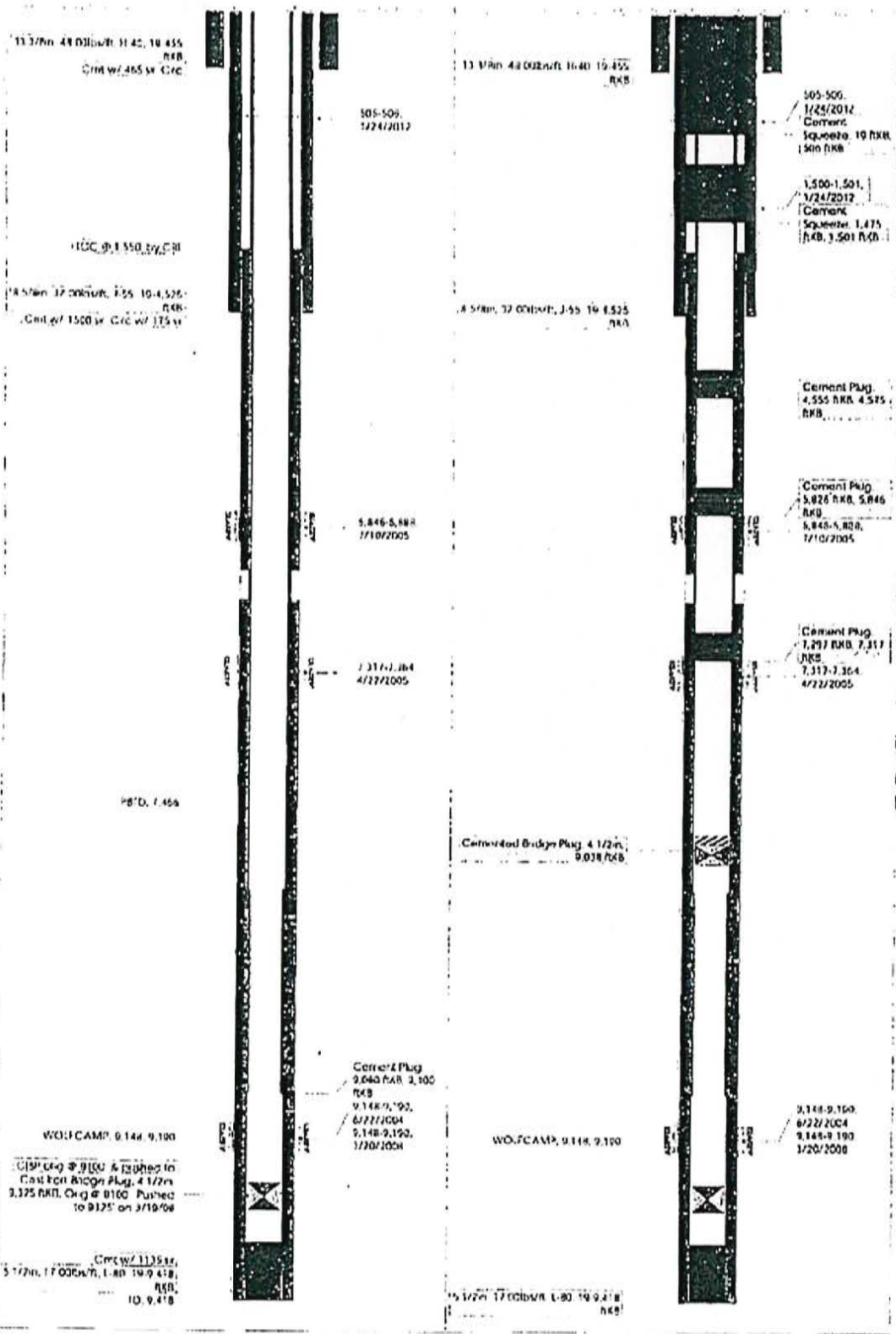
WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #015	OIL	10/03/04	1645' FNL & 354' FEL UL H, Sec 22, T12S R38E	9265'
TBAU #019	OIL	04/09/05	2431' FNL & 175' FWL UL E, Sec 23, T12S R38E	9330'
TBAU #005	INJ	02/29/04	2310' FNL & 1650' FWL UL F, Sec 23, T12S R38E	9793'
TBAU #017	OIL	10/03/03	1650' FSL & 1650' FWL UL K, Sec 23, T12S R38E	9265'
TBAU #018	INJ	01/28/04	1650'FSL & 2200' FEL UL J, Sec 23, T12S R38E	9800'
TBAU #022	OIL	08/26/03	990' FSL & 1200' FWL UL M, Sec 23, T12S R38E	9225'
TBAU #021	INJ	11/02/87	330' FSL & 1650' FWL UL N, Sec 23, T12S R38E	12650'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #003	OIL	07/03/01	1720' FSL & 2310' FEL UL J, Sec 22, T12S R38E	9184'
TBAU #004H	INJ	02/06/02	2310' FSL & 1210' FEL UL I, Sec 22, T12S R38E	10015'
TBAU #013	INJ	10/19/02	2310' FNL & 990' FEL UL H, Sec 22, T12S R38E	9250'
TBAU #023	OIL	09/08/03	330' FNL & 330' FWL UL D, Sec 26, T12S R38E	9260'

TBAU #008	OIL	07/16/03	330' FNL & 330' FEL UL A, Sec 27, T12S R38E	9164'
TBAU #020 (SEE P&A WBD BELOW)	P&A	05/11/04	990' FSL & 2170' FEL UL O, Sec 23, T12S R38E	9418'

Well Config: VERTICAL - Original Memo, 1/28/2012 2:58:51 PM

Schematic - Actual

Schematic - Proposed



Side 1

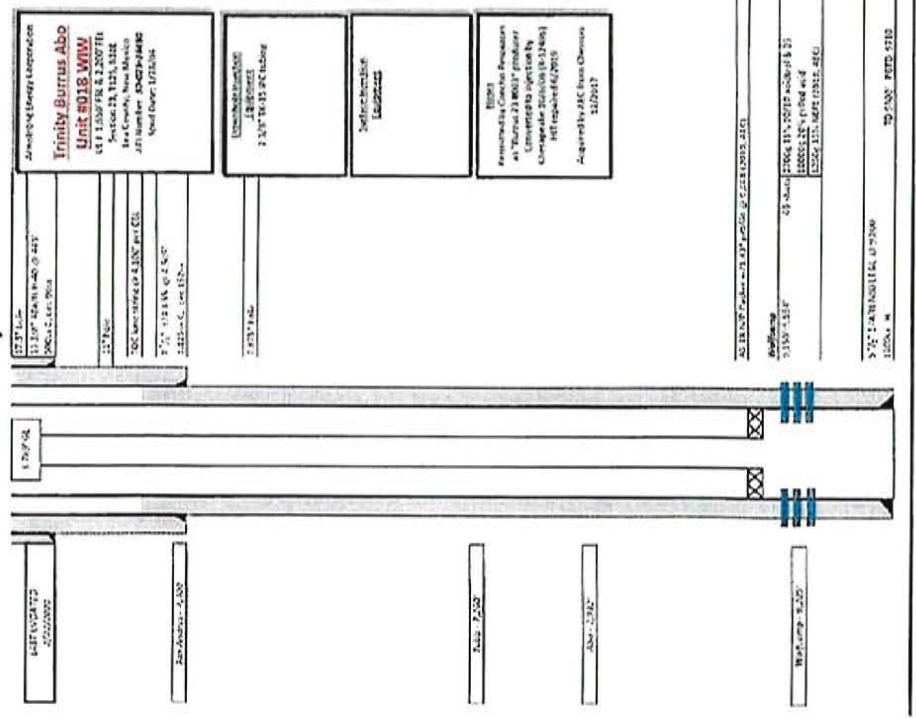
INJECTION WELL DATA SHEET

OPERATOR: Armstrong Energy Corporation

WELL NAME & NUMBER: Trinity Burrus Abo Unit #018 30-025-36450

WELL LOCATION: 1650' FSL & 2200' FEL J 23 12S 38E
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

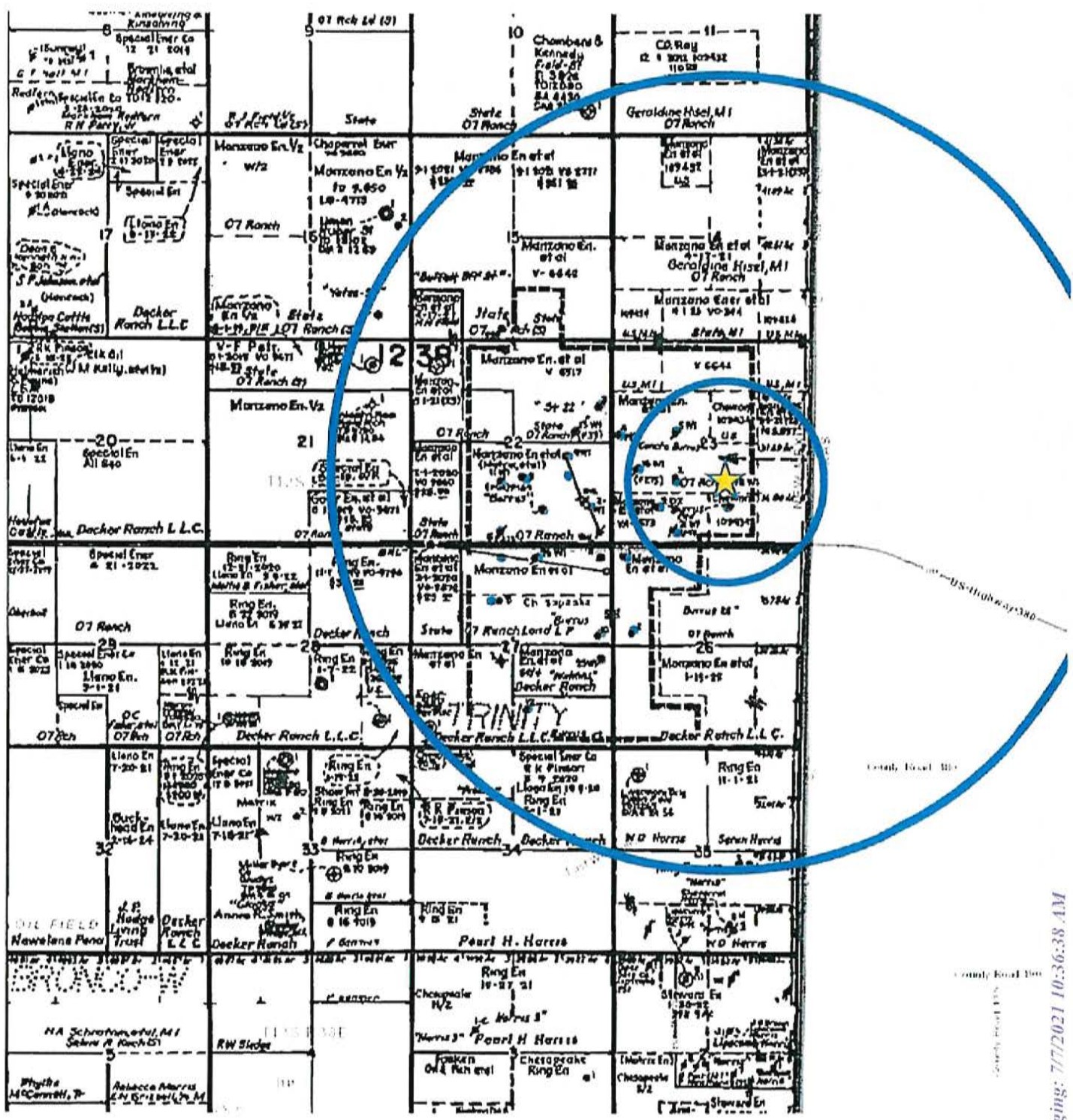
Tubing Size: 2.375" Lining Material: Plastic
Type of Packer: AS-IX
Packer Setting Depth: 9081'
Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes No
If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus "23" #003 Producer by Rick's Exploration
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Devonian 12020', Abo 7840', Tubb 7150', Glorieta 5370', San Andres 4460'

TBAU #018 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #018 WIW

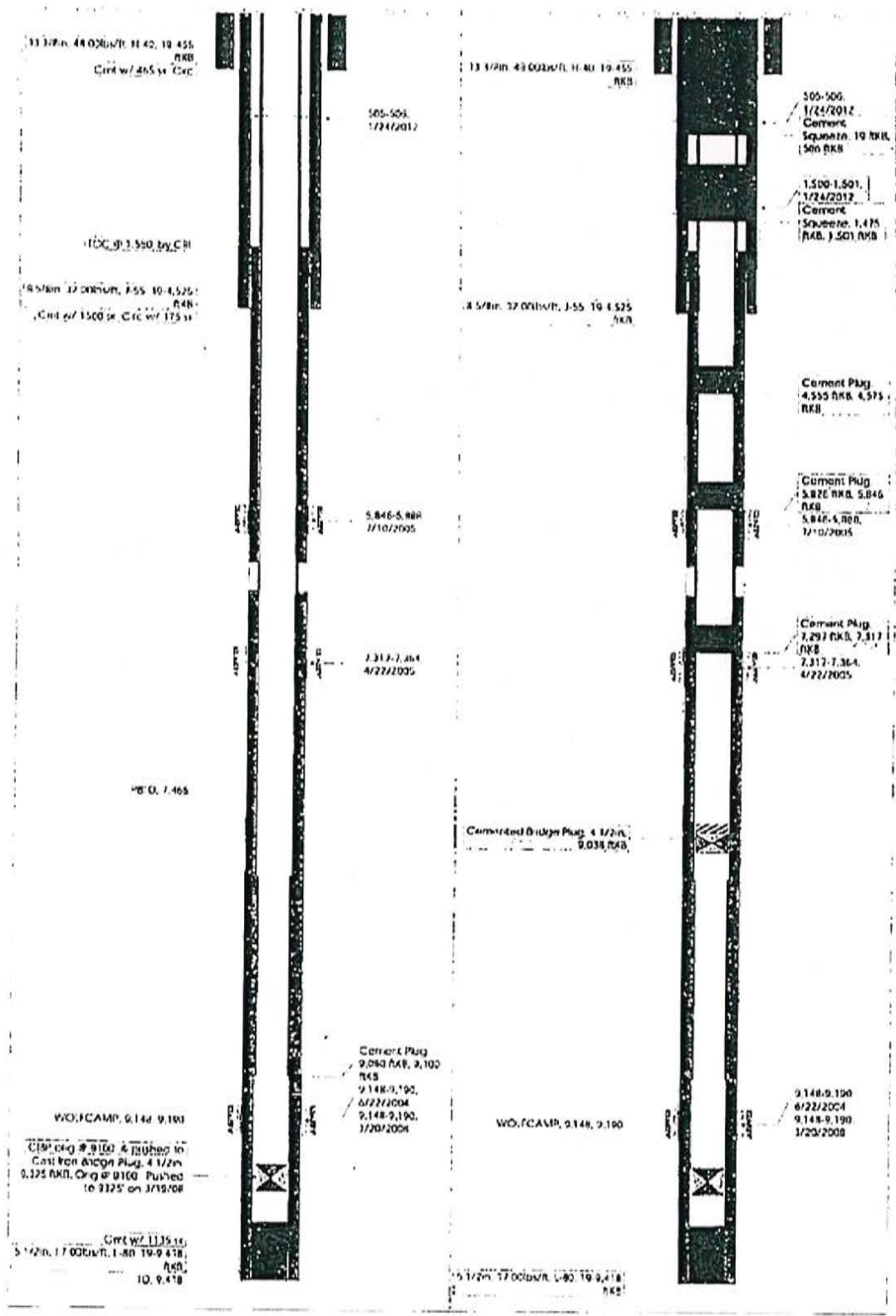
Application for Authorization to Inject list of wells within 1/2 mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #005	INJ	02/29/04	2310' FNL & 1650' FWL UL F, Sec 23, T12S R38E	9793'
TBAU #017	OIL	10/03/03	1650' FSL & 1650' FWL UL K, Sec 23, T12S R38E	9265'
TBAU #022	OIL	08/26/03	990' FSL & 1200' FWL UL M, Sec 23, T12S R38E	9225'
TBAU #021	INJ	11/02/87	330' FSL & 1650' FWL UL N, Sec 23, T12S R38E	12650'
TBAU #016	INJ	05/23/03	1980' FSL & 660' FWL UL L, Sec 23, T12S R38E	9235'
TBAU #020 (SEE P&A WBD BELOW)	P&A	05/11/04	990' FSL & 2170' FEL UL O, Sec 23, T12S R38E	9418'

Well Config: VERTICAL - Original Note, 1/28/2012 2:58:51 PM

Schematic - Actual

Schematic - Proposed



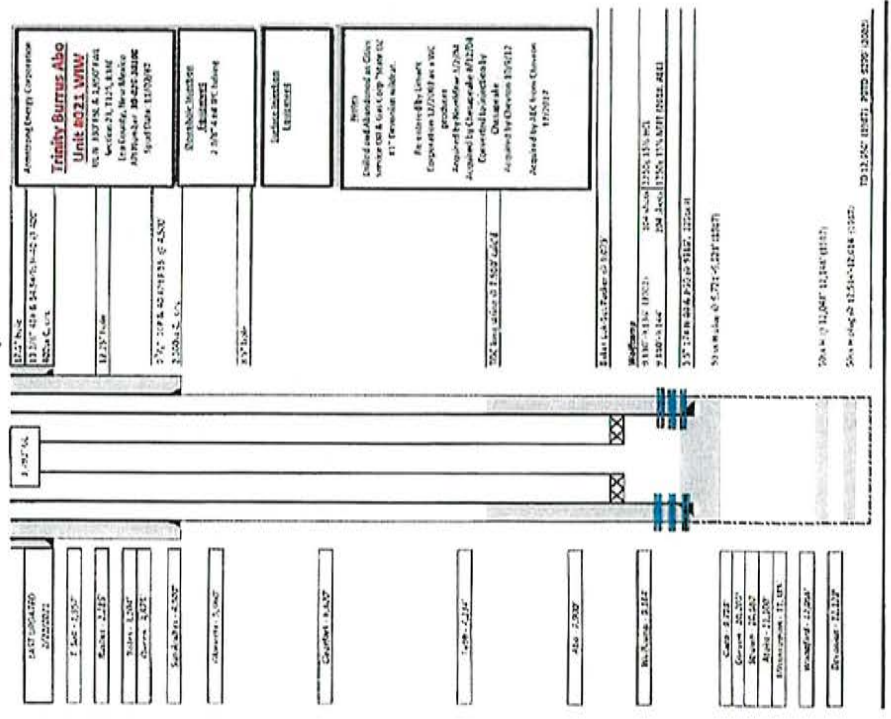
INJECTION WELL DATA SHEET

OPERATOR: Armstrong Energy Corporation

WELL NAME & NUMBER: Trinity Burrus Abo Unit #021 30-025-30106

WELL LOCATION: 330' FSL & 1650' FWL UNIT LETTER N SECTION 23 TOWNSHIP 12S RANGE 38E
FOOTAGE LOCATION

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



Hole Size: 17.5" Casing Size: 13.375"

Cemented with: 400 SX. 0' Method Determined: Circulated

Top of Cement: 0' Intermediate Casing

Hole Size: 12.25" Casing Size: 9.625"

Cemented with: 2300 SX. 0' Method Determined: Circulated

Top of Cement: 0' Production Casing

Hole Size: 8.5" Casing Size: 5.5"

Cemented with: 325 SX. 0' Method Determined: Calculated

Top of Cement: 7500' Method Determined: Calculated

Total Depth: 12650'

Injection Interval

Perforated 9110' feet to 9144'

(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

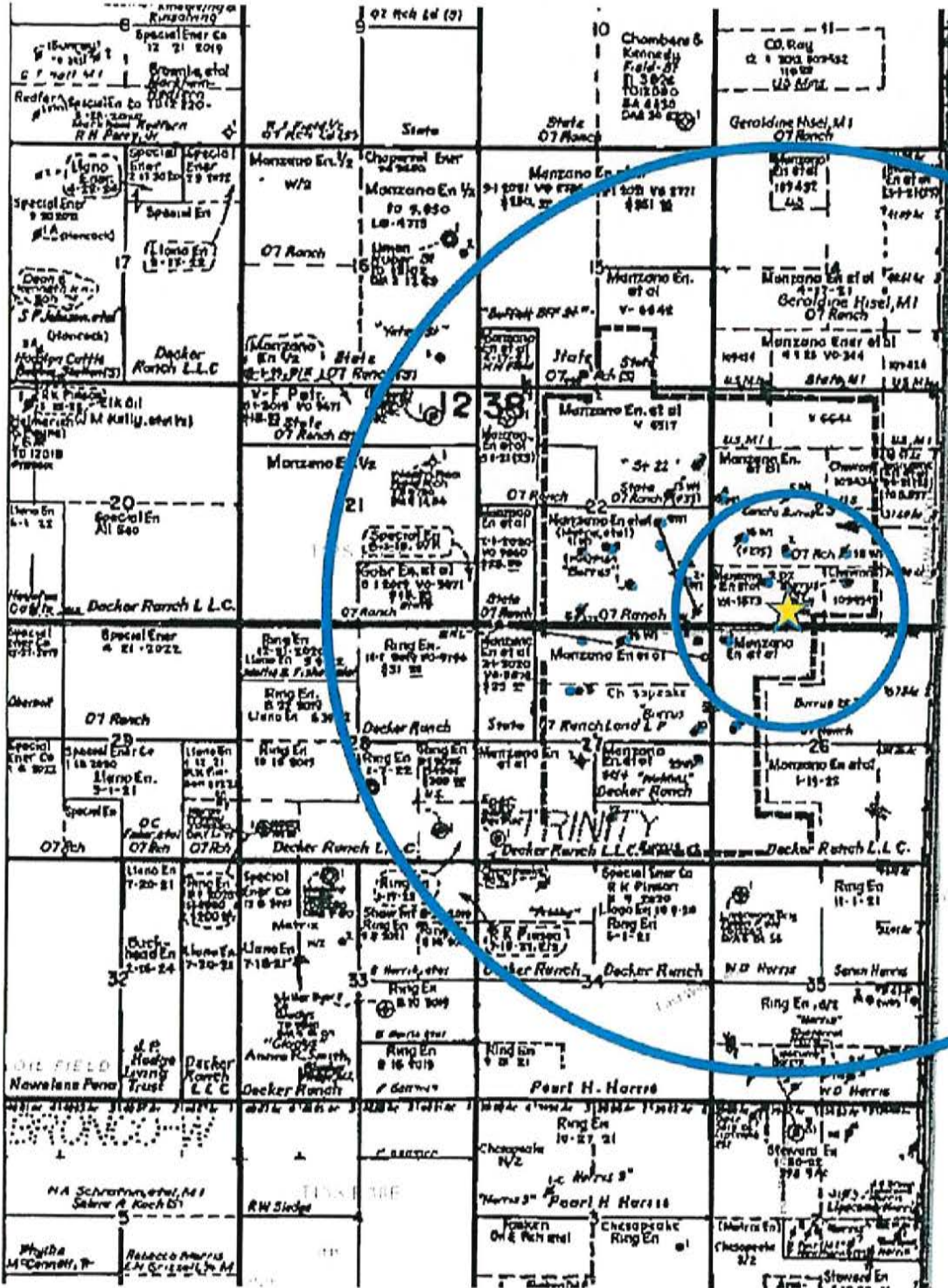
Tubing Size: 2.375" Lining Material: Plastic
Type of Packer: Baker Lok-Set
Packer Setting Depth: 9075'
Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes X No
If no, for what purpose was the well originally drilled? Well was originally drilled and abandoned as the State DZ #001 Devonian wildcat by Cities Services Oil & Gas Corp.
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No, the well was drilled to the Devonian but pipe was not run.
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:
Devonian 12020', Abo 7840', Tubb 7150', Glorieta 5370', San Andres 4460'

TBAU #021 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #021 WIW

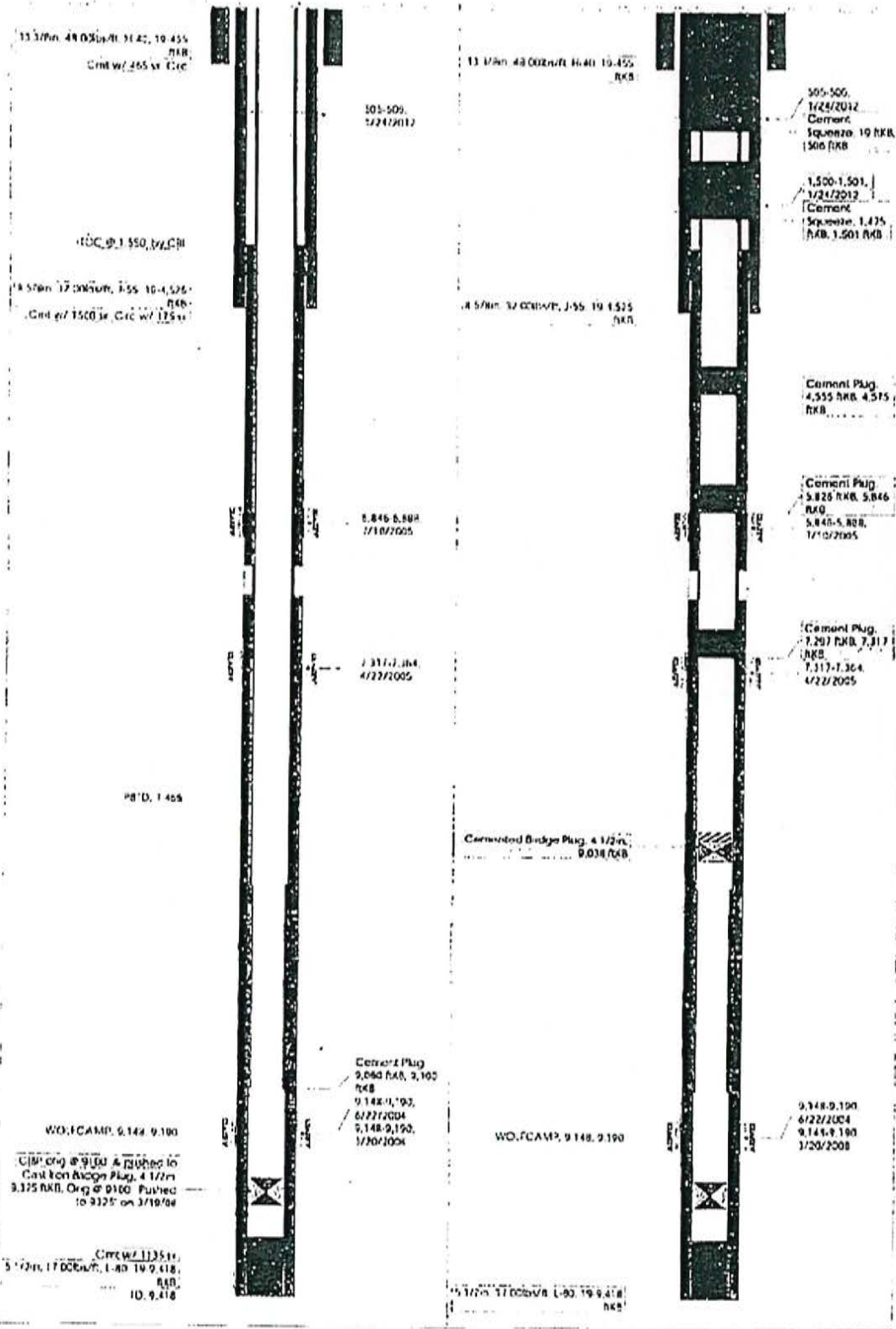
Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #005	INJ	02/29/04	2310' FNL & 1650' FWL UL F, Sec 23, T12S R38E	9793'
TBAU #017	OIL	10/03/03	1650' FSL & 1650' FWL UL K, Sec 23, T12S R38E	9265'
TBAU #018	INJ	01/28/04	1650' FSL & 2200' FEL UL J, Sec 23, T12S R38E	9800'
TBAU #022	OIL	08/26/03	990' FSL & 1200' FWL UL M, Sec 23, T12S R38E	9225'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #023	OIL	09/08/03	330' FNL & 330' FWL UL D, Sec 26, T12S R38E	9260'
TBAU #008	OIL	07/16/03	330' FNL & 330' FEL UL A, Sec 27, T12S R38E	9164'
TBAU #016	INJ	05/23/03	1980' FSL & 660' FWL UL L, Sec 23, T12S R38E	9235'
TBAU #020 (SEE P&A WBD BELOW)	P&A	05/11/04	990' FSL & 2170' FEL UL O, Sec 23, T12S R38E	9418'

Well Config: VERTICAL - Original Hole, 1/25/2012 2:55:31 PM

Schematic - Actual

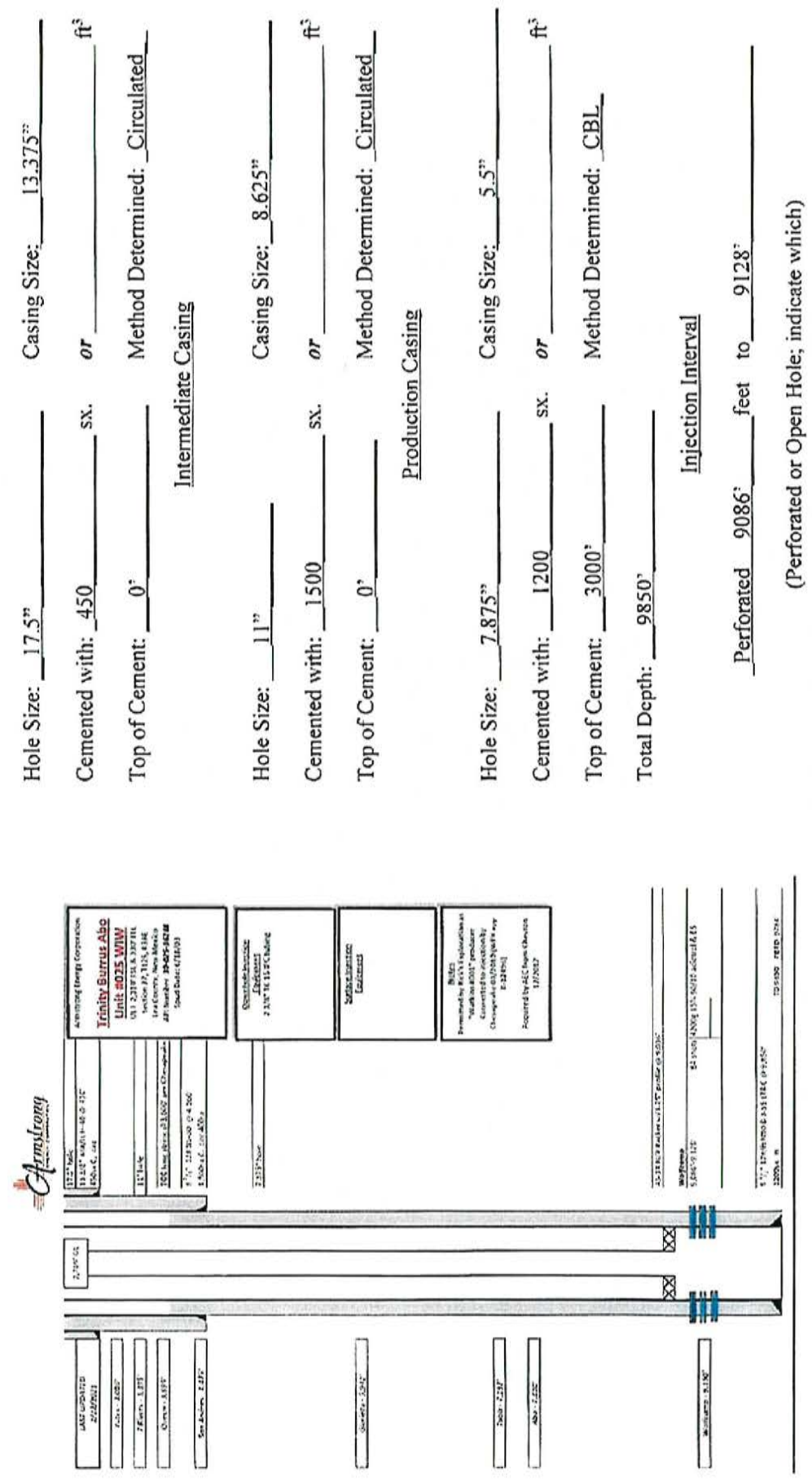
Schematic - Proposed



INJECTION WELL DATA SHEET

OPERATOR: Armstrong Energy Corporation
 WELL NAME & NUMBER: Trinity Burruss Abo Unit #025 30-025-36248
 WELL LOCATION: 2310' FSL & 330' FEL I 27 12S 38E
 FOOTAGE LOCATION: UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



Side 2

INJECTION WELL DATA SHEET

Tubing Size: 2.375" Lining Material: Plastic

Type of Packer: AS-1X

Packer Setting Depth: 9036'

Other Type of Tubing/Casing Seal (if applicable): None

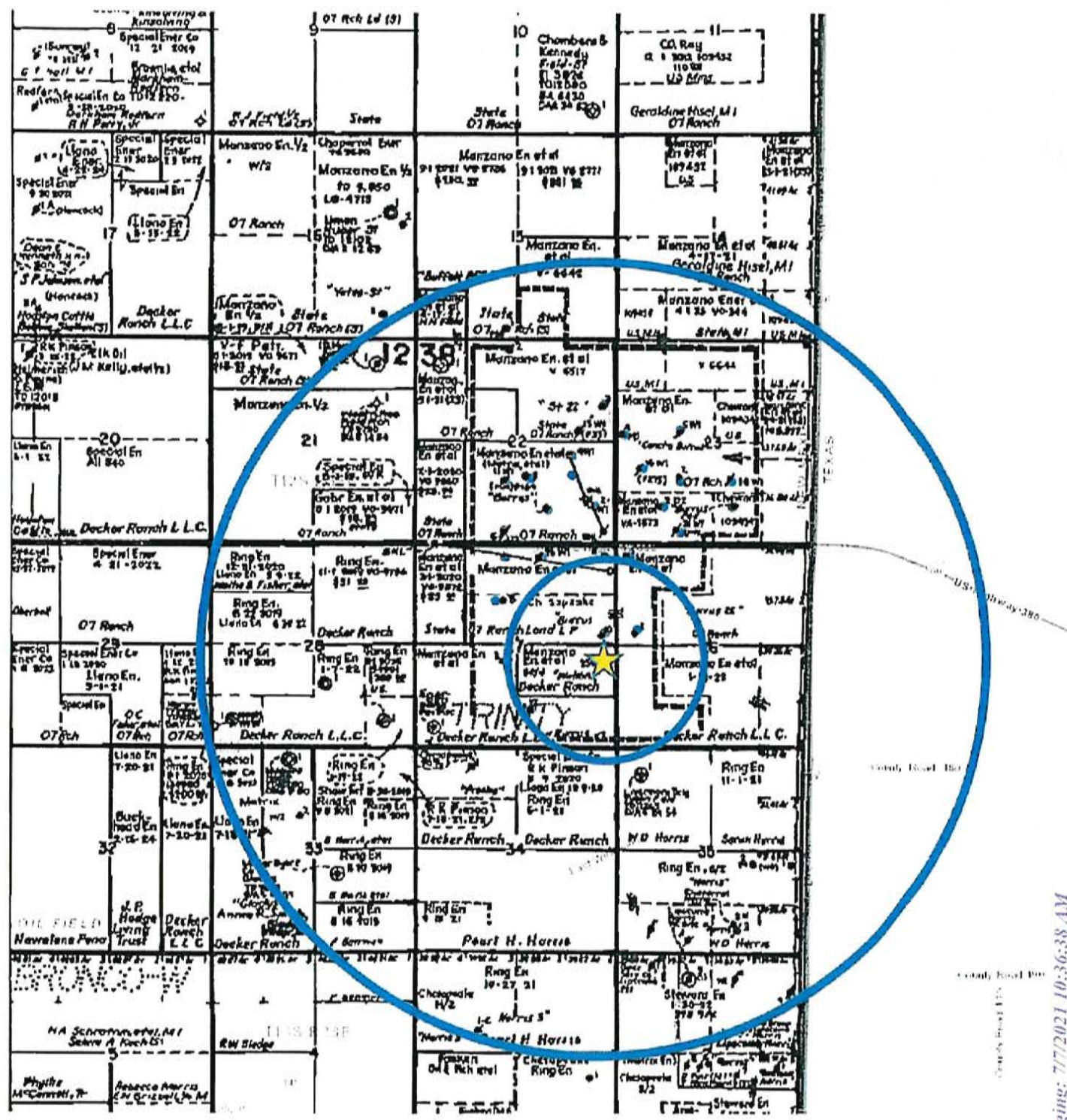
Additional Data

1. Is this a new well drilled for injection? Yes X No
If no, for what purpose was the well originally drilled? Well was originally drilled as the Watkins #001 producer by Rick's Exploration
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Devonian 12020' . Abo 7840' . Tubb 7150' . Glorieta 5370' . San Andres 4460'

TBAU #025 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

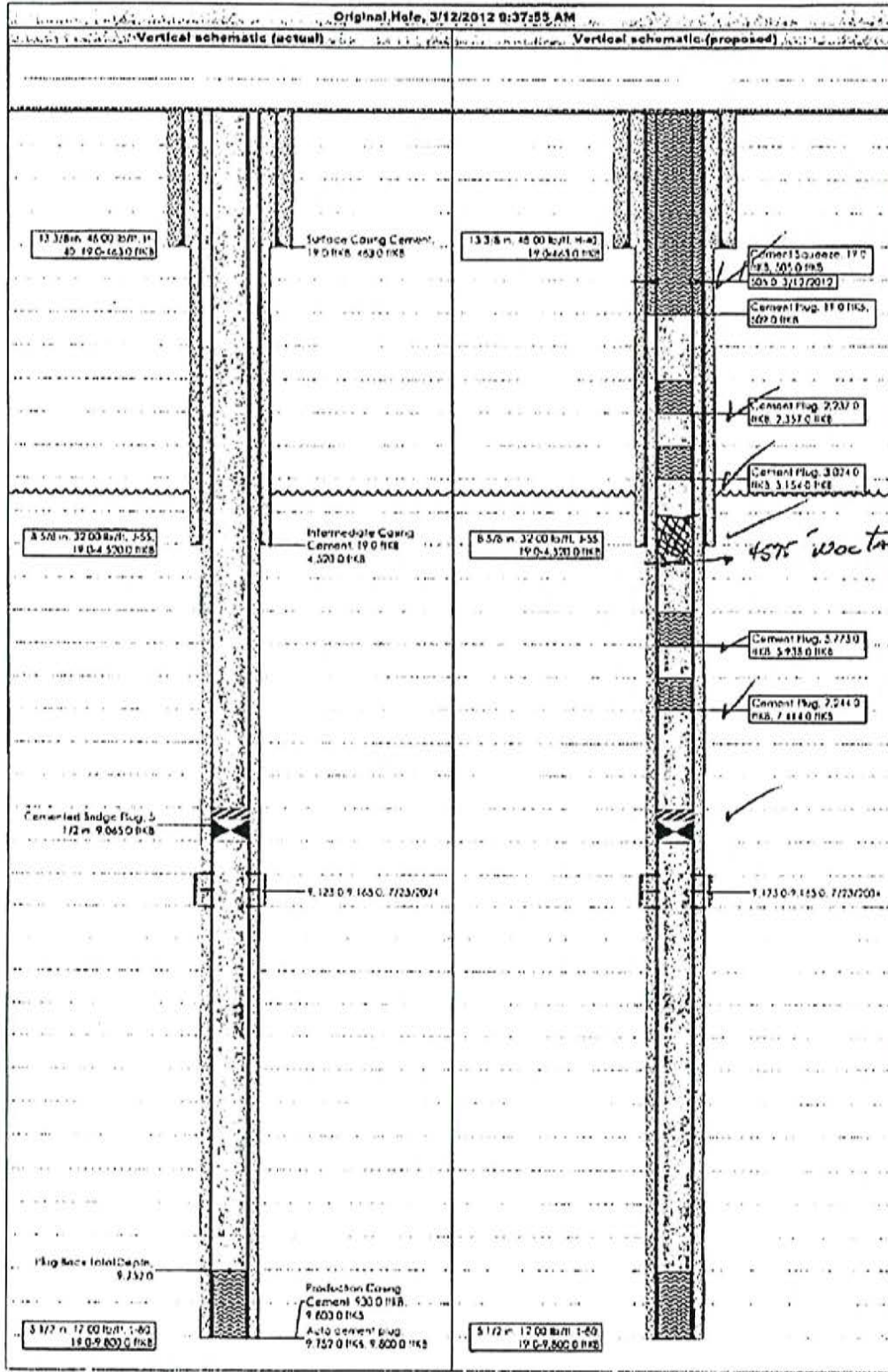
Trinity Burrus Abo Unit #025 WIW

Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #027	OIL	10/30/03	2310' FNL & 330' FEL UL H, Sec 27, T12S R38E	9275'
TBAU #028	INJ	06/12/05	2240' FSL & 2310' FWL UL K, Sec 27, T12S R38E	9814'
TBAU #012	OIL	03/17/05	990' FSL & 2270' FEL UL O, Sec 27, T12S R38E	9404'
TBAU #024 (SEE P&A WBD BELOW)	P&A	06/12/04	2228' FNL & 524' FWL UL 3, Sec 26, T12S R38E	9800'

Well ID: 819507
Well Name: TBAU 24
Location: SEC 26-12S-30E, 2228 FNL & 524 FWL
County: LEA State: NEW MEXICO
District: PERMIAN

Wellbore Schematic



INJECTION WELL DATA SHEET

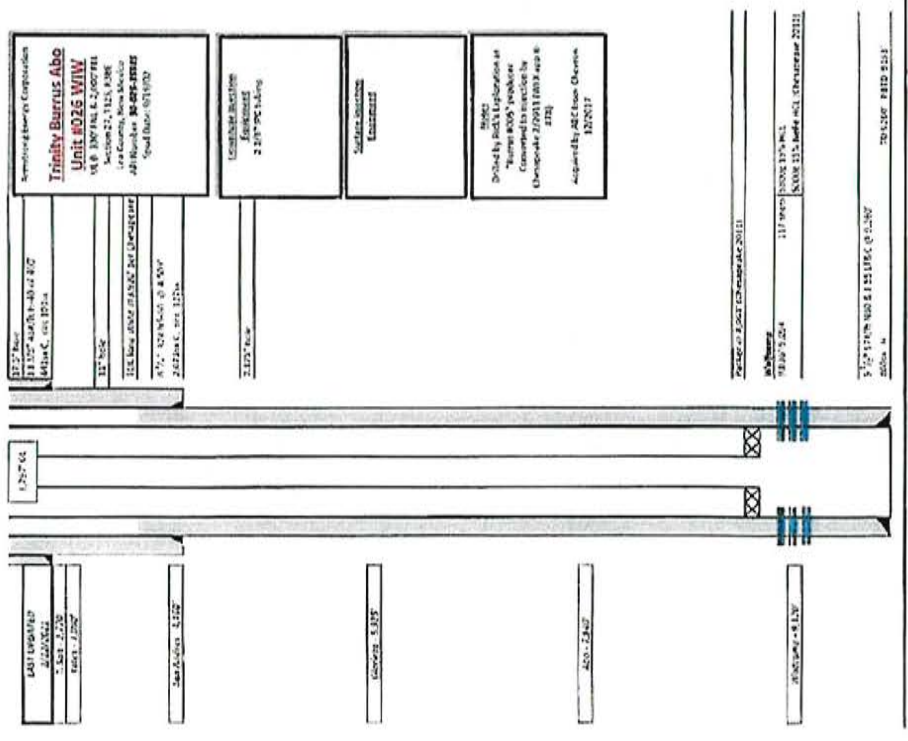
Side 1

OPERATOR: Armstrong Energy Corporation

WELL NAME & NUMBER: Trinity Burrus Abo Unit #026 30-025-35985

WELL LOCATION: 330' FNL & 2000' FEL B 27 12S 38E
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

Tubing Size: 2.375" Lining Material: Plastic

Type of Packer: Baker Lok-Set

Packer Setting Depth: 8963'

Other Type of Tubing/Casing Seal (if applicable): None

Additional Data

1. Is this a new well drilled for injection? Yes No

If no, for what purpose was the well originally drilled? Well was originally drilled as the Burrus #005 producer by Rick's Exploration

2. Name of the Injection Formation: Wolfcamp

3. Name of Field or Pool (if applicable): Trinity; Wolfcamp

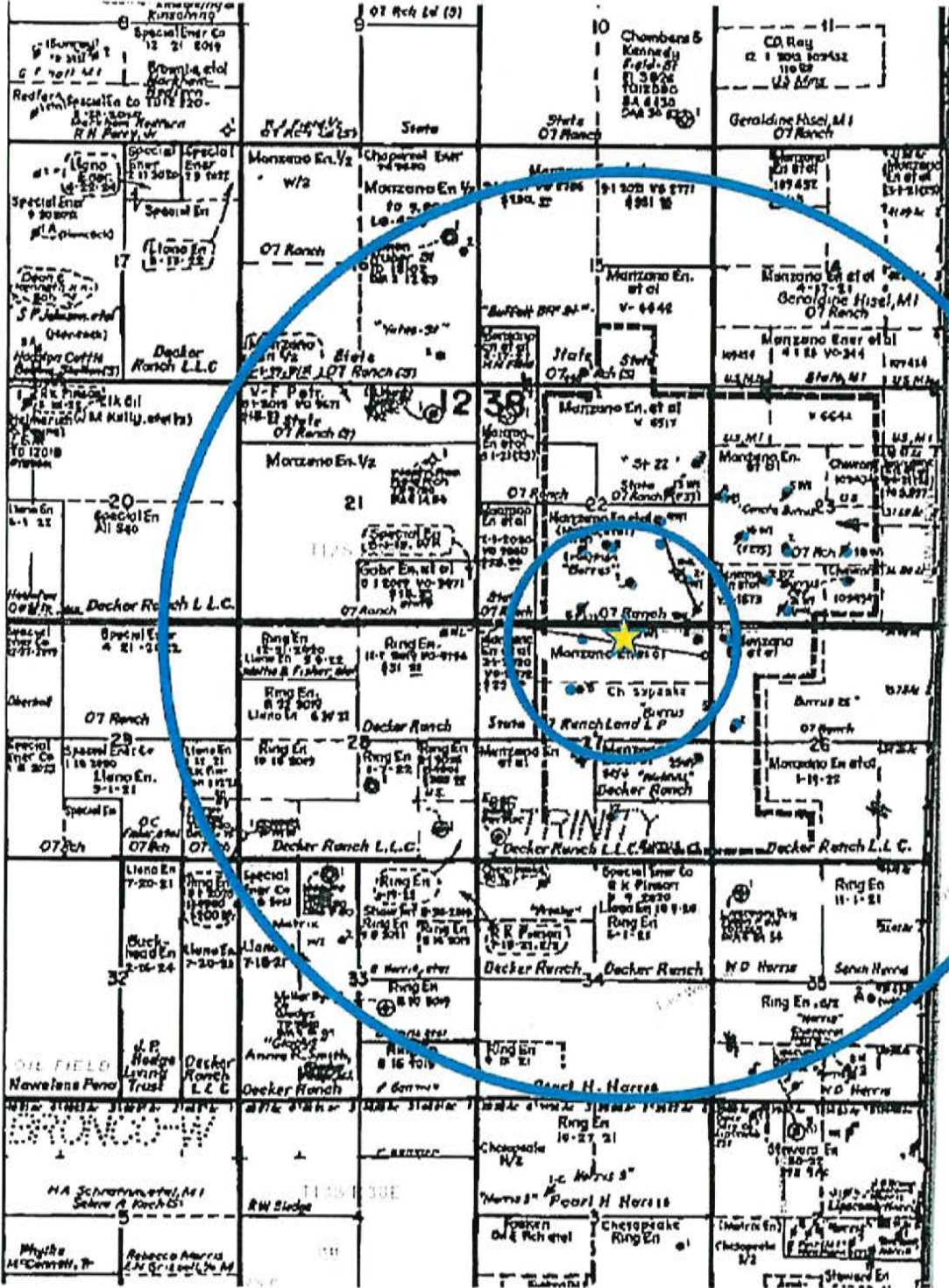
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Devonian 12020', Abo 7840', Tubb 7150', Glorieta 5370', San Andres 4460'

TBAU #026 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #026 WIW

Application for Authorization to Inject list of wells within ½ mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #011	INJ	11/13/02	1650' FSL & 2310' FWL UL K, Sec 22, T12S R38E	9240'
TBAU #001	OIL	04/11/00	900' FSL & 1859' FEL UL O, Sec 22, T12S R38E	12036'
TBAU #002H	INJ	03/02/01	990' FSL & 600' FEL UL P, Sec 22, T12S R38E	9549'
TBAU #009	OIL	08/07/04	1473' FNL & 2056' FWL UL F, Sec 27, T12S R28E	9800'
TBAU #003	OIL	07/03/01	1720' FSL & 2310' FEL UL J, Sec 22, T12S R38E	9184'
TBAU #008	OIL	07/16/03	330' FNL & 330' FEL UL A, Sec 27, T12S R38E	9164'
TBAU #023	OIL	09/08/03	330' FNL & 330' FWL UL D, Sec 26, T12S R38E	9260'
TBAU #027	OIL	10/30/03	2310' FNL & 330' FEL UL H, Sec 27, T12S R38E	9275'
TBAU #007 (SEE P&A WBD BELOW)	P&A	04/17/03	330' FNL & 2310' FWL UL C, Sec 27, T12S R38E	9218'

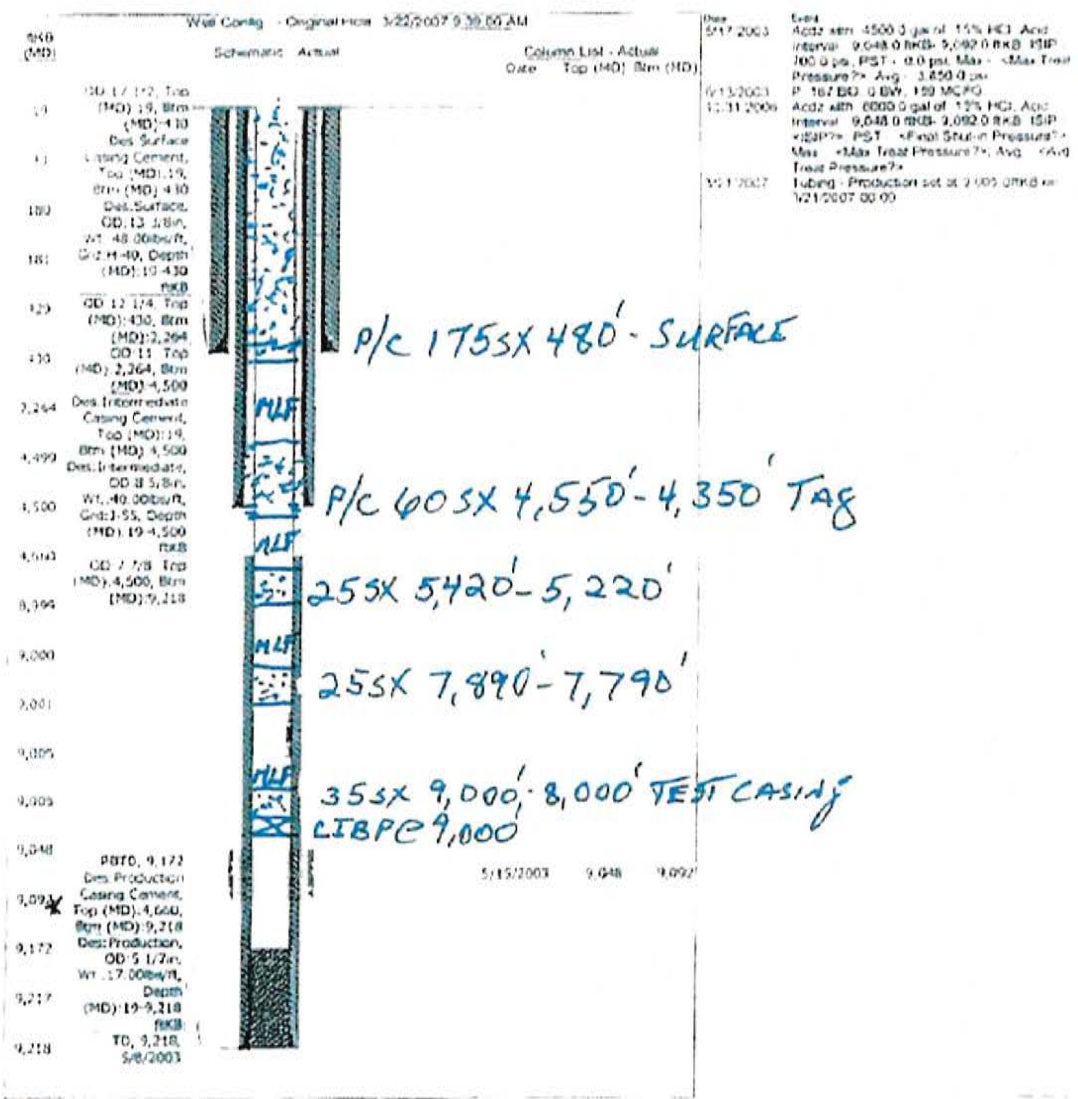
Chesapeake

Wellbore Schematic

TBAU 7

Field: Trinity
County: LEA
State: NEW MEXICO
Location: SEC 27-12S-38E, 330 FNL & 2310 FWL
Elevation: GL 3,799.00 KB 3,818.00
KB Height: 19.00

Spud Date: 4/17/2003
API #: 3002536187
CHK Property #: 890482
1st Prod Date: 5/19/2003
PBTD: Original Hole - 9172.0
TD: 9,218.0



Run Date	String	Weight	Original Hole	Log No.	Fluid	Amount (Gals)	Cost	Yield (Gals)	Density (lb/gal)	Comments
4/19/2003	Surface 430 078KB		Original Hole			440	C			2% CaCl2, 20 pps CP
4/26/2003	Intermediate 4,500 078KB		Original Hole		Lead	1,350	C			50/50 POZ, 5% salt, 10% gel, 3# Gilsocite, 25# CP
4/28/2003	Intermediate 4,500 078KB		Original Hole		Tal	209	G			1% CaCl2
5/11/2003	Production 9,218 078KB		Original Hole		Lead	425	H			50/50 POZ, 5% salt, 2% gel, 4# D167, 2% D65
5/11/2003	Production 9,218 078KB		Original Hole		Tal	175	H			50/50 POZ, 5% salt, 2% gel, 4# D167, 2% D65

INJECTION WELL DATA SHEET

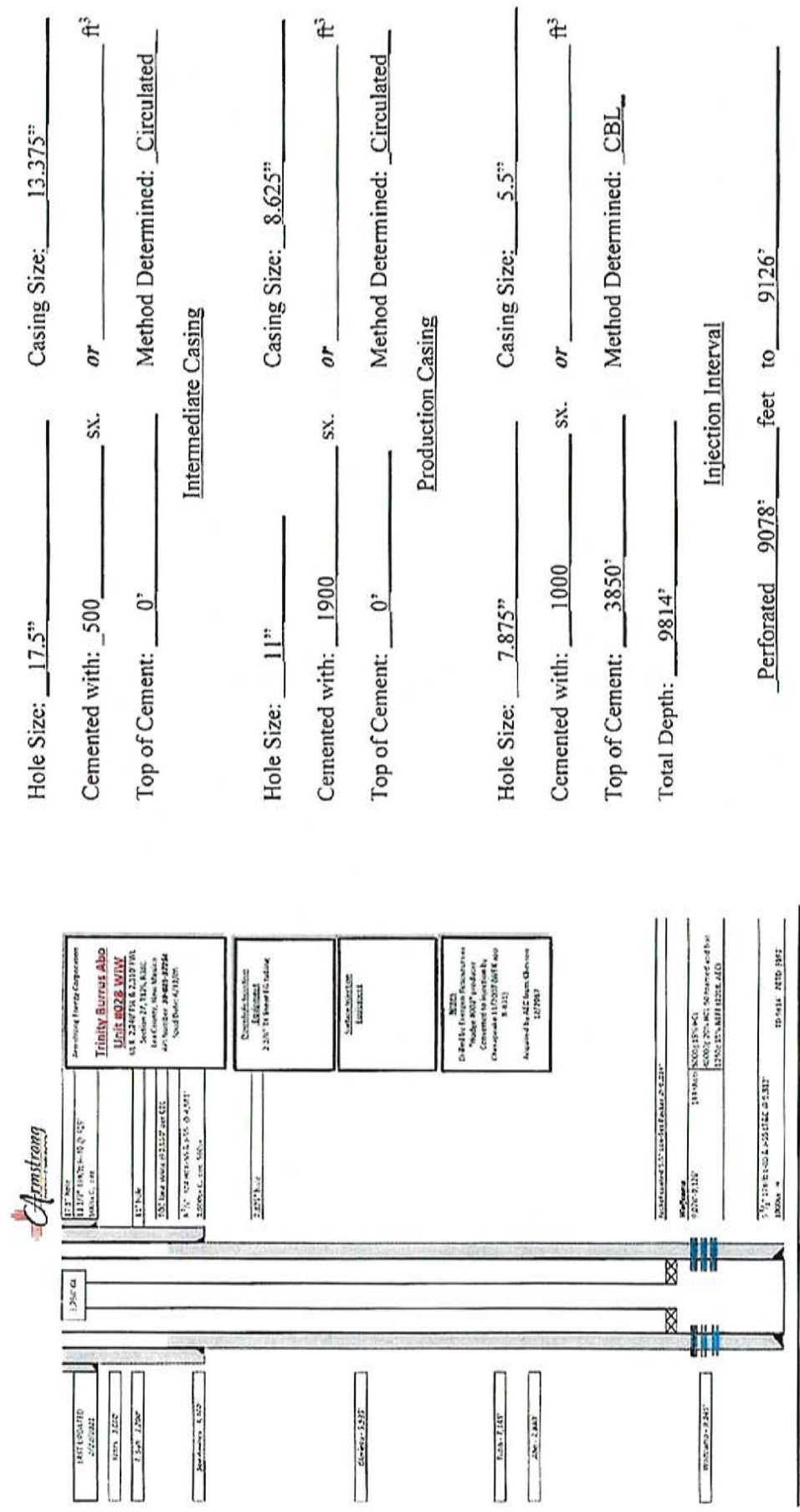
Side 1

OPERATOR: Armstrong Energy Corporation

WELL NAME & NUMBER: Trinity Burrus Abo Unit #028 30-025-37254

WELL LOCATION: 2240' F5L & 2310' F4L UNIT LETTER K SECTION 27 TOWNSHIP 12S RANGE 38E

WELLBORE SCHEMATIC
WELL CONSTRUCTION DATA



(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

Tubing Size: 2.375" Lining Material: Plastic
Type of Packer: Baker Lok-Set
Packer Setting Depth: 9016'
Other Type of Tubing/Casing Seal (if applicable): None

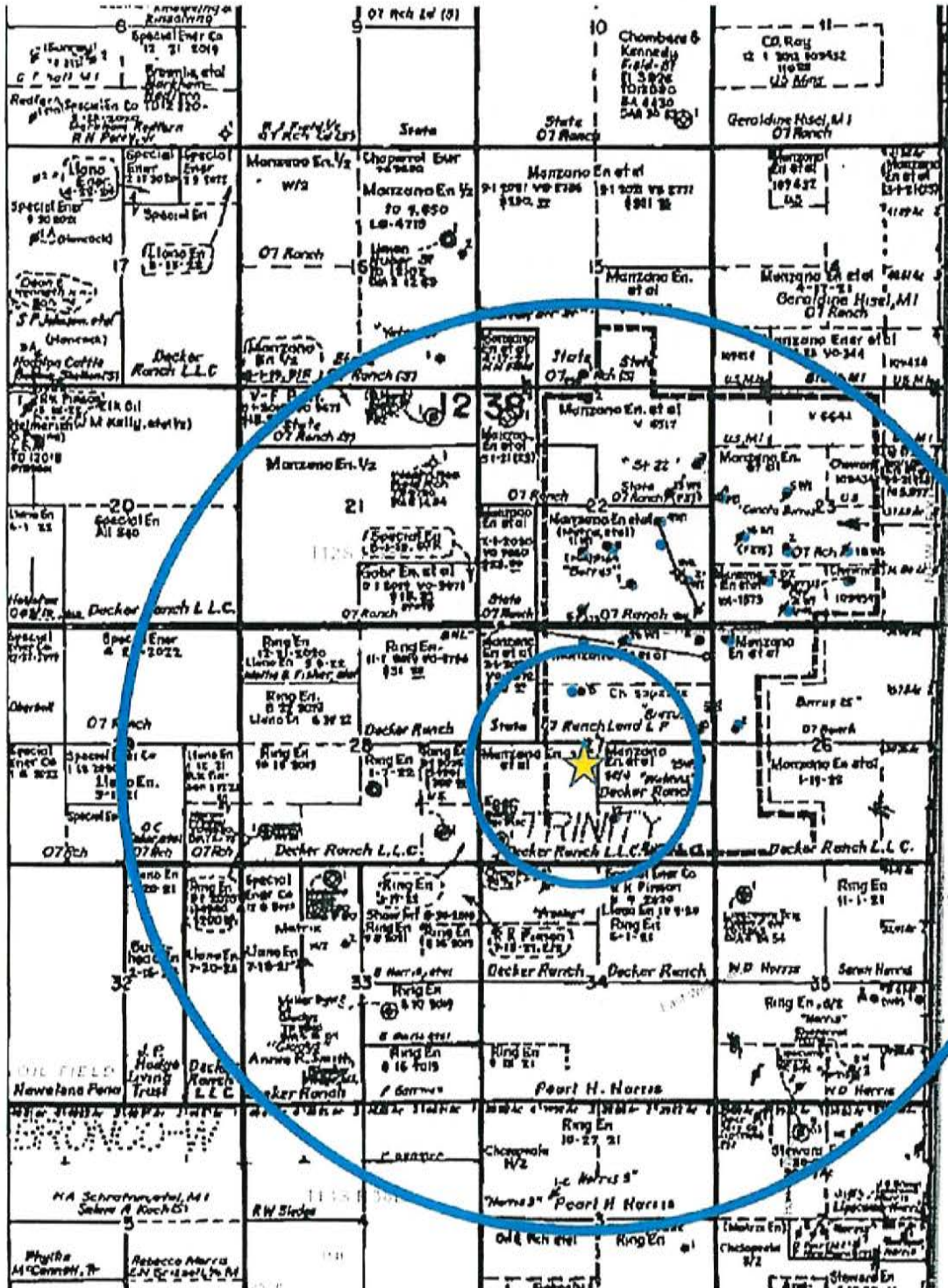
Additional Data

1. Is this a new well drilled for injection? Yes No
If no, for what purpose was the well originally drilled? Well was originally drilled as the Hodge #002 producer by Energen Resources
2. Name of the Injection Formation: Wolfcamp
3. Name of Field or Pool (if applicable): Trinity; Wolfcamp
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____

Devonian 12020' . Abo 7840' . Tubb 7150' . Glorieta 5370' . San Andres 4460'

TBAU #028 AOI

0.5 mile radius and 2 mile radius



Armstrong Energy Corporation
PO Box 1973
Roswell, NM 88202
575-625-2222

Trinity Burrus Abo Unit #028 WIW

Application for Authorization to Inject list of wells within 1/4 mile radius that penetrate injection zone, form C-108 Item #VI.

WELL NAME	TYPE	DATE DRILLED	LOCATION	DEPTH
TBAU #009	OIL	08/07/04	1473' FNL & 2056' FWL UL F, Sec 27, T12S R28E	9800'
TBAU #012	OIL	03/17/05	990' FSL & 2270' FEL UL O, Sec 27, T12S R38E	9404'
TBAU #025	INJ	04/30/03	2310' FSL & 330' FEL UL I, Sec 27, T12S R38E	13720'
HODGE SWD #1	SWD	09/18/97	495' FSL & 495' FWL UL M, Sec 27, T12S R38E	12190'



Catalyst Oilfield Services
11999 E Hwy 158
Gardendale, TX 79758
(432) 563-0727
Fax: (432) 224-1038

Water Analysis Report

Customer: Armstrong Energy Sample #: 153888
 Area: Permian Analysis ID #: 131250
 Lease: TBAU
 Location: Water Well 0
 Sample Point: SE Water Well #1

Sampling Date:	3/10/2021	Anions	mg/l	meq/l	Cations	mg/l	meq/l
Analysis Date:	3/18/2021	Chloride:	210.0	5.92	Sodium:	86.6	3.77
Analyst:	Catalyst	Bicarbonate:	168.4	2.76	Magnesium:	20.5	1.69
TDS (mg/l or g/m3):	640.8	Carbonate:			Calcium:	88.4	4.41
Density (g/cm3):	1.003	Sulfate:	60.0	1.25	Potassium:	2.9	0.08
Hydrogen Sulfide:	BDL	Borate*:	2.8	0.02	Strontium:	1.0	0.02
Carbon Dioxide:	0	Phosphate*			Barium:	0.2	0.
Comments:		*Calculated based on measured elemental boron and phosphorus.			Iron:	0.0	0.
		pH at time of sampling:		7.5	Manganese:	0.004	0.
		pH at time of analysis:					
		pH used in Calculation:		7.5	Conductivity (micro-ohms/cm):		2148
		Temperature @ lab conditions (F):		75	Resistivity (ohm meter):		4.6555

Values Calculated at the Given Conditions - Amounts of Scale in lb/1000 bbl

Temp	Calcite CaCO ₃		Gypsum CaSO ₄ ·2H ₂ O		Anhydrite CaSO ₄		Celestite SrSO ₄		Barite BaSO ₄	
	Index	Amount	Index	Amount	Index	Amount	Index	Amount	Index	Amount
80	0.15	1.75	-1.78	0.00	-1.85	0.00	-2.01	0.00	0.38	0.00
100	0.28	3.85	-1.77	0.00	-1.78	0.00	-1.98	0.00	0.25	0.00
120	0.42	6.31	-1.76	0.00	-1.68	0.00	-1.95	0.00	0.14	0.00
140	0.56	9.11	-1.73	0.00	-1.57	0.00	-1.90	0.00	0.05	0.00
160	0.72	12.26	-1.70	0.00	-1.43	0.00	-1.85	0.00	-0.01	0.00
180	0.87	15.76	-1.67	0.00	-1.28	0.00	-1.79	0.00	-0.05	0.00
200	1.03	19.27	-1.62	0.00	-1.12	0.00	-1.73	0.00	-0.07	0.00
220	1.19	23.12	-1.58	0.00	-0.95	0.00	-1.66	0.00	-0.08	0.00



Catalyst Oilfield Services
11999 E Hwy 158
Gardendale, TX 79758
(432) 563-0727
Fax: (432) 224-1038

Water Analysis Report

Customer: Armstrong Energy Sample #: 153889
 Area: Permian Analysis ID #: 131251
 Lease: TBAU
 Location: Water Well 0
 Sample Point: SE Water Well #2

Sampling Date:	3/10/2021	Anions	mg/l	meq/l	Cations	mg/l	meq/l
Analysis Date:	3/18/2021	Chloride:	164.9	4.65	Sodium:	91.0	3.96
Analyst:	Catalyst	Bicarbonate:	283.0	4.64	Magnesium:	22.6	1.86
TDS (mg/l or g/m3):	722	Carbonate:			Calcium:	93.1	4.64
Density (g/cm3):	1.003	Sulfate:	60.0	1.25	Potassium:	3.2	0.08
Hydrogen Sulfide:	BDL	Borate*:	2.9	0.02	Strontium:	1.1	0.02
Carbon Dioxide:	0	Phosphate*			Barium:	0.2	0.
Comments:		*Calculated based on measured elemental boron and phosphorus.			Iron:	0.0	0.
					Manganese:	0.003	0.
		pH at time of sampling:		7.5			
		pH at time of analysis:					
		pH used in Calculation:		7.5	Conductivity (micro-ohms/cm):		1038
		Temperature @ lab conditions (F):		75	Resistivity (ohm meter):		9.6339

Values Calculated at the Given Conditions - Amounts of Scale in lb/1000 bbl										
Temp	Calcite CaCO ₃		Gypsum CaSO ₄ ·2H ₂ O		Anhydrite CaSO ₄		Celestite SrSO ₄		Barite BaSO ₄	
	°F	Index	Amount	Index	Amount	Index	Amount	Index	Amount	Index
80	0.39	8.76	-1.77	0.00	-1.84	0.00	-1.98	0.00	0.37	0.00
100	0.52	12.26	-1.77	0.00	-1.77	0.00	-1.95	0.00	0.23	0.00
120	0.65	16.46	-1.75	0.00	-1.68	0.00	-1.92	0.00	0.12	0.00
140	0.80	21.02	-1.73	0.00	-1.57	0.00	-1.87	0.00	0.04	0.00
160	0.95	26.27	-1.70	0.00	-1.43	0.00	-1.82	0.00	-0.02	0.00
180	1.11	31.52	-1.67	0.00	-1.29	0.00	-1.76	0.00	-0.06	0.00
200	1.27	36.78	-1.63	0.00	-1.13	0.00	-1.70	0.00	-0.09	0.00
220	1.43	42.03	-1.59	0.00	-0.96	0.00	-1.63	0.00	-0.09	0.00



Catalyst Oilfield Services
11999 E Hwy 158
Gardendale, TX 79758
(432) 563-0727
Fax: (432) 224-1038

Water Analysis Report

Customer: Armstrong Energy Sample #: 154351
 Area: Permian Analysis ID #: 131342
 Lease: TBAU
 Location: Battery 0
 Sample Point: Line

Sampling Date:	3/15/2021	Anions	mg/l	meq/l	Cations	mg/l	meq/l
Analysis Date:	3/23/2021	Chloride:	55876.8	1576.08	Sodium:	30400.0	1322.33
Analyst:	Catalyst	Bicarbonate:	163.5	2.68	Magnesium:	877.4	72.18
TDS (mg/l or g/m3):	93232.6	Carbonate:			Calcium:	3841.0	191.67
Density (g/cm3):	1.065	Sulfate:	900.0	18.74	Potassium:	539.7	13.8
Hydrogen Sulfide:	0	Borate*:	485.0	3.06	Strontium:	116.0	2.65
Carbon Dioxide:	0	Phosphate*			Barium:	1.6	0.02
Comments:		*Calculated based on measured elemental boron and phosphorus.			Iron:	28.3	1.02
		pH at time of sampling:		7.35	Manganese:	3.255	0.12
		pH at time of analysis:			Conductivity (micro-mhos/cm):		138134
		pH used in Calculation:		7.35	Resistivity (ohm meter):		.0724
		Temperature @ lab conditions (F):		75			

Values Calculated at the Given Conditions - Amounts of Scale in lb/1000 bbl

Temp	Calcite CaCO ₃		Gypsum CaSO ₄ ·2H ₂ O		Anhydrite CaSO ₄		Celestite SrSO ₄		Barite BaSO ₄	
	°F	Index	Amount	Index	Amount	Index	Amount	Index	Amount	Index
80	0.78	10.55	-0.40	0.00	-0.43	0.00	-0.14	0.00	1.11	0.96
100	0.81	12.15	-0.45	0.00	-0.41	0.00	-0.15	0.00	0.93	0.64
120	0.83	14.07	-0.48	0.00	-0.36	0.00	-0.15	0.00	0.77	0.64
140	0.86	15.99	-0.51	0.00	-0.29	0.00	-0.14	0.00	0.64	0.64
160	0.89	18.23	-0.52	0.00	-0.21	0.00	-0.13	0.00	0.52	0.64
180	0.94	20.79	-0.53	0.00	-0.11	0.00	-0.11	0.00	0.42	0.64
200	0.99	23.03	-0.54	0.00	0.01	6.08	-0.09	0.00	0.35	0.64
220	1.05	25.59	-0.54	0.00	0.13	103.94	-0.06	0.00	0.28	0.32

Trp	Depth	Owner type	Lease Number	Name	Street Address	City	State	Zip	Date of Address	County Posting Date	State/Fed Posting Date	Comments
NRW	All	UL	N/A	07 Ranch Mineral Limited Partnership	P.O. Box 1090	Plain	TX	79355	2018	44287	N/A	No current address found in Lea County Clerk's Office or on Account
NE4SW4	All	SIT	Fee	Allan L. Mangun	3100 Mahogany Run Circle NW	North Canton	OH	44720	2017	44287	Account	No current address was found in Lea County Clerk's Office or on Account
NE5W4	All	UL	Fee	Ann D. Allison	5115 2nd Street Unit 6	Lubbock	TX	79416	2020	44287	Account	No current address was found in Lea County Clerk's Office or on Account
NE5W6	All	SIT	Fee	Ann Mangun	7155 Anderson Circle NW	Canton	OH	44718	2007	44287	Account	No current address was found in Lea County Clerk's Office or on Account
All	All	SIT	N/A	Apache Corporation	2000 Post Oak Boulevard Suite 500	Oklahoma City	OK	73104	2020	44287	N/A	
Lot 1	All Depths	WI	NMMW 109434	Armstrong Energy Corporation	P.O. Box 1973	Roswell	NM	88202	2021	44287	Account	
Lot 2-4	All	WI	Fee	Axis Energy Corporation	P.O. Box 2107	Roswell	NM	88202	2020	44287	Account	Leases at LCR 2132/153, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2133/826 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
Lot 1	All Depths	SIT	NMMW 109434	B & A Bradford Family Limited Partnership	P.O. Box 60070	Dallas	TX	75360	2019	44287	Account	No current address was found in Lea County Clerk's Office or on Account
All	All	SIT	N/A	Bea Etta Stephens, Trustee of the Bea H. Stephens Trust, dated 10/07/1991	1665 Calle Court	Fort Mill	SC	29708	2018	44287	N/A	No current address found in Lea County Clerk's Office or on Account
Lot 1	All Depths	WI	NMMW 109434	Blake Arnold Working Interest Oil & Gas Properties LLC	8816 North Robinson Avenue	Oklahoma City	OK	73116	2020	44287	Account	No current address found in Lea County Clerk's Office or on Account
		MIN		Bureau of Land Management	301 Dinosaur Trail	Santa Fe	NM	87508		44287	Account	
NE5SW4	All	SIT	Fee	Bruce Burns	425 Market Street Suite 220	San Francisco	CA	94105	2007	44287	Account	No current address was found in Lea County Clerk's Office or on Account
SE4NW4	All	SIT	Fee	Carl Edward Oberholzer, Jr. Successor Trustee of the Oberholzer Family Trust f/olo Carl Edward Oberholzer, Jr.	4516 Lovett Lane Apartment 417	Dallas	TX	78225	2019	44287	Account	No current address was found in Lea County Clerk's Office or on Account
Lot 2-4	All	SIT	Fee	Carol Ann Cantrell, Successor Trustee of the Oberholzer Family Trust f/olo Carol Ann Cantrell	8602 Baltimore Drive Apartment 3	Dallas	TX	75225	2020	44287	Account	
NE4	All	UL	Fee	CBR Oil Properties LLC	P.O. Box 1513	Roswell	NM	88202	2017	44287	Account	No current address was found in Lea County Clerk's Office or on Account
Lot 1	All Depths	WI	NMMW 109434	Chimney Rock Oil & Gas, LLC	P.O. Box 1973	Roswell	NM	88202	2020	44287	Account	
NRW	All	UL	N/A	Clyde Bont, Successor Trustee of the Anita Field Irrevocable Trust, dated 4/03/1965	P.O. Box 2307	Lubbock	TX	79408	2021	44287	N/A	
NE4SW4	All	SIT	Fee	Clyde Glen Pien	775 Berkshire Drive	Millbrae	CA	94030	2021	44287	Account	
Lot 2-4	All	WI	Fee	Claude C. Arnold Working Interest Oil & Gas Properties, LLC	5609 North May Avenue Suite 125	Oklahoma City	OK	73116	2020	44287	Account	Leases at LCR 2132/153, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2133/826 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.

Section	Tract	Fee	SIT	Tract Description	Address	City	State	Zip	Year	Account	Notes
SE4SW4	All	Fee	SIT	Cludia Sue Means, Successor Trustee of the Oberholzer Family Trust f/b/o Claudia Sue Means	30301 Calle Sanora	Temecula	CA	92951	2019	44287 Account	No current address was found in Lea County Clerk's Office or on Account
Lots 2-4	All	Fee	UL	Clint Field Burros	2630 Beaver Lane	New Braunfels	TX	78132	2021	44287 N/A	Leased as LCR 2132/703 for 3 years from 3/01/2018 and included a 2 year option, unclear if option was exercised and extended primary term until 3/01/2022.
NE4SW4	All	Fee	UL	COG Operating, LLC	600 West Illinois Avenue	Midland	TX	79701	2021	44287	
NE4SW4	All	Fee	MIN	Commissioner of Public Lands	PO Box 1148	Santa Fe	NM	87501	2021	44287	
NE4SW4	All	Fee	UL	Concho Oil & Gas LLC	600 West Illinois Avenue	Midland	TX	79701	2021	44287	
Lots 2-4	All	Fee	SIT	Cynthia Lynn Anderson, Successor Trustee of the Oberholzer Family Trust f/b/o Cynthia Lynn Anderson	2056 Brook Way	Montrose	CO	81403	2021	44287 N/A	
NW1/4	All	N/A	UL	Dangle/Speight Family Oil & Gas L.P., a Texas limited liability company	P.O. Box 35357	Midland	TX	79702	2020	44287 N/A	
NE4SW4	All	Fee	SIT	Darlene Olsen McCormick	P.O. Box 90	Cobb	GA	95426	2021	44287	
NE4SW4	All	Fee	UL	Diane M. Landen	8121 Abraham Road/Apartment 1027	Dallas	TX	75231	2020	44287	
NE4SW4	All	Fee	UL	Estate of Dr. L.W. Bruce	2664 4th Avenue	San Diego	CA	92101	1954	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of Einar Peterson	2423 Filbert Street	San Francisco	CA	94103	1953	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of Gudmund Olsen	167 Dolores Street	San Francisco	CA	94103	1953	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of Harald Muller	241 California Street	San Francisco	CA	94111	1953	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of Jens Feragen	222 Second Street	San Francisco	CA	94105	1950	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of Kathryn Hannifin McCormick	2705 Westwood Road	Las Cruces	NM	88007	2021	44287	
NE4SW4	All	Fee	UL	Estate of Lonnie Walker	Address Unknown					44287 Account	No address of record was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of Myrtle Bruce	2664 4th Avenue	San Diego	CA	92101	1954	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	Fee	UL	Estate of P.G. Gundlach	4157 Utah Street	San Diego	CA	92104	1943	44287 Account	No current address was found in Lea County Clerk's Office or on Account

NE4SW4	All	UL	UL	Fee	Estate of Reginald Maine Poulsson Leone	11 Idlewood Road	Kentfield	CA	94904	1953	44287 Account	No current address was found in Lea County Clerk's Office or on Account
NE4	All	UL	UL	Fee	Field Minerals, LLC	P.O. Box 1105	Lovington	NM	88268	2020	44287	
NE4SW4	All	SIT	SIT	Fee	First Church of Christ Scientist	605 South Riverside Drive	Palm Springs	CA	92264	2020	44287	
NE4	All	UL	UL	Fee	First Roswell Company	P.O. Box 1797	Roswell	NM	88202	2021	44287	
NW4	All	UL	UL	N/A	Geraldine Hibel Trustee of the Hibel Family Revocable Living Trust, dated 5/22/1997	621 Anthony Drive	Clevis	NM	88101	2018	44287	No current address found in Lea County Clerk's Office or on Account
Lots 2-4	All	UL	UL	Fee	GHMI, LLC	5901 Szech Court	Austin	TX	78757	2019	44287	Leased at LCR 2132/702 for 3 years from 3/01/2019 and included a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023. No current address was found in the Lea County Clerk's Office or on Account.
NE4SW4	San Andres Formation to All Depths	WI	WI	Fee	Gunsight Limited Partnership	P.O. Box 1973	Roswell	NM	88202	2021	44287	
NW4	All	UL	UL	N/A	Gay Field Iron, SSP	7645 Ponderosa Road	Three Forks	MT	59752	2021	44287	
Lots 2-4	All	WI	WI	Fee	Hanagan Petroleum Corporation	P.O. Box 1737	Roswell	NM	88202	2020	44287	Leases at LCR 2132/155, 2132/154, 2132/153, 2132/155, 2132/154, 2132/155, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2133/626 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
NE4SW4	All	UL	UL	Fee	Hantlin Family Trust	P.O. Box 218	Midland	TX	79702	2014	44287	No current address was found in Lea County Clerk's Office or on Account
NW4	All	UL	UL	N/A	Holly Jan Senetra, SSP	5130 Fairfax Drive, NW	Albuquerque	NM	87114	2021	44287	
Lots 2-4	All	WI	WI	Fee	Hutchings Oil Company	P.O. Box 1216	Albuquerque	NM	87103	2019	44287	Leases at LCR 2132/153, 2132/154, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2133/626 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023. No current address was found in the Lea County Clerk's Office or on Account.
NE4SW4	All	UL	UL	Fee	James Prasley Hodge Living Trust	P.O. Box 565	Lovington	NM	88260	2017	44287	No current address was found in Lea County Clerk's Office or on Account
NW4	All	UL	UL	N/A	Janet Leigh Montoya	15357 West 73rd Street	Beyrton	OK	74132	2015	44287	No current address was found in the Lea County Clerk's Office or on Account
NW4	All	UL	UL	N/A	Jo Nell Ingram	310 Keyes Drive	Ruidoso	NM	88345	2015	44287	No current address was found in the Lea County Clerk's Office or on Account
NE4SW4	All	SIT	SIT	Fee	Karl Burns Rader	425 Market Street Suite 220	San Francisco	CA	94105	2007	44287	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	San Andres Formation to All Depths	WI	WI	Fee	Kyle A. Armstrong	P.O. Box 1973	Roswell	NM	88202	2021	44287	

Lot 1	All Depths	SIT	NWNM 109434	Lavana Sue Pruitt	749 North Fountain Road	Wellington	KS	67152	2004	44287	44287	No current address was found in the Lea County Clerk's Office or on Account
NE4SW4	All	SIT	Fee	Lee Ann Laffler	1599 Southwest Dyer Point Road	Palm City	FL	34590	2007	44287	44287	No current address was found in Lea County Clerk's Office or on Account
NW4	All	UL	N/A	Levi Herschel Irwin, SSP	118 North 5th Avenue	Clyton	NM	88415	2021	44287	N/A	
NE4SW4	All	UL	Fee	Linda Marie Harton	2011 Bonafix Road Suite 200	Santa Fe	NM	87505	2018	44287	44287	No current address was found in Lea County Clerk's Office or on Account
Lots 2-4	All	WI	Fee	Ullmo Energy, LLC	P.O. Drawer 569	Stillwater	OK	74075	2020	44287	44287	Leases at LCR 2132/153, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2132/825 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
Lots 2-4	All	WI	Fee	Misano Energy Partners III, LLC	P.O. Box 1737	Roswell	NM	88202	2020	44287	44287	Leases at LCR 2132/153, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2132/825 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
NE4SW4	All	UL	Fee	Margot Brown	6337 Southwest 24th Terrace	Topoka	KS	66514	2021	44287	44287	
NE4SW4	All	SIT	Fee	Mary Gundlach	4157 Utah Street	San Diego	CA	92104	1953	44287	44287	No current address was found in Lea County Clerk's Office or on Account
Lots 2-4	All	SIT	Fee	McCormick, LLC	2715 Westwind Road	Las Cruces	NM	88007	2019	44287	N/A	No current address was found in the Lea County Clerk's Office or on Account
NE4SW4	All	UL	Fee	Melissa Brown	38 Robinson Road Apartment 5B	Mid Levels	ing Kc	China	2014	44287	44287	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	SIT	Fee	Melvin P. Gundlach	4157 Utah Street	San Diego	CA	92104	1953	44287	44287	No current address was found in Lea County Clerk's Office or on Account
NE4SW4	All	UL	Fee	Michael H. Moore	2025 Belcrest Drive	Ft. Worth	TX	75024	2021	44287	44287	
Lot 1	All Depths	SIT	NWNM 109434	NH Minerals, LLC	4925 Greenville Avenue Suite 1100	Dallas	TX	75206	2021	44287	44287	
NE4SW4	All	UL	Fee	Muevo Sux, LP	P.O. Box 2588	Roswell	NM	88202	2020	44287	44287	
NE4SW4	All	UL	Fee	P.J. Hanifin Family Trust	1225 Gabriel Lane	Ft. Worth	TX	76116	2021	44287	44287	
Lots 2-4	All	UL	Fee	Parachute Energy, Ltd	1916 Aberdeen Avenue	Lubbock	TX	79407	2021	44287	44287	Leased at LCR 2132/154 for 3 years from 3/01/2018 and included a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
NE4SW4	All	UL	Fee	Peter C. Brown	10925 Wayzata Boulevard Apartment 207	Minnetonka	MN	55305	2021	44287	44287	
Lots 2-4	All	SIT	Fee	Pitts, LLC	2715 Westwind Road	Las Cruces	NM	88007	2019	44287	44287	No current address was found in the Lea County Clerk's Office or on Account
NW4	All	WI	N/A	Ring Energy, a Nevada corporation	901 West Wall Street, Third Floor	Midland	NM	79701	2021	44287	N/A	
NE4SW4	All	SIT	Fee	Robert Burns	425 Market Street Suite 220	San Francisco	CA	94105	2007	44287	44287	No current address was found in Lea County Clerk's Office or on Account

NE45W4	All	SIT	Fee	Robert L. Gundlach	4157 Utah Street	San Diego	CA	92104	1953		No current address was found in Lea County Clerk's Office or on Clerk's Account	
NE45W4	AB	UL	Fee	Robert Thomas Hartley	P.O. Box 1024	Cabvis	NM	88102	2020	44287	44287	
Lots 2-4	All	UL	Fee	Sally Ann Barnes Doberty	4604 102nd Street	Lubbock	TX	79424	2021	44298	N/A	Leased at LCR 2132/701 for 3 years from 3/01/2018 and included a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
Lots 2-4	All	UL	Fee	Sarah K. Burnus	P.O. Box 1099	Plains	TX	79355	2021	44298	N/A	Leased at LCR 2132/704 for 3 years from 3/01/2018 and included a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
Lots 2-4	All	WI	Fee	Scott Winn, LLC	P.O. Box 1834	Roswell	NM	88202	2021			Leases at LCR 2132/153, 2132/154, 2132/155, 2132/156, 2132/701, 2132/702, 2132/703, 2132/704, 2132/826 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
Lots 2-4	All	SIT	Fee	Sharon Kay Compton, Successor Trustee of the Oberholzer Family Trust f/o/o Sharon Kay Compton	4374 East 135th Way	Thomson	CO	80241	2020	44298	N/A	
Lots 2-4	All	WI	Fee	Stroh Exploration Limited Partnership	P.O. Box 1973	Roswell	NM	88202	2020			Leases at LCR 2132/155, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2132/826 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.
NE55W4	All	Operator-UL	Fee	Special Energy Corp Terry Lore Hartley	PO Drawer 269 P.O. Box 845	Stillwater Clowit	OK NM	74076 88102	2020	44287	N/A	
NE55W4	All	SIT	Fee	Todd Burns	425 Market Street Suite 200	San Francisco	CA	94105	2007		No current address was found in Lea County Clerk's Office or on Clerk's Account	
NE55W4	All	UL	Fee	Universal Royalty & Mineral Fund, LP	P.O. Box 12822	Dallas	TX	75225	2020	44287	44287	
NE55W4	All	UL	Fee	William M. Wysocki II, Trustee of the Margaret Wysocki Trust No. 1	721 Robins Road	Lansing	MI	48917	2014		No current address was found in Lea County Clerk's Office or on Clerk's Account	
Lots 2-4	All	WI	Fee	Worral Investment Corporation	P.O. Box 1834	Roswell	NM	87103	2020	44298	N/A	Leases at LCR 2132/153, 2132/154, 2132/155, 2132/701, 2132/702, 2132/703, 2132/704, 2132/826 were for 3 years from 3/01/2018 and include a 2 year option, unclear if option was exercised and extended primary term until 3/01/2023.



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

July 8, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22080
Application of Armstrong Energy Corporation for Reinstatement of
Authorization to Inject for Waterflood Operations, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that Armstrong Energy Corporation filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **August 5, 2021** beginning at 8:15 a.m.

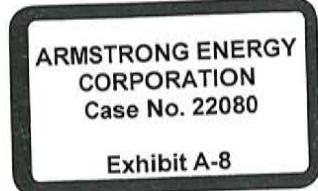
During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <http://www.emnrd.state.nm.us/OCD/announcements.html>. You are not required 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 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or electronically submitted to 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.

Please do not hesitate to contact me if you have any questions about this matter.

Sincerely,
/s/ Dana S. Hardy
Dana S. Hardy

Enclosure



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

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

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

7020 0640 0000 0143 3154

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and P.O. Box 07 Ranch Mineral Ltd. Partnership
P.O. Box 1090
City, State Plains, TX 79355

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C-19</i> C. Date of Delivery <i>JUL 14 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>07 Ranch Mineral Ltd. Partnership P.O. Box 1090 Plains, TX 79355</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>7020 0640 0000 0143 3154</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 3130

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Ann D. Allison
5115 2nd Street, Unit 6
Lubbock, TX 79416

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X Allison <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) PC RAS 9</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ann D. Allison 5115 2nd Street, Unit 6 Lubbock, TX 79416</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 3130</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3284

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Cynthia Lynn Anderson, Successor Trustee,
Street: Oberholtzer Family Trust fbo Cynthia Lynn Anderson
City: 2056 Brook Way

Postmark Here: **JUL - 8 2021**

81501-9998

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Steve Anderson</p> <p>C. Date of Delivery 13 JUL 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:</p> <p>Cynthia Lynn Anderson, Successor Trustee, Oberholtzer Family Trust fbo Cynthia Lynn Anderson 2056 Brook Way Montrose, CO 81403</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 7643 3284</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

218 MONTEZUMA
SANTA FE, NM 87501



7019 2970 0000 7643 3673



7019 2970 0000 7643 3673

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Apache Corporation
Street and 2000 Post Oak Blvd., Ste. 500
City, State, Oklahoma City, OK 73104

Postmark Here
JUL - 8 2021

7019 2970 0000 7643 3673

PS Form 3800, April 2015 PSN 753022-000-9047 See Reverse for Instructions

Apache Corporation
2000 Post Oak Blvd., Ste. 500
Oklahoma City, OK

RECEIVED

JUL 20 2021

Hinkle Shanor LLP
Santa Fe NM 87504

NIXIE 731 CC 1 018 0187718/21
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
SC 87501762518 2266N197134-24739



UTF

7019 2970 0000 7643 3208

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Street and, Kyle A. Armstrong
P.O. Box 1973
Roswell, NM 88202

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:

Kyle A. Armstrong
P.O. Box 1973
Roswell, NM 88202

2. Article Number (Transfer from service label)

7019 2970 0000 7643 3208



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Vanessa Sexton Addressee

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

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

3. Service Type

Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Return Receipt for Merchandise

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)



Received by CCD: 8/3/2021 3:48:09 PM

NTEZUMM
E, NM 87

7019 2970 0000 7643 3444

UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 009.850
0000913767 JUL 08 2021
MAILED FROM ZIP CODE 87501

Handwritten signature

Claude C. Arnold Working Interest Oil
& Gas Properties, LLC
5600 North May Ave., Suite 125
Oklahoma City, OK 73116

**Special Service™
SPECIAL MAIL® RECEIPT**
For Mail Only

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

SAN ANTONIO MAIN POST OFFICE
JUL - 8 2021

Postmark: Here
71-998

Postage (check box, add fee as appropriate)	\$
Priority Mail	\$
Registered Mail	\$
Signature Required	\$
Insurance	\$
Restricted Delivery	\$
Other Fees	\$
Total	\$ 71-998


C. Arnold Working Interest Oil & Gas Properties, LLC
5600 North May Ave., Suite 125
Oklahoma City, OK 73116

April 2015 PSN 753902-000-9047 See Reverse for Instructions

CERTIFIED MAIL® RECEIPT
Domestic Mail Only


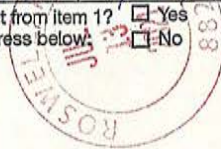
For delivery information, visit our website at www.usps.com®

OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To _____</p> <p>Street and _____ Axis Energy Corporation P.O. Box 2107 Roswell, NM 88202</p> <p>City, State _____</p>	 <p>Postmark Here</p>
--	---

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

7019 2970 0000 7643 3666

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Axis Energy Corporation P.O. Box 2107 Roswell, NM 88202</p> <div style="text-align: center;">  9590 9402 5751 0003 4208 74 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7643 3666</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="margin-left: 20px;"><i>Debbie Fetters</i> 7/13/21</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> <div style="text-align: center;">  </div> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt		

7019 2970 0000 7643 3635

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Blake Arnold Working Interest Oil & Gas Properties LLC
6816 North Robinson Avenue
Oklahoma City, OK 73116

Postmark Here
JUL - 8 2021

7501-9998

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"> 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 envelope, or on the front page of a letter. <p>Blake Arnold Working Interest Oil & Gas Properties LLC 6816 North Robinson Avenue Oklahoma City, OK 73116</p> <p>9590 9402 5751 0003 3905 28</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7643 3635</p>	<p>A. Signature X <i>Joseph James</i> ^{ci} _{ci9} <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOSEPH JAMES</i> ^{ci} _{ci9} C. Date of Delivery <i>7/12/21</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>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)																	

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

7019 2970 0000 7643 3130

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Margot Brown
Street and 6237 Southwest 24th Terrace
Topeka, KS 66614
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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <i>Margot Brown</i></p> <p>B. Received by (Printed Name) <i>Margot Brown</i></p> <p>C. Date of Delivery <i>7/12/21</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>Margot Brown 6237 Southwest 24th Terrace Topeka, KS 66614</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"/> 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"/> Signature Confirmation™</p> <p>Signature Confirmation Restricted Delivery</p>
<p>2. 7</p> <p>PS</p>	<p>Domestic Return Receipt</p>



7019 2970 0000 7643 3031

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Peter C. Brown
Street: 10925 Wayzata Blvd., Apt. 207
City, St.: Minnetonka, MN 55305

Postmark Here: JUL - 8 2021

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</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>Peter C. Brown 10925 Wayzata Blvd., Apt. 207 Minnetonka, MN 55305</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (D)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4285 50</p> <p>7019 2970 0000 7643 3031</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3628

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Bureau of Land Management
Street and 301 Dinosaur Trail
Santa Fe, NM 87508
City, State, _____

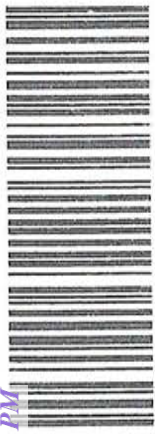
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> R Duran <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Regina Duran</p> <p>C. Date of Delivery 7-12-21</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>Bureau of Land Management 301 Dinosaur Trail Santa Fe, NM 87508</p>	
<p>Barcode: 9590 9402 5751 0003 3905 35</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7643 3628</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Received by OCD: 8/3/2021 3:48:09 PM

NIKLE LAW FIRM
8 MONTEZUMA
SANTA FE, NM 87501



7019 2970 0000 7643 3512



22110

Bruce Burns
425 Market Street, Suite 220
San Francisco, CA 94105

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To: Bruce Burns
Street and: 425 Market Street, Suite 220
City, State, ZIP+4®: San Francisco, CA 94105

Postmark Here: **SANTA FE MAIN POST OFFICE JUL - 8 2021 87501-9998**

PS Form 3800, April 2015 PSN 7530-02-000-9097 See Reverse for Instructions

7019 2970 0000 7643 3512

NIXIE 958 4E 1 0107/16/21
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD



Received by OCD; 8/3/2021 3:48:09 PM

ANTA FE, NM 87501



7019 2970 0000 7643 3000

UNITED STATES POSTAL SERVICE
02 1P
\$ 00
9000913787 JUL
MAILED FROM ZIP CODE

Refused

~~Robert Burns
425 Market Street, Suite 220
San Francisco, CA 94105~~

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

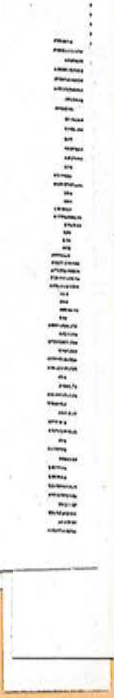
Sent To Robert Burns
Street # 425 Market Street, Suite 220
City, St/ San Francisco, CA 94105

Postmark Here
JUL - 8 2021

87501-9999

PS Form 3800, April 2015 PSN 7530-02-000-6047 See Reverse for Instructions

-R-T-S- 941055117-1N 07/20/21
RETURN TO SENDER



Received by OCB; 8/3/2021 3:48:09 PM

7020 0640 0000 0143 3178

UNITED STATES POSTAGE
PITNEY BOWES
\$ 009.850
02 1P
0000013767 JUL 08 2021
MAILED FROM ZIP CODE 87501

Not used

Todd Burns
425 Market Street, Ste. 220
San Francisco, CA 94105

RECEIVED

JUL 26 2021

Shirley Shanor LLP
Santa Fe NM 87504

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

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

OFFICIAL USE

Postmark
 JUL - 8 2021

Postage and Fees

To
 Todd Burns
 425 Market Street, Ste. 220
 San Francisco, CA 94105
 State, Zip 94105-9998

Form 3800, April 2018 PSN 7503-0000-9001 See Reverse for Instructions



WIXIE 10:53 DE 1 0007/15/21
 RETURN TO SENDER
 INSUFFICIENT ADDRESS
 UNABLE TO FORWARD
 BC: 87501262518 2358197165-01171

7019 2970 0000 7643 3420

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

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: Clint Field Burrus
Street and Ap: 2630 Beaver Lane
City, State, Zi: New Braunfels, TX 78132

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:

Clint Field Burrus
2630 Beaver Lane
New Braunfels, TX 78132



9590 9402 5751 0003 3905 42

2. Article Number (Transfer from service label)

7019 2970 0000 7643 3420

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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

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

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

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

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

SANTA FE MAIN POST OFFICE
JUL - 8 2021
8,50 .9998

7019 2970 0000 7643 2966

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: Sarah K. Burrus
P.O. Box 1090
Plains, TX 79355

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Julia</u> C. Date of Delivery <u>JUL 8 2021</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">USPS</p>																
<p>1. Article Addressed to:</p> <p>Sarah K. Burrus P.O. Box 1090 Plains, TX 79355</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4286 28</p> <p>7019 2970 0000 7643 2966</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7019 2970 0000 7643 3482

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

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 CBR Oil Properties LLC
Street and # P.O. Box 1518
City, State, ZIP+4® Roswell, NM 88202

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>CBR Oil Properties LLC P.O. Box 1518 Roswell, NM 88202</p> <p> 9590 9402 5751 0003 3904 98</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7643 3482</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>A. Signature <input checked="" type="checkbox"/> <u>Consuelo Campos</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Consuelo Campos</u></p> <p>C. Date of Delivery <u>JUL 12 2021</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></p> <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><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>Domestic Return Receipt</p>

7019 2970 0000 7643 3475

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Chimney Rock Oil & Gas, LLC

Street # P.O. Box 1973

City, St Roswell, NM 88202

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

SANTA FE MAIN POST OFFICE
Postmark
JUL - 8 2021
87501-9998

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:

Chimney Rock Oil & Gas, LLC
P.O. Box 1973
Roswell, NM 88202



2. Article Number (Transfer from service label)

7019 2970 0000 7643 3475

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Vanessa Sexton

B. Received by (Printed Name) *Vanessa Sexton*

C. Date of Delivery

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

If YES, enter delivery address below:

ROSWELL NM
JUL 13 2021

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

Domestic Return Receipt

7019 2970 0000 7643 3468

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: City Bank, Successor Trustee
Street: Anita Field Irrevocable Trust
P.O. Box 2307
City, St: Lubbock, TX 79408

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

SANTA FE MAIN POST OFFICE
JUL - 8 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Mark Warner</i></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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>City Bank, Successor Trustee Anita Field Irrevocable Trust P.O. Box 2307 Lubbock, TX 79408</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 7643 3468</p>	<p>DOWN TOWN STATION 2 2021</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee

\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

COG Operating, LLC
600 West Illinois Avenue
Midland, TX 79701

City, State, & ZIP+4®

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

See Reverse for Instructions



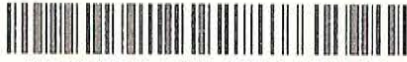
7019 2970 0000 7643 3314

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:

COG Operating, LLC
600 West Illinois Avenue
Midland, TX 79701



9590 9402 5751 0003 4064 58

2. Article Number (Transfer from service label)

7019 2970 0000 7643 3314

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Electronic credit

C. Date of Delivery

7-7-21

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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

7019 2970 0000 7643 3307

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

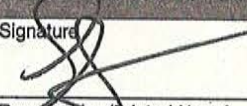
Postage \$ _____

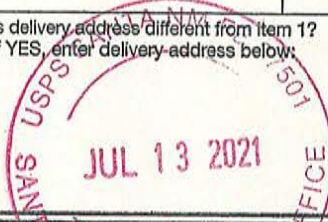
Total Postage and Fees \$ _____

Sent To Commissioner of Public Lands
Street and Address P.O. Box 1148
Santa Fe, NM 87501
City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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>Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM 87501</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><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>49 2970 0000 7643 3307</p>	



7019 2970 0000 7643 2942

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____


Postage \$ _____

Total Postage and Fees \$ _____

Sent To Sharon Kay Compton, Successor Trustee
Street and Oberholtzer Family Trust fbo Sharon Kay
Compton
City, State 4374 East 135th Way
Thornton, CO 80241

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

SANTA FE MAIN POST OFFICE
JUL - 8 2021
87.501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>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>Sharon Kay Compton, Successor Trustee Oberholtzer Family Trust fbo Sharon Kay Compton 4374 East 135th Way Thornton, CO 80241</p>  <p>9590 9402 6698 1060 4286 42</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 2942</p>	

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

Domestic Return Receipt

7019 2970 0000 7643 3291

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

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Concho Oil & Gas LLC
 Street and Apt. 600 West Illinois Avenue
 Midland, TX 79701
 City, State, ZIP _____

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

Postmark: SANTA FE MAIN POST OFFICE JUL - 8 2021

87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Stephane Ledillo</i></p> <p>C. Date of Delivery <i>7-12-21</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>Concho Oil & Gas LLC 600 West Illinois Avenue Midland, TX 79701</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>9590 9402 5751 0003 3906 58</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

218 MONTEZUMA
SANTA FE, NM 87501



7019 2970 0000 7643 3277



02 FP
0000913767
MAILED FROM ZF

AAU

Danglade/Speight Family Oil & Gas I,
L.P., a Texas limited liability company

797023033-1N 07/20/21

RETURN TO SENDER
UNABLE TO FORWARD
RETURN TO SENDER



U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL MAIL POST OFFICE



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	87501-9998

Sent To	Danglade/Speight Family Oil & Gas I, L.P., a
Street	Texas limited liability company
P.O. Box	P.O. Box 35367
City	Midland, TX 79702

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

7019 2970 0000 7643 2973

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____
Lubbock, TX 79424

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Sally Ann Burrus Doherty</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Doherty</i> 7-12</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>Sally Ann Burrus Doherty 4604 102nd Street Lubbock, TX 79424</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4286 11</p> <p>7019 2970 0000 7643 2973</p>	

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

Domestic Return Receipt

7019 2970 0000 7643 3550

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Field Minerals LLC

Street and A) P.O. Box 1105

Lovington, NM 88268

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Don Field</i> <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>Field Minerals LLC P.O. Box 1105 Lovington, NM 88268</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>19 2970 0000 7643 3550</p>	



7019 2970 0000 7643 3543

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To First Church of Christ Scientist
Street and # 605 South Riverside Drive
City, State, ZIP+4® Palm Springs, CA 92264

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>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>First Church of Christ Scientist 605 South Riverside Drive Palm Springs, CA 92264</p> <p>9590 9402 5554 9249 4982 95</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 7643 3543</p>	

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

Domestic Return Receipt

7019 2970 0000 7643 3536

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To First Roswell Company
Street and A P.O. Box 1797
Roswell, NM 88202
City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Kay Seader</i></p> <p>B. Received by (Printed Name) <i>Kay Seader</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>First Roswell Company P.O. Box 1797 Roswell, NM 88202</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>1 2970 0000 7643 3536</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>



7019 2970 0000 7643 3406

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Gunsight Limited Partnership
P.O. Box 1973
Roswell, NM 88202

Street and # _____
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:

Gunsight Limited Partnership
P.O. Box 1973
Roswell, NM 88202



9590 9402 5751 0003 4065 64

2. Article Number (Transfer from front of mailpiece)

7019 2970 0000 7643 3406

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Vanessa Sedor Agent Addressee

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

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



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

Domestic Return Receipt

7019 2970 0000 7643 3383

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Hanagan Petroleum Corporation
Street and A P.O. Box 1737
Roswell, NM 88202
City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Hanagan Petroleum Corporation P.O. Box 1737 Roswell, NM 88202</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3383</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Tedi Brackeen</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Tedi Brackeen</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>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>



7019 2970 0000 7643 3376

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

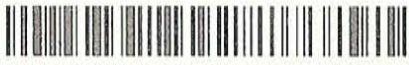
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Hannifin Family Trust
Street and A P.O. Box 218
Midland, TX 79702
City, State, ZIP+4® _____

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

SANTAFE MAIN POST OFFICE
Postmark Here
JUL - 8 2021
875 77-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Candy Blair</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Candy Blair</i></p> <p>C. Date of Delivery <i>7-15-21</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>Hannifin Family Trust P.O. Box 218 Midland, TX 79702</p>  <p>9590 9402 5751 0003 4065 33</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 7643 3376</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3055

CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street	P.J. Hannifin Family Trust 1225 Gabriel Lane Fort Worth, TX 76116
City, St	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>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>P.J. Hannifin Family Trust 1225 Gabriel Lane Fort Worth, TX 76116</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3055</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee

\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Robert Thomas Hartley

Street an

P.O. Box 1024

Clovis, NM 88102

City, State



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

See Reverse for Instructions

7019 2970 0000 7643 2980

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:

Robert Thomas Hartley
P.O. Box 1024
Clovis, NM 88102



9590 9402 6698 1060 4286 04

2. Article Number (Transfer from service label)

7019 2970 0000 7643 2980

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert Hartley*

Agent

Addressee

B. Received by (Printed Name)

HARTLEY

C. Date of Delivery

JUL 8 2021

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes

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 Restricted Delivery

(over 5000)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7020 0640 0000 0143 3161

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at 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
Teddy Lowe Hartley
Street or P.O. Box 845
City, State Clovis, NM 88102

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

SANTA FE MAIN POST OFFICE
JUL 8 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X Cathy Mills <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Cathy Mills</p> <p>C. Date of Delivery JUL 8 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>Teddy Lowe Hartley P.O. Box 845 Clovis, NM 88102</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4286 80</p> <p>7020 0640 0000 0143 3161</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

Received by QCD: 8/3/2021 3:48:09 PM

216 MONTEZUMIA
SANTA FE, NM 87501



7019 2970 0000 7643 3161

Handwritten initials/signature

ANK

REASON CHECKED

Unclaimed

Attempted - Not Known

Insufficient Address

No Such Street

Do Not Remail This Envelope

No Signature

Linda Marie Harton
2011 Bouluph Road, Suite 200
Santa Fe, NM 87505

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Linda Marie Harton
Street and 2011 Bouluph Road, Suite 200
City, State Santa Fe, NM 87505

Postmark: Here
JUL - 8 2021

87501-9998

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

7019 2970 0000 7643 3161

7019 2970 0000 7643 3260

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Darlene Olsen Hecomovich
Street: P.O. Box 90
Cobb, CA 95426
City: _____

Postmark Here: JUL - 8 2021

87501-9998

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:

Darlene Olsen Hecomovich
P.O. Box 90
Cobb, CA 95426



9590 9402 5751 0003 3906 27

2. Article Number (Transfer from service label)

7019 2970 0000 7643 3260

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Darlene Hecomovich Agent
 Addressee

B. Received by (Printed Name) *Darlene Hecomovich*

C. Date of Delivery *7-13-2019*

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
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7019 2970 0000 7643 3529

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____


Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Geraldine Hisel, Trustee
Street and Apt.: Hisel Family Revocable Living Trust
621 Anthony Drive
City, State, ZIP: Clovis, NM 88101

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

SANTA FE MAIN POST OFFICE
JUL - 8 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Geraldine Hisel</i></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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Geraldine Hisel, Trustee Hisel Family Revocable Living Trust 621 Anthony Drive Clovis, NM 88101</p>  <p>9590 9402 5751 0003 4065 88</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>19 2970 0000 7643 3529</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7643 3345

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To James Presley Hodge Living Trust
Street and Apt. P.O. Box 565
City, State, ZIP Lovington, NM 88260

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

Postmark Here
JUL - 8 2021

SAN JUAN MAIN POST OFFICE

501-1 398

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>James Hodge</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>James Presley Hodge Living Trust P.O. Box 565 Lovington, NM 88260</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3345</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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3352

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL MAIL

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 Hutchings Oil Company

Street and P.O. Box 1216

City, State, Albuquerque, NM 87103

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

SANTA FE MAIN POST OFFICE
JUL - 8 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Jane Stedner</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jane L Widma</i></p> <p>C. Date of Delivery <i>7-12-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Hutchings Oil Company P.O. Box 1216 Albuquerque, NM 87103</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 7643 3352</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3390

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add 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 Guy Field Irwin, SSP

Street and Ap 7645 Ponderosa Road

City, State, Zi Three Forks, MT 59752

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

SANTA FE MAIN POST OFFICE
JUL - 8 2021
87501-9098

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:

Guy Field Irwin, SSP
7645 Ponderosa Road
Three Forks, MT 59752

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Melanie Plawin* Agent Addressee

B. Received by (Printed Name) *Melanie Plawin* C. Date of Delivery *7/13/21*

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



2. Article Number (Transfer from service label)
7019 2970 0000 7643 3390

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



Received by OCD: 8/3/2021 3:48:09 PM
B MONTEZUMA
SANTA FE, NM 87501

7019 2970 0000 7643 3321

16 731 F2 1 0007/15/21
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
07501262512 ZZ65N197155-01273

RECEIVED
JUL 20 2021

Hinkle Shanor LLP
Santa Fe NM 87504

FFS

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

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

OFFICIAL USE
SANTA FE MAIN POST OFFICE

Postmark Here
JUL - 8 2021

Postage \$ 87.99

Total Postage and Fees \$ 87.99

Sent To Jo Nell Ingram
Street and A1 310 Keyes Drive
City, State, Z Ruidoso, NM 88345

PS Form 3800, April 2015 PSN 753H-220-900-902 See Reverse for Instructions

Jo Nell Ingram
310 Keyes Drive
Ruidoso, NM 88345

7019 2970 0000 7643 3321

7019 2970 0000 7643 3178

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Levi Herschel Irwin, SSP
Street and, 118 North 5th Avenue
City, State, Clayton, NM 88415

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:
Levi Herschel Irwin, SSP
118 North 5th Avenue
Clayton, NM 88415



9590 9402 4821 9032 2140 04

2. Article Number (Transfer from service label)
7019 2970 0000 7643 3178

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Susan Irwin

B. Received by (Printed Name) *Susan Irwin*

C. Date of Delivery
JUL 13 2021

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



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

Domestic Return Receipt

616 MONTEZUMA
SANTA FE, NM 87501



7019 2970 0000 7643 3185



Handwritten notes:
LTP
7/12/21
LTP

Lee Ann Laffler
1699 Southwest Dyer Point Road
Palm City, FL 34990

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

For delivery information, visit our webs (at www.usps.com)

OFFICIAL USE

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

Sent To
 Street and Apt. Lee Ann Laffler
 City, State, ZIP+4 1699 Southwest Dyer Point Road
 Palm City, FL 34990

PS Form 3800, April 2015 PSN 7530-02-000-9000



* R F S *

-R-T-S- 34990-RFS-1N 07/15/21

RETURN TO SENDER
 UNABLE TO FORWARD
 RETURN TO SENDER

Postnet barcode

7019 2970 0000 7643 3567

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street: Est. of Ragnhild Marie Poulsson Levine
 12 Idlewood Road
 Kentfield, CA 94904

City, Sta _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> X <u>C-19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-12</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>Est. of Ragnhild Marie Poulsson Levine 12 Idlewood Road Kentfield, CA 94904</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>019 2970 0000 7643 3567</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7643 3154

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Llano Energy, LLC
P.O. Drawer 369
Stillwater, OK 74076

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>Shelly Bowling</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Shelly Bowling</u> C. Date of Delivery <u>7-12-21</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>Llano Energy, LLC P.O. Drawer 369 Stillwater, OK 74076</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4284 37</p> <p>7019 2970 0000 7643 3154</p>	

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

Domestic Return Receipt

7020 0640 0000 0143 3147

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Street or P.O. Box No. Allan L. Mangun
3100 Mahogany Run Circle, NW
City, State, and ZIP+4® North Canton, OH 44720

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

SANTA FE MAIN POST OFFICE
Postmark
JUL - 8 2021
87501-9998

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:

Allan L. Mangun
3100 Mahogany Run Circle, NW
North Canton, OH 44720

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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



2. Article Number (Transfer from service label)
7020 0640 0000 0143 3147

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7019 2970 0000 7643 3147

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Manzano Energy Partners III, LLC

Street: P.O. Box 1737

City: Roswell, NM 88202

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

SAN JUAN MAIN POST OFFICE
Postmark Here
JUL - 8 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Tedi Brackeen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tedi Brackeen</i></p> <p>C. Date of Delivery <i>Jul 31 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>Manzano Energy Partners III, LLC P.O. Box 1737 Roswell, NM 88202</p> <p>9590 9402 6698 1060 4284 44</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3147</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3338

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

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

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 \$ _____

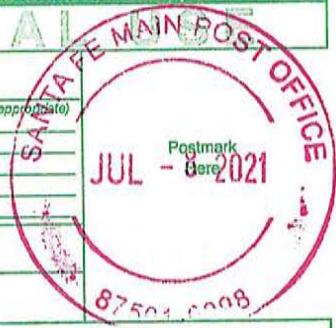
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Janet Leigh Montoya
 14537 West 73rd Street
 Boynton, OK 74422

City, State, ZIP+4 _____

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:

Janet Leigh Montoya
 14537 West 73rd Street
 Boynton, OK 74422



2. Article Number (Transfer from service label)
 7019 2970 0000 7643 3338

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Berk J*

B. Received by (Printed Name) *BLK C 15* C. Date of Delivery *7/12/21*

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

Received by OCD: 8/3/2021 3:48:09 PM

218 MONTEZUMA
SANTA FE, NM 87501



7019 2970 0000 7643 3611



Handwritten signature/initials

Estate of Harald Muller
241 California Street
San Francisco, CA 94111

U.S. Postal ServiceSM
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

SANTA FE, NM 87501-3968
JUL - 8 2021
Postmark Here

7019 2970 0000 7643 3611

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: Estate of Harald Muller
Street at: 241 California Street
City, Sta: San Francisco, CA 94111

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

-R-T-S- 941115110-1N 07/15/21
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER

7019 2970 0000 7643 3062

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE ONLY

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: Nuevo Sies, LP
Street: P.O. Box 2588
City, St: Roswell, NM 88202

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

Postmark Here
JUL - 8 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Paul Steacy</u></p> <p>C. Date of Delivery <u>7-12-21</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>Nuevo Sies, LP P.O. Box 2588 Roswell, NM 88202</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3062</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

7019 2970 0000 7643 3222

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Estate of Gudmund Olsen
Street: 167 Dolores Street
City, State: San Francisco, CA 94103

PS Form 3809, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SANTA FE MAIN POST OFFICE
Postmark: JUL - 8 2021
87501-9998

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:

Estate of Gudmund Olsen
167 Dolores Street
San Francisco, CA 94103



2. Article Number (Transfer from service label)
7019 2970 0000 7643 3222

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *MD COLE C-19* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 7/12/21

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

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Parachute Energy, Ltd.
Street and 1916 Aberdeen Avenue
City, State Lubbock, TX 79407

Postmark: JUL - 8 2021

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

7019 2970 0000 7643 3048

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>N. Field</i> C. Date of Delivery <i>7-13-21</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>Parachute Energy, Ltd. 1916 Aberdeen Avenue Lubbock, TX 79407</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3048</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7019 2970 0000 7643 3239

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at 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 _____

Street and _____
Estate of Einar Peterson
2423 Filbert Street
San Francisco, CA 94013

City, State _____

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

SAN FRANCISCO POST OFFICE
JUL 18 2021
87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>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>Estate of Einar Peterson 2423 Filbert Street San Francisco, CA 94013</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>9590 9402 5751 0003 3905 97</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Received by OCD: 8/3/2021 3:48:09 PM **US MAIL**



7019 2970 0000 7643 3451

HINKLE LAW FIRM
18 MONTEZUMA
SANTA FE, NM 87501



(Handwritten signature)

Claire Olsen Pieri
775 Berkshire Drive
Millbrae, CA 94030

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

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

SANTA FE MAIN POST OFFICE
Postmark Here
JUL - 8 2021

875-71-9998

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

NIXIE 958 DE 1 0007/16
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

Received by OCD: 8/3/2021 3:48:09 PM

ONTEZUMA
SAFE, NM 87501



7019 2970 0000 7643 3215

UNITED STATES
FITZNEY BOWLER
\$ 009.85
02 1P
0000913767 JUL 08 2021
MAILED FROM ZIP CODE 87501

Return

Kari Burns Rader
425 Market Street, Suite 220
San Francisco, CA 94105

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

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

OFFICIAL USE



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

Total Postage and Fees \$
Sent To Kari Burns Rader
Street an 425 Market Street, Suite 220
City, State San Francisco, CA 94105

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

RECEIVED

JUL 26 2021

Hinkle Shanor LLP
Santa Fe NM 87504

5567710/21

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

7019 2970 0000 7643 3017

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____
Ring Energy, a Nevada Corporation
901 West Wall Street, Third Floor
Midland, TX 79701

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>Trenia Cole</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Trenia Cole</u> C. Date of Delivery <u>7.12.21</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>Ring Energy, a Nevada Corporation 901 West Wall Street, Third Floor Midland, TX 79701</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6698 1060 4285 74</p> <p>7019 2970 0000 7643 3017</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

7019 2970 0000 7643 2959

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and _____ Scott-Winn, LLC
P.O. Box 1834
City, State _____ Roswell, NM 88202

Postmark Here JUL - 8 2021

01-9998

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Tedi Brackeen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tedi Brackeen</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>Scott-Winn, LLC P.O. Box 1834 Roswell, NM 88202</p> <p>9590 9402 6698 1060 4286 35</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 2959</p>	<p>ROSWELL, NM JUL 13 2021</p>

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

7019 2970 0000 7643 3369

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____


Sent To _____

Street and _____
 Holly Jan Senetra, SSP
 5130 Fairfax Drive, NW
 Albuquerque, NM 87114

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Holly Senetra</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Holly Senetra</i></p> <p>C. Date of Delivery <i>7-9-21</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>Holly Jan Senetra, SSP 5130 Fairfax Drive, NW Albuquerque, NM 87114</p> <p> 9590 9402 5751 0003 4065 26</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7643 3369</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7643 2935

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Slash Exploration Ltd. Partnership
Street and: P.O. Box 1973
Roswell, NM 88202
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:

Slash Exploration Ltd. Partnership
P.O. Box 1973
Roswell, NM 88202



9590 9402 6698 1060 4286 59

2. Article Number (Transfer from service label)
7019 2970 0000 7643 2935

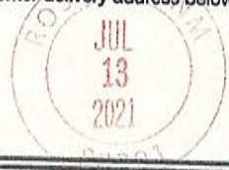
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Vanessa Sexton

B. Received by (Printed Name) *Vanessa Sexton*

C. Date of Delivery

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



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

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

Domestic Return Receipt

7019 2970 0000 7643 2928

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

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

OFFICIAL USE

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

Sent To Special Energy Corp.
 P.O. Drawer 369
 Street Stillwater, OK 74076
 City, St

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

Postmark: Here JUL - 8 2021
 27501-9998

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:

Special Energy Corp.
 P.O. Drawer 369
 Stillwater, OK 74076



9590 9402 6698 1060 4286 66

2. Article Number (Transfer from service label)
 7019 2970 0000 7643 2928

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Shelly Bowling Agent Addressee

B. Received by (Printed Name) Shelly Bowling
 C. Date of Delivery 07-12-21

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

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Signature Confirmation™
- Collect on Delivery
- Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- all Restricted Delivery



7019 2970 0000 7643 3642

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Bea Etta Stephens, Trustee
Street an: Bea H. Stephens Trust
1665 Caille Court
City, State: Fort Mill, SC 29708

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

SANTA FE MAIN POST OFFICE
Postmark: Here
JUL - 8 2021
8-501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X LOUIE BW <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>Bea Etta Stephens, Trustee Bea H. Stephens Trust 1665 Caille Court Fort Mill, SC 29708</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 7643 3642</p>	
<p>9590 9402 5751 0003 4208 50</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 3185

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Universal Royalty & Mineral Fund I, LP

Street and Apt. No., P.O. Box 12822

Dallas, TX 75225

City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Ryan Miller</i></p> <p>C. Date of Delivery <i>JUL 15 2021</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>Universal Royalty & Mineral Fund I, LP P.O. Box 12822 Dallas, TX 75225</p> <p>9590 9402 6698 1060 4287 03</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail over \$500</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3185</p>	<p>Domestic Return Receipt</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

7019 2970 0000 7641 3910

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Worrall Investment Corporation

Street: P.O. Box 1834

City, St: Roswell, NM 88202

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature * <i>Tedi Brackeen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tedi Brackeen</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>Worrall Investment Corporation P.O. Box 1834 Roswell, NM 88202</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 3910</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

Domestic Return Receipt

Received by OCD: 8/3/2021 3:48:09 PM

SANTA FE, NM 87501



7020 0640 0000 0143 3192

Scanned
FORWARD
1795
202/07/2 SK

William M. Wygocki II, Trustee
Margaret Wygocki Trust No. 1
721 Robins Road
Lansing, MI 48917

267E E4T0 0000 0490 0202

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

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

OFFICIAL RECEIPT

Postmark: JUL - 8 2021

87501-9998

SANTA FE MAIN POST OFFICE

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 M. Wygocki II, Trustee
Margaret Wygocki Trust No. 1
721 Robins Road
City, State, ZIP: Lansing, MI 48917

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

NIXIE 482 WPI 1 210807/15/21
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
B&A Bradford Family Ltd. Partnership
P.O. Box 600070
Dallas, TX 75360

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
Estate of Myrtle Bruce
2664 4th Avenue
San Diego, CA 92101

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



7019 2970 0000 7643 3499

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
Melissa Brown
3B Robinson Road, Apt. 5B
Mid Levels
Hong Kong, CHINA 999077

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
Carol Ann Cantrell, Successor Trustee
Oberholtzer Family Trust fbo Carol Ann
Cantrell
8602 Baltimore Drive, Apt. 3

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
Estate of Dr. L.W. Bruce
2664 4th Avenue
San Diego, CA 92101

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



7019 2970 0000 7643 3604

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
Estate of Jens Feragen
222 Second Street
San Francisco, CA 94105

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



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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

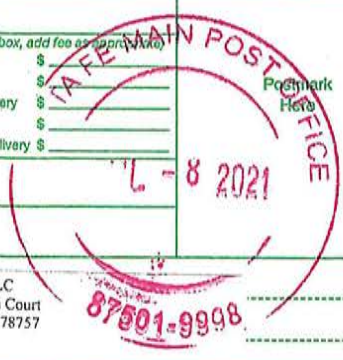
Postage \$

Total Postage and Fees \$

Sent To
 Street and Apt. # GHML, LLC
 5901 Sarah Court
 Austin, TX 78757

City, State, ZIP+4

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



7019 2970 0000 7643 3574

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
 Estate of P.G. Gundlach
 4157 Utah Street
 San Diego, CA 92104

City, State, ZIP+4

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



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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
 Street and Apt. # Mary Gundlach
 4157 Utah Street
 San Diego, CA 92104

City, State, ZIP+4

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



7019 2970 0000 7643 2997

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
 Street and Apt. # Robert L. Gundlach
 4157 Utah Street
 San Diego, CA 92104

City, State, ZIP+4

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



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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
 Street and Apt. # Melvin P. Gundlach
 4157 Utah Street
 San Diego, CA 92104

City, State, ZIP+4

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



7019 2970 0000 7643 3253

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To
 Street and Apt. # Diane M. Landen
 6121 Abraham Road, Apt 1027
 Dallas, TX 75231

City, State, ZIP+4

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Ann Mangun
7156 Andiron Circle NW
Canton, OH 44718

City, State, Z

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



7019 2970 0000 7643 3437

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Claudia Sue Means, Successor Trustee of the
Oberholzer Family Trust f/b/o Claudia Sue
Means
30341 Calle Sonora
Temecula, CA 92951

City, State, Z

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and McCormick, LLC
2715 Westwind Road
Las Cruces, NM 88007

City, State, Z

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



7019 2970 0000 7643 3086

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Michael H. Moore
7025 Belcrest Drive
Plano, TX 75024

City, State, Z

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



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Estate of Kathryn Hannifin McCormick
2705 Westwind Road
Las Cruces, NM 88007

City, State, Z

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



7019 2970 0000 7643 3079

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and NH Minerals, LLC
4925 Greenville Ave., Suite 1100
Dallas, TX 75206

City, State, Z

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

Postmark Here

7019 2970 0000 7643 3505

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add 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 Carl Edward Oberholtzer, Jr., Successor
Street and Trustee, Oberholtzer Family Trust fbo Carl Edward Oberholtzer, Jr.
City, State 4516 Lovers Lane, Apt. 417 Dallas, TX 78225

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



7019 2970 0000 7643 3024

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add 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 Pitts, LLC
Street and 2715 Westwind Road Las Cruces, NM 88007
City, State

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



7019 2970 0000 7643 3192

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add 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 Lavana Sue Pruitt
Street and 749 North Fountain Road Wellington, KS 67152
City, State

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



Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA



LEGAL NOTICE
July 14, 2021

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

Beginning with the issue dated July 14, 2021 and ending with the issue dated July 14, 2021.

This is to notify all interested parties, including: 07 Ranch Mineral Limited Partnership, Allan L. Mangun, D. Allison, Ann Mangun, Apache Corporation, Axis Energy Corporation, B & A Bradford Family Lin Partnership, Bea Etta Stephens, Trustee of the Bea H. Stephens Trust, Blake Arnold Working Interest (Gas Properties LLC, Bureau of Land Management, Bruce Burns, Carl Edward Oberholtzer, Jr., Succe Trustee of the Oberholtzer Family Trust f/b/o Carl Edward Oberholtzer, Jr., Carol Ann Cantrell, Succe Trustee of the Oberholtzer Family Trust f/b/o Carol Ann Cantrell, CBR Oil Properties LLC, Chimney Roc & Gas, LLC, City Bank, Successor Trustee of the Anita Field Irrevocable Trust, Claire Olsen Pieri, Clauc Arnold Working Interest Oil & Gas Properties, LLC, Claudia Sue Means, Successor Trustee of Oberholtzer Family Trust f/b/o Claudia Sue Means, Clint Field Burrus, COG Operating, LLC, Commissi of Public Lands, Concho Oil & Gas LLC, Cynthia Lynn Anderson, Successor Trustee of the Oberho Family Trust f/b/o Cynthia Lynn Anderson, Danglade/Speight Family Oil & Gas I, L.P., Darlene O Hecomovich, Diane M. Landen, Estate of Dr. L.W. Bruce, Estate of Einar Peterson, Estate of Gudr Olsen, Estate of Harald Muller, Estate of Jens Feragen, Estate of Kathryn Haffin McCormick, Esta Lonnie Walker, Estate of Myrtle Bruce, Estate of P.G. Gundlach, Estate of Ragnhild Marie Poullsson Le Field Minerals LLC, First Church of Christ Scientist, First Roswell Company, Geraldine Hesel as Truste the Hesel Family Revocable Living Trust, GHML, LLC, Gunsight Limited Partnership, Guy Field I Hanagan Petroleum Corporation, Hannifin Family Trust, Holly Jan Senetra, Hutchings Oil Company, Ja Presley Hodge Living Trust, Janet Leigh Montoya, Jo Nell Ingram, Kari Burns Rader, Kyle A. Armstr Lavana Sue Pruitt, Lee Ann Laffler, Levi Herschel Irwin, Linda Marie Harton, Liano Energy, LLC, Manz Energy Partners III, LLC, Margot Brown, Mary Gundlach, McCormick, LLC, Melissa Brown, Melvi Gundlach, Michael H. Moore, NH Minerals, LLC, Nuevo Sies, LP, P.J. Hannifin Family Trust, Paracl Energy, Ltd, Peter C. Brown, Pitts, LLC, Ring Energy, Robert Burns, Robert L. Gundlach, Robert Tho Hartley, Sally Ann Burrus Doherty, Sarah K. Burrus, Scott-Winn, LLC, Sharon Kay Compton, Succe Trustee of the Oberholtzer Family Trust f/b/o Sharon Kay Compton, Slash Exploration Limited Partner Special Energy Corp., Teddy Lowe Hartley, Todd Burns, Universal Royalty & Mineral Fund I, LP, Williar Wygocki II, Trustee of the Margaret Wygocki Trust No. 1 and Worrall Investment Corporation and 1 successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing o application submitted by Armstrong Energy Corporation (Case No. 22080). During the COVID-19 P Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. hearing will be conducted on August 5, 2021 beginning at 8:15 a.m. To participate in the electronic hea see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/O hearings.html>. Applicant applies for an order reinstating its injection authority for certain injection wells w its Trinity Burrus Abo Unit waterflood project ("Unit"). Order No. R-12496 approved creation of the Unit, w is comprised of the following 1,720 acres, more or less, of federal, state and fee lands located in Towns 12 South, Range 38 East, NMPM, Lea County: Section 15 - SW/4SE/4; Section 22 - E/2 and E/2/ Section 23 - W/2 and W/2E/2; and Section 26 - W/2W/2, NE/4NW/4, and SE/4SW/4. The unitized interv: 9,063' to 9,131'. Applicant has maintained waterflood operations within the Unit and proposes to reinsta injection authority for the wells listed below:

Well Name (API: 30-025-)	Location within T12S-R38E	Injection interval
Trinity Burrus Abo Unit #004 (35817)	2310 FSL & 1210 FEL, UL I, Sec. 22	9050'- 9098'
Trinity Burrus Abo Unit #005 (36451)	2310 FNL & 1650 FWL, UL F, Sec 22	9055'- 9115'
Trinity Burrus Abo Unit #006 (35937)	330 FSL & 2310 FWL, UL N, Sec 22	9046'- 9108'
Trinity Burrus Abo Unit #011 (36038)	1650 FSL & 2310 FWL, UL K, Sec 22	9045'- 9102'
Trinity Burrus Abo Unit #013 (36018)	2310 FNL & 990 FEL, UL H, Sec 22	9051'- 9110'
Trinity Burrus Abo Unit #016 (36251)	1980 FSL & 660 FWL, UL L, Sec 23	9014'- 9084'
Trinity Burrus Abo Unit #018 (36450)	1650 FSL & 2200 FEL, UL J, Sec 23	9141'- 9209'
Trinity Burrus Abo Unit #021 (30106)	330 FSL & 1650 FWL, UL N, Sec 23	9107'- 9167'
Trinity Burrus Abo Unit #025 (36248)	2310 FSL & 330 FEL, UL I, Sec 27	9083'- 9152'
Trinity Burrus Abo Unit #026 (35985)	330 FNL & 2000 FEL, UL B, Sec 27	9048'- 9117'
Trinity Burrus Abo Unit #028 (37254)	2240 FSL & 2310 FWL, UL K, Sec 27	9078'- 9126'

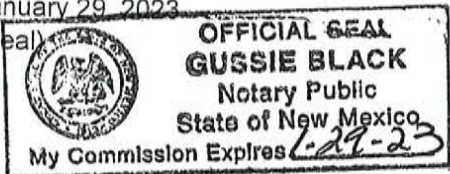
Applicant proposes to inject water through a closed system through perforations at depths of 9,045' to 9,2 within the Wolfcamp formation. The proposed average injection rate is expected to be 100 psig, and expected maximum injection pressure is 1,800 psig or as permitted by the Division. The proposed aver injection rate is expected to be 500 barrels of water per day, and the maximum daily injection rate will 1,000 barrels of water per day or as permitted by the Division. The Unit acreage is located approximately miles northeast of Lovington, New Mexico. #36632

Publisher

Sworn and subscribed to before me this 14th day of July 2021.

Business Manager

My commission expires January 29, 2023



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

02107475

00256157

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

ARMSTRONG ENERGY
CORPORATION
Case No. 22080

Exhibit A-9

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

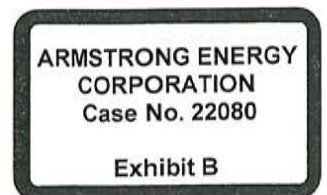
APPLICATION OF ARMSTRONG ENERGY
CORPORATION FOR REINSTATEMENT OF
AUTHORIZATION TO INJECT FOR
WATERFLOOD OPERATIONS,
LEA COUNTY, NEW MEXICO

CASE NO. 22080

SELF-AFFIRMED STATEMENT OF KYLE ALPERS

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. I am the Vice President of Engineering for Armstrong Energy Corporation (“Armstrong”). I am familiar with the Application filed by Armstrong in this case and with the engineering matters pertaining to this Application. I have not previously testified before the New Mexico Oil Conservation Division (“Division”). A copy of my resume is attached as **Exhibit B-1**.

2. Armstrong’s Application seeks an order reinstating injection authority for the following injection wells (“Wells”) within its Trinity Burrus Abo Unit waterflood project comprised of portions of Sections 15, 22, 23, 26, and 27, Township 12 South, Range 38 East NMPM in Lea County, New Mexico:



Well Name (API: 30-025-)	Location within T12S-R38E	Injection interval
Trinity Burrus Abo Unit #004 (35817)	2310 FSL & 1210 FEL, UL I, Sec. 22	9050'- 9078'
Trinity Burrus Abo Unit #005 (36451)	2310 FNL & 1650 FWL, UL F, Sec 23	9056'- 9091'
Trinity Burrus Abo Unit #006 (35937)	330 FSL & 2310 FWL, UL N, Sec 22	9035'- 9087'
Trinity Burrus Abo Unit #011 (36038)	1650 FSL & 2310 FWL, UL K, Sec 22	9030'- 9080'
Trinity Burrus Abo Unit #013 (36018)	2310 FNL & 990 FEL, UL H, Sec 22	9052'- 9086'
Trinity Burrus Abo Unit #016 (36251)	1980 FSL & 660 FWL, UL L, Sec 23	9014'- 9062'
Trinity Burrus Abo Unit #018 (36450)	1650 FSL & 2200 FEL, UL J, Sec 23	9150'- 9184'
Trinity Burrus Abo Unit #021 (30106)	330 FSL & 1650 FWL, UL N, Sec 23	9110'- 9144'
Trinity Burrus Abo Unit #025 (36248)	2310 FSL & 330 FEL, UL I, Sec 27	9086'- 9128'
Trinity Burrus Abo Unit #026 (35985)	330 FNL & 2000 FEL, UL B, Sec 27	9036'- 9094'
Trinity Burrus Abo Unit #028 (37254)	2240 FSL & 2310 FWL, UL K, Sec 27	9078'- 9126'

3. As shown on Armstrong's Form C-108, which is included in Exhibit A-2, Armstrong proposes to reinstate injection into the Wells for waterflood operations and plans to inject water through a closed system through perforations at depths of 9,045' to 9,209' within the Wolfcamp formation.

4. The proposed average injection rate through the Wells is expected to be 100 psig. The expected maximum injection pressure is 1,800 psig or as permitted by the Division. Injection pressures were calculated based on .2 pounds per foot of depth to the top of the uppermost injection perforation.

5. The proposed average injection rate is expected to be 500 barrels of water per day. The maximum daily injection rate will be 1,000 barrels of water per day or as permitted by the Division.

6. Specifications and wellbore schematics for the Wells are provided at pages 6-58 of Form C-108. The Wells will be adequately equipped for injection, and the construction of the Wells will protect fresh water and other hydrocarbon-bearing zones.

7. It is my opinion that reinstating injection operations within the Unit is economically and technically feasible and that it is prudent to utilize secondary recovery operations to maximize

oil recovery. Exhibit B-2 contains a production chart showing that recommencing injection operations to the Unit would result in an incremental Estimated Ultimate Recovery increase of 74 Mbbl of oil.

8. Armstrong will run an MIT test prior to commencing injection and will monitor pressure during injection.


9. There are two freshwater wells located within one mile of Armstrong's proposed Wells. Water analysis reports for these freshwater wells are provided in the Form C-108 at pages 60-61.

10. With respect to compatibility, the source of the water to be injected will be produced water from other Wolfcamp formation wells drilled on the leases within the Unit. A produced water analysis is provided in the Form C-108 at page 61. I do not expect any water compatibility issues to arise from the proposed injection operations.

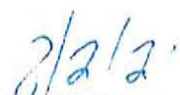
11. The exhibits referenced above were either prepared by me or under my supervision or were compiled from company business records.

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

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



Kyle Alpers



Date

KYLE S. ALPERS

5014 W. Berrendo Rd., Roswell, NM 88201
Cell: 575-626-2727 • kalpers@aecnm.com

MECHANICAL ENGINEER

Engineering professional with 15+ years' varied experience in the Petroleum Industry including drilling, production, facilities, downhole, service, EOR, R&E, and management. Team oriented with effective interpersonal communication and presentation skills.

PROFESSIONAL EXPERIENCE

ARMSTRONG ENERGY COMPANY: Roswell, NM Feb 2012 – Present
Field Engineer/Operations Manager/Vice President of Operations/Vice President of Engineering:

Management Team member for this independent oil and gas operator in New Mexico.

- Oversee daily operations covering the drilling, completion, production, recompletion, workover, and economics of over 100 oil and gas wells in New Mexico.
- Extensive experience in acquisition of producing oil and gas wells, as well as some experience in divestitures.
- Manage drilling program and logistics for all new drills undertaken by our company.
- Work hand in hand with AEC's geology, land, and accounting departments in order to maintain our company to the highest standards with respect to efficiency, regulatory compliance, and public image.

AGAVE ENERGY COMPANY: Artesia, NM May 2010 – Feb 2012
Staff Engineer:

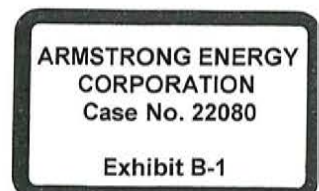
Member of a diverse team of young engineers working collaboratively with field operations personnel to have gas infrastructure in place for the growing development of horizontal, high liquids gas wells being developed in Southeastern New Mexico.

- Project Manager for new build CO₂ stripping and natural gas liquids recovery plant near Loving, New Mexico.
- Direct involvement in optimization of field compression for large gas gathering pipeline systems.
- Partner engineer in team which developed expanded gathering, compression, CO₂ removal, nitrogen removal, H₂S removal and disposal, and NGL recovery for the growing Avalon Shale and Bone Spring gas plays in the New Mexico portion of the Permian Basin.

MANZANO, LLC: Roswell, NM April 2008 – May 2010
Production and Facilities Engineer:

Collaborate with office and field personnel for this small independent oil and gas operator in order to minimize cost and maximize production, as well as monitor daily production and regulatory requirements for producing properties across three states.

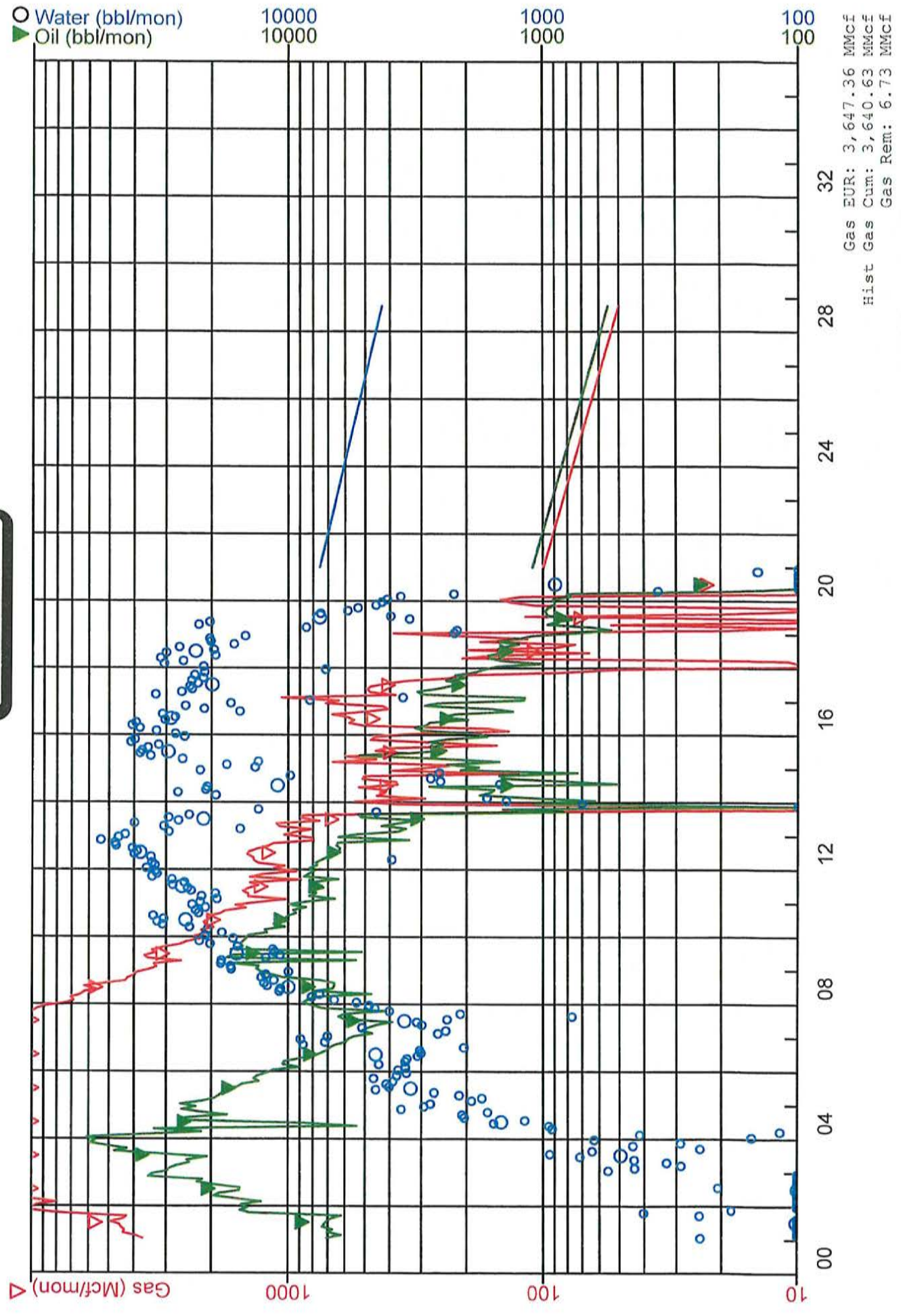
- Assisted in process management of CO₂/Methane processing plant, which utilized semi-permeable membranes for gas separation. Responsibilities included production monitoring, process monitoring, financial monitoring, and cost savings as well as monthly settlement statements. Implemented safety program at the processing plant.
- Gained valuable drilling experience while staying on a drilling rig from spud to TD for two consecutive wells in Southeastern Colorado, while drilling directionally with oil based mud, and completing with nitrified cement.
- Managed production monitoring, regulatory filing, and work bids for Manzano, LLC and two of its subsidiaries with extensive regulatory experience in Texas, New Mexico, and Colorado.



Case Name: TRINITY BURRUS ABO UNIT
Oper: ARMSTRONG ENERGY CORPORATION
Location:

Oil EUR: 2,284.72 Mbbbl
Hist Oil Cum: 2,210.75 Mbbbl
Oil Rem: 73.97 Mbbbl

ARMSTRONG ENERGY CORPORATION
Case No. 22080
Exhibit B-2



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

APPLICATION OF ARMSTRONG ENERGY
CORPORATION FOR REINSTATEMENT OF
AUTHORIZATION TO INJECT FOR
WATERFLOOD OPERATIONS,
LEA COUNTY, NEW MEXICO

CASE NO. 22080

SELF-AFFIRMED STATEMENT OF KELSEY GARNER

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. I am employed by Armstrong Energy Corporation (“Armstrong”) as a Senior Petroleum Geologist. I am familiar with the Application filed by Armstrong in this case and with the geological matters pertaining to this Application. I have not previously testified before the New Mexico Oil Conservation Division (“Division”). A copy of my resume is attached as **Exhibit C-1**.

2. Armstrong’s Application seeks an order reinstating injection authority for the following injection wells (“Wells”) within its Trinity Burrus Abo Unit waterflood project comprised of portions of Sections 15, 22, 23, 26, and 27, Township 12 South, Range 38 East NMPM in Lea County, New Mexico:

Well Name (API: 30-025-)	Location within T12S-R38E	Injection interval
Trinity Burrus Abo Unit #004 (35817)	2310 FSL & 1210 FEL, UL I, Sec. 22	9050’- 9078’
Trinity Burrus Abo Unit #005 (36451)	2310 FNL & 1650 FWL, UL F, Sec 23	9056’- 9091’
Trinity Burrus Abo Unit #006 (35937)	330 FSL & 2310 FWL, UL N, Sec 22	9035’- 9087’
Trinity Burrus Abo Unit #011 (36038)	1650 FSL & 2310 FWL, UL K, Sec 22	9030’- 9080’
Trinity Burrus Abo Unit #013 (36018)	2310 FNL & 990 FEL, UL H, Sec 22	9052’- 9086’
Trinity Burrus Abo Unit #016 (36251)	1980 FSL & 660 FWL, UL L, Sec 23	9014’- 9062’
Trinity Burrus Abo Unit #018 (36450)	1650 FSL & 2200 FEL, UL J, Sec 23	9150’- 9184’
Trinity Burrus Abo Unit #021 (30106)	330 FSL & 1650 FWL, UL N, Sec 23	9110’- 9144’
Trinity Burrus Abo Unit #025 (36248)	2310 FSL & 330 FEL, UL I, Sec 27	9086’- 9128’

ARMSTRONG ENERGY CORPORATION
Case No. 22080

Exhibit C

Trinity Burrus Abo Unit #026 (35985)	330 FNL & 2000 FEL, UL B, Sec 27	9036'- 9094'
Trinity Burrus Abo Unit #028 (37254)	2240 FSL & 2310 FWL, UL K, Sec 27	9078'- 9126'

3. In accordance with Order No. R-12496, the unitized interval is 9,063' to 9,131' measured depth.

4. Produced water will be injected into the Trinity-Wolfcamp Pool (Pool Code 59890) found at the drilling depth interval of 9,063' to 9,131' (as measured on the electric log called the "Compensation Neutron, Photo Density, Micro Log" ran September 24, 2003 on Limark Corporation's State DZ Well No. 2 (API No. 30-025-36373) for the purpose of increasing the ultimate recovery of oil within the interval underlying the Project area.

5. The following table identifies productive zones underlying or overlying the proposed injection interval:

Productive Formation	Depth (TVD)	Over/Underlying the proposed interval	Distance from top/base of proposed interval
Devonian	12,020	underlying	2,811
Abo	7,840	overlying	1,210
Tubb	7,150	overlying	1,900
Glorieta	5,370	overlying	3,680
San Andres	4,460	overlying	4,590

6. **Exhibit C-2** contains a type log of the interval within the Wolfcamp formation. The Burrus Pay in the Trinity-Wolfcamp Pool is the lowermost unit of dolomitized Abo Carbonate shelf that sits immediately above the Wolfcamp limestone. The Burrus Pay is a dolomitized carbonate with minor amounts of small anhydrite nodules and occasional siliceous material. The log shows the formation top at 9,225' which is sealed by a low porosity/permeability anhydrite zone. The bottom of the formation is sealed by a low porosity/permeability anhydrite zone. There

is no fracturing and essentially no vuggy porosity fabric evident in the cores or on the open hole wireline log data. Productive porosity typically ranges from 8% to 12% in the Unit area.

7. **Exhibit C-3** contains a structure map of the Unit. The map shows the structural contours of the top of the Wolfcamp Dolomite. The structure starts as an anticline in the northwest and rapidly decreases to the southeast.

8. **Exhibit C-4** contains a cross-section of the target injection interval within the Wolfcamp formation. The cross-section demonstrates the injection interval is consistent and continuous across the target interval underlying the Project area. The cross section also shows all lands within the proposed unit contain porous reservoir rock and therefore, all lands within the proposed unit appear capable of contributing additional secondary recovery reserves.

9. Accordingly, from geologic studies performed over this area, the unit area is well suited for secondary and tertiary recovery operations and the entire Unit area should continue to contribute enhanced recovery reserves.

10. There are no faults or other geologic impediments that would impede the efficiency of the Project.

11. Based on my professional training and experience, it is my opinion that the proposed injection operations will not impair any hydrocarbon-bearing zones. It is also my opinion that injection fluids will be confined to the pressure maintenance interval as a result of the stratigraphic confining layers above and below the injection zone.

12. The only known freshwater formation in the Project area is the Ogallala aquifer located at a depth from the surface at approximately 35' to 125' true vertical depth ("TVD") which is approximately 8,925' above the proposed injection interval in the Wolfcamp formation.

13. I have examined the available geological and engineering data and have found no evidence of open faults or hydrological connection between the proposed Wolfcamp injection interval and any underground sources of drinking water.

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

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

16. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 15 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.


Kelsey Garner

8/2/2021
Date

2706 Chrysler Dr.
Roswell, NM 88201
Phone: (405) 203-5030
E-mail kelso983@gmail.com

Kelsey Garner

Qualifications Experienced Petroleum Geologist with comprehensive experience in the Mid Continent, Northwest Shelf of the Permian Basin and some Midland Basin with ability to generate prospects with proven results. Demonstrates strong communication skills, as well as being goal and task oriented. A dedicated team member that is willing to go the extra mile and uphold relationships with all team members.

Professional Experience

Senior Geologist: August 2018 to Present **Armstrong Energy Corporation: Roswell, NM**

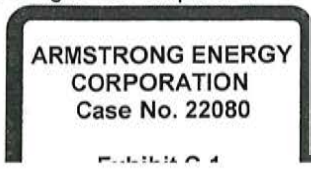
- Geologist for the Northwest Shelf
- Drilled two conventional wells to date: Devonian and Fusselman prospects
 - Generated all maps geological prognosis for the well
 - Worked with contract geophysicist on locations and interpreting the 3D seismic
- Evaluated Trinity Burrus Abo Water Flood Unit in Lea County, NM
- Interpreted 3D seismic in areas to determine drilling location for conventional wells
- Evaluated numerous acquisitions, bolt-ons and Non Operated wells (vertical and horizontal)
- Evaluated AEC wells for uphole potential
- Developed a digital well filing system for the company
- Developed staff skills with geologic software programs

Geologist: February 2017 to June 2018 **Compass Production, LLC: Oklahoma City, OK**

- Geologist for the Permian: Midland Basin Sugg Ranch Asset.
- Familiar with Canyon Sands, Wolfcamp and Spraberry.
- Responsible for adding value to this asset.
- Developed a vertical drilling program in the Canyon Sand for the Sugg Ranch Asset in the Midland Basin.
- Preparing to assist Geosteering Louisiana Lower Cotton Valley Horizontals.

Senior Geologist: November 2008 to October 2016 **LINN Energy: Oklahoma City, OK**

- Geologist for LINN's Woodford/Mississippian (Meramec) Play - Anadarko Basin Asset: 2013-Present
 - SCOOP and STACK
 - Operations geologist for 1 and 2 mile long laterals – 5 drilled to date.
 - 1st Well: IP30 ~250 BOPD, 900 MCFD
 - 2nd Well: 1000 BOPD, 1.5 MCFD, still cleaning up
 - Generated 10 geologic plans to date: EUR 226 MBO, 6.4 BCFG, ~65-95% ROR
 - Designed a core collection, cutting collection, isotube collection, fluid collection and digital log program for LINN's first pilot hole in the Woodford/Mississippian Play.
 - Developed a "hand and glove" method of mapping in Petra to accelerated prospect generation for the geologic team.
 - Utilized petrophysics to analyze prospects
- Geologist for LINN's Water flood Assets: 2012-2015
 - Provided updated well conformance to 4 production engineers.
 - Provided updated geologic maps (structure and isopachs) to team members on 30 Water floods
 - Provided geologic reviews to the field personnel
 - Generated a process to systematically have a geologic review of each well in the water floods that is now accessible by each field office.
- Lead Geologist for LINN's Marchand Play - Anadarko Basin Asset: 2010-2013
 - Team lead that organized marketing, the land team, regulatory and reservoir engineering to accomplish a 5 well drilling program
 - Average 80 BOPD.
 - Generated 5 geologic locations. All exceed expectations, 100+ BPD



- Lead Geologist for LINN's Oklahoma Acreage Recompletion and Non Operated Programs: 2010: Present
 - Reviewed and maintained 2000+ wells on LINN's acreage reviewing Hoxbar to Bromide formations.
 - 1st two years averaged 100+ BOPD uplift
 - Created an Access Database for inventory.
 - Evaluated between 25-100 non operated proposals each year.
- Geologist for LINN's Granite Wash Play, Wheeler and Hemphill Counties: 2008-2010
 - Generated Structure and Net Pay maps for 5 Granite Wash zones.
 - Geosteered 1 Granite Wash well and designed 5 plans.
 - Assisted planning and geosteering the biggest Granite Wash well to date (60+ Mboe)
 - Built new horizontal geological prognosis for the team to drill horizontals.
 - Operations geologist on 3 vertical Granite Wash wells
- Lead Mentor for LINN's Geology Intern Program: 2012-Present
 - Mentored 7 geology interns; 2 were hired
 - Organized interviews and presentations with multiple universities.
 - Participated in interviews and presentation at each school.

Contract Geologist: August 2008-November 2008

Gulfport Energy: Oklahoma City, OK

- Generate structural/porosity maps and cross sections to identify oil/gas prospects mainly in the Niobrara
- Updated the digital log library for the geology team

Geology Internship: Summer 2003

Illinois State Geological Survey: Champaign, IL

- Participated in bedrock mapping project.
- Used Trimble GPS Unit to locate water wells in Northern Illinois.
- Used GIS (ArcInfo 8.2) to plot the wells that we located and generate structure maps.
- Logged water wells with a Gamma Ray tool to identify the bedrock and water depth in wells.
- Generated 2D and 3D maps for the main bedrock surface for Northern Illinois

Education

<i>2006-2008 Bowling Green State University</i>	<i>Bowling Green, OH</i>
M.S. Geology	GPA = 3.7/4.0
<i>2001-2006 Eastern Illinois University</i>	<i>Charleston, IL</i>
B.S. Geology	GPA = 3.4/4.0
B.S. Geography	GPA = 3.8/4.0

Training and Continuing Education

- Basic Well Log Analysis – AAPG 2009
- Subsurface Mapping – SCA 2009
- Sequence Stratigraphy- Clastic Reservoir Facies – Utah – AAPG 2011
- Modern Terrigenous Clastic Depositional Environments – AAPG 2012
- Reservoir Engineering for Petroleum Geologist – AAPG 2013
- Geologic Interpretation of Seismic Data - AAPG 2013
- Formation Evaluation of Thinly Bedded Reservoirs – AAPG 2013
- Old Electric Logs – AAPG 2013
- Fundamentals of Sequence Stratigraphy – AAPG 2013
- Fluvial Stratigraphy – AAPG 2013
- Carbonated Applied to Hydrocarbon Exploration – Jeff Dravis Course 2014
- *Attended numerous Oklahoma City Geologic Survey Workshops from 2009 to Present.*

Technical Skills

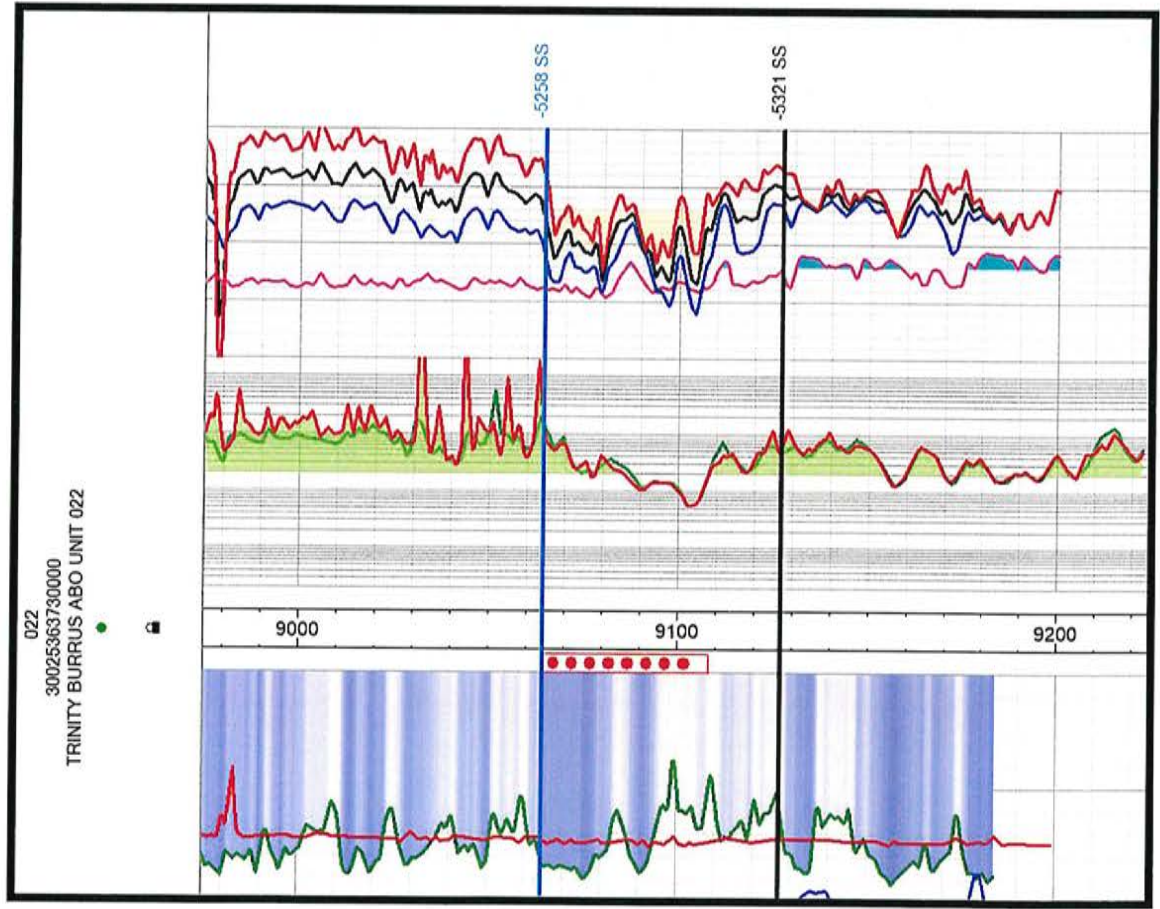
- Kingdom
- Petra
- SmartSection
- Petrel
- Seismic Evaluation – Beginner
- Enverus
- Microsoft Office
- GIS (familiar)

Professional Groups

- Treasurer of Roswell Geological Society and Website Design: 2018-Present
- AAPG: 2006 to Present
- Geologic Society of America: 2001 to Present
- Association for Women in Science: 2012 to Present
 - Oklahoma City Chapter VP 2012-2013
- Oklahoma City Geological Society



Exhibit C-2
Type Log
TBAU 22

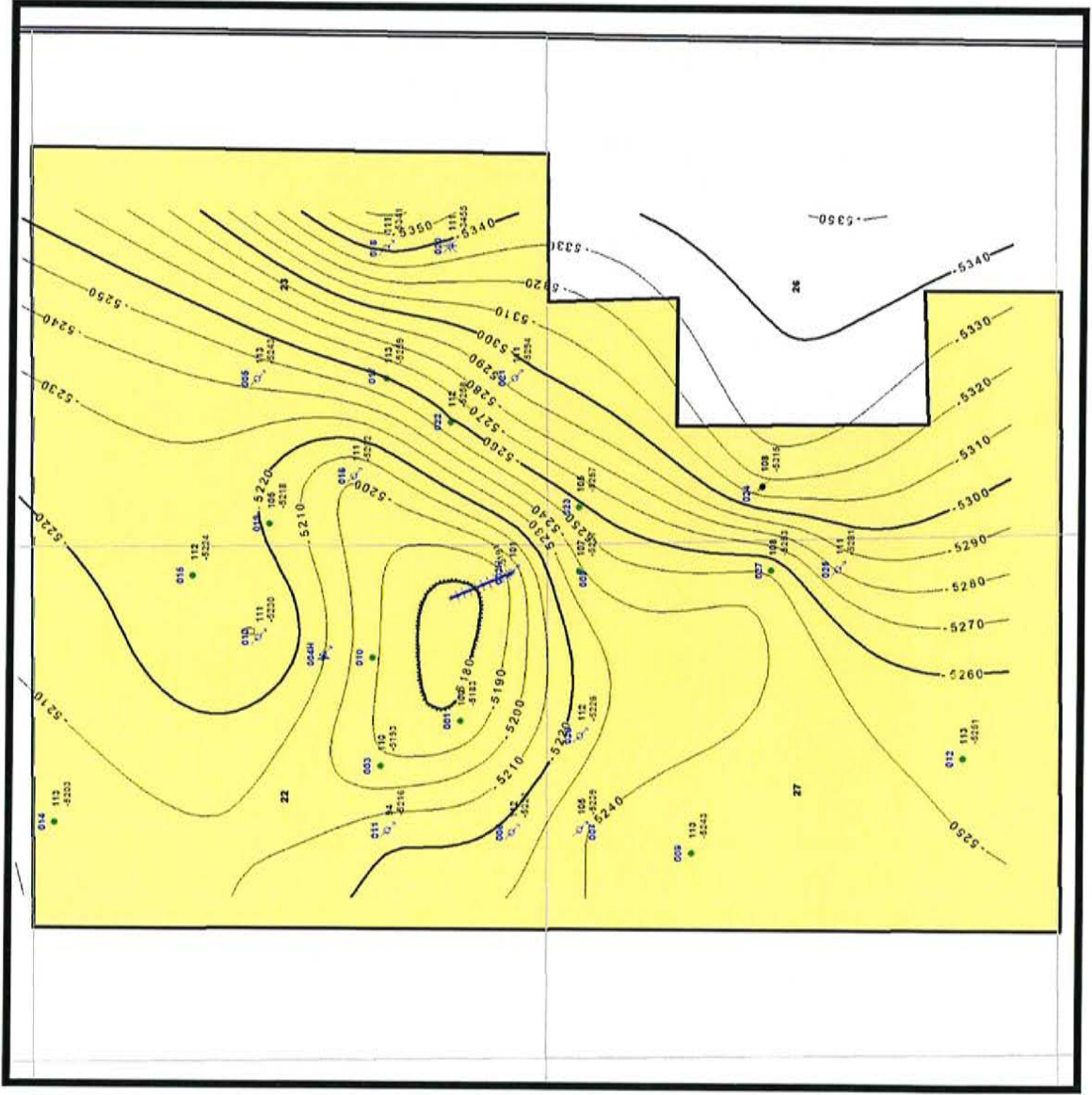


Wolfcamp Burrus Pay Top

ARMSTRONG ENERGY CORPORATION
Case No. 22080
Exhibit C-2



Exhibit C-3
Structure Map
Top of Wolfcamp Dolomite
CI = 10'

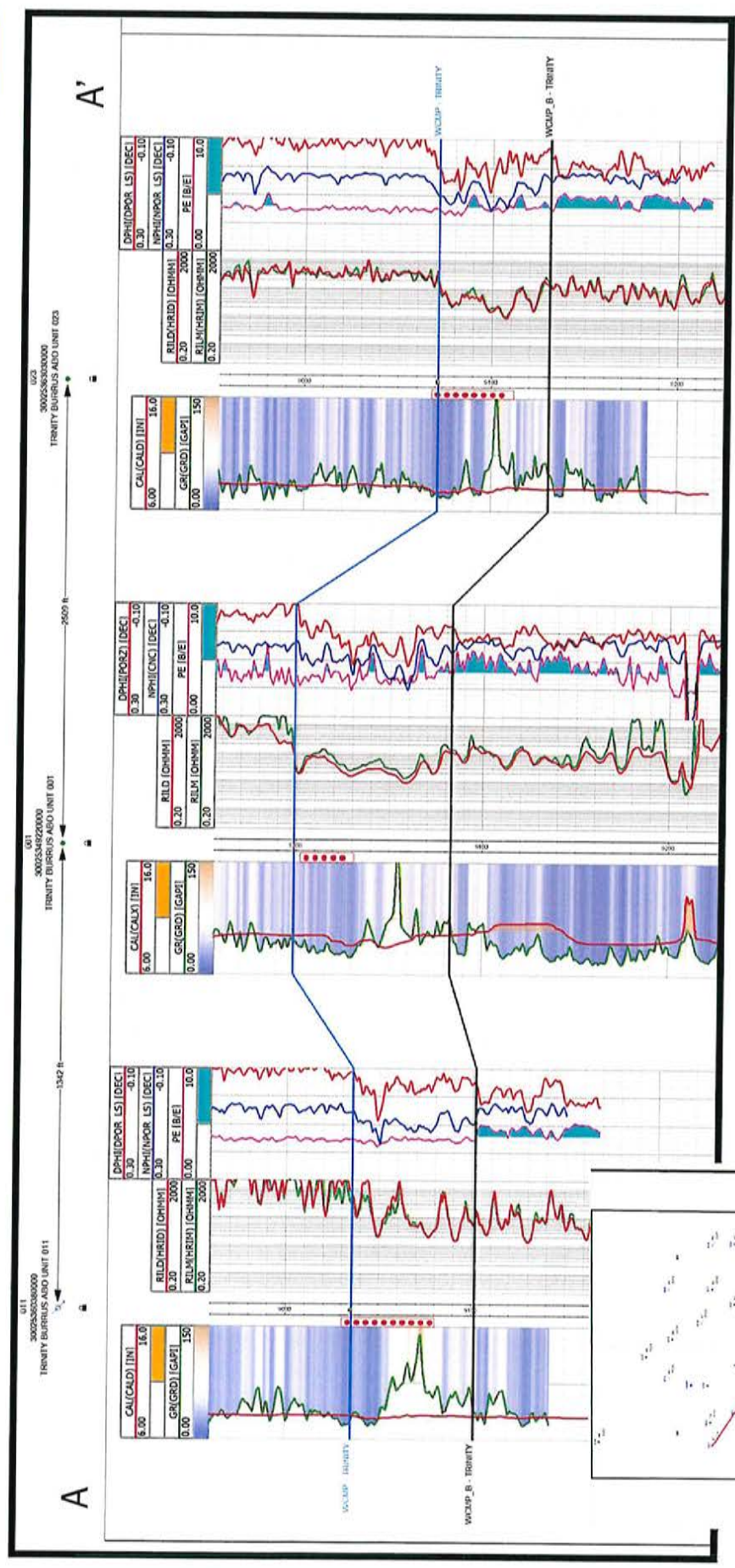


ARMSTRONG ENERGY CORPORATION
Case No. 22080
Exhibit C-3



Exhibit C-4

Cross-Section Northwest to Southeast Sections 22-26, 12S38E



ARMSTRONG ENERGY CORPORATION
Case No. 22080
Exhibit C-4