

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

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

CASE NO. 22171

EXHIBIT INDEX

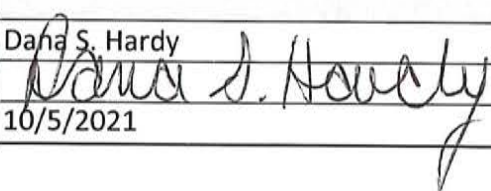
Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Travis Macha
A-1	Application & Proposed Notice of Hearing
A-2	C-102(s)
A-3	Plat of Tracts, Tract Ownership, Pooled Party, Unit Recapitulation
A-4	Sample Well Proposal Letter & AFE(s)
A-5	Summary of Communications
A-6	Hearing Notice Letter and Return Receipts
A-7	Affidavit of Publication
Exhibit B	Self-Affirmed Statement of Tyler Adams
B-1	Resume of Tyler Adams
B-2	Location Map
B-3	Structure Map
B-4	Stratigraphic Cross Section

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22171
Hearing Date:	10/7/2021
Applicant	Alpha Energy Partners, LLC
Designated Operator & OGRID	OGRID # 330859
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	MRC Permian Company
Well Family	The Dude
Formation/Pool	
Formation Name(s) or Vertical Extent	Wolfcamp
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Wolfcamp
Pool Name and Pool Code	Purple Sage; Wolfcamp Gas Pool (98220)
Well Location Setback Rules	Special Pool Rules identified in Order No. R-14262
Spacing Unit Size	634.28 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	634.28 acres
Building Blocks	quarter-quarter
Orientation	Laydown
Description: TRS/County	N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	-
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	The Dude 19/20 Fee 201H (API # pending) SHL: 1230 FNL, 350 FEL (Unit A), S20-T22S-R27E BHL: 660 FNL, 200 FWL (Unit D), S19-T22S-R27E Completion Target: Wolfcamp formation TVD: Approx. 8992'
Well #2	The Dude 19/20 Fee 202H (API # pending) SHL: 1280 FNL, 350 FEL (Unit A), S20-T22S-R27E BHL: 1980 FNL, 200 FWL (Unit E), S19-T22S-R27E Completion Target: Wolfcamp formation TVD: Approx. 8992'
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	8,000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A-4

Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-3
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	10/5/2021

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

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

CASE NO. 22171

SELF-AFFIRMED STATEMENT
OF TRAVIS MACHA

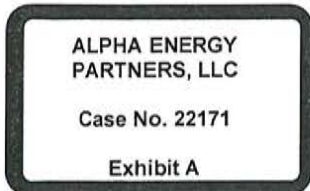
1. I am a landman at Alpha Energy Partners, LLC ("AEP") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division") and my qualifications as an expert in petroleum land matters were accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of AEP's application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit; therefore, I do not expect any opposition at hearing.

4. AEP seeks an order pooling all uncommitted interests in the Wolfcamp formation underlying a 634.28-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico ("Unit").

- 5. The Unit will be dedicated to following wells ("Wells"):
 - **The Dude 19/20 Fee 201H** to be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19, and



- **The Dude 19/20 Fee 202H** to be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19.

6. The completed intervals for the Wells are located in the Purple Sage; Wolfcamp Gas Pool (98220) and will comply with the Special Pool Rules identified in Order No. R-14262.

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

8. **Exhibit A-2** contains draft C-102s for the Wells.

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

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

11. AEP has conducted a diligent search of all public records in Eddy County including phone directories and computer databases.

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

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


14. Notice of this application and the Division hearing was timely provided to the uncommitted interests by certified mail more than 20 days prior to the hearing date. A sample of the notice letters and associated green cards are attached as **Exhibit A-6**.

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

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

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

18. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 17 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.


Travis Macha

9-30-21
Date

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

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

Case No. 22171

APPLICATION

Pursuant to NMSA § 70-2-17, Alpha Energy Partners, LLC (“Applicant”) applies for an order pooling all uncommitted mineral interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant (OGRID No. 330859) is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to **The Dude 19/20 Fee 201H** and **The Dude 19/20 Fee 202H** wells (“Wells”). The Dude 19/20 201H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19. The Dude 19/20 202H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19.
3. The completed intervals of the Wells are orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all of the mineral interest owners.
5. The pooling of uncommitted mineral interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

ALPHA ENERGY PARTNERS, LLC
Case No. 22171
Exhibit A-1

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

WHEREFORE, Applicant requests this application be set for hearing on October 7, 2021, and that after notice and hearing the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy
 Dana S. Hardy
 Michael Rodriguez
 P.O. Box 2068
 Santa Fe, NM 87504-2068
 Phone: (505) 982-4554
 Facsimile: (505) 982-8623
 dhardy@hinklelawfirm.com
 mrodriguez@hinklelawfirm.com
 Counsel for Alpha Energy Partners, LLC

Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant applies for an order pooling all uncommitted mineral interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the N/2 of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to The Dude 19/20 Fee 201H and The Dude 19/20 Fee 202H wells ("Wells"). The Dude 19/20 201H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the NW/4NW/4 (Unit D) of Section 19. The Dude 19/20 202H well will be horizontally drilled from a surface location in the NE/4NE/4 (Unit A) of Section 20 to a bottom hole location in the SW/4NW/4 (Unit E) of Section 19. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 1.6 miles southwest of Carlsbad, New Mexico.

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-		² Pool Code 98220		³ Pool Name PURPLE SAGE; WOLFCAMP GAS POOL	
⁴ Property Code		⁵ Property Name THE DUDE 19/20 FEE			⁶ Well Number 201H
⁷ OGRID No. 330859		⁸ Operator Name ALPHA ENERGY PARTNERS, LLC			⁹ Elevation 3085'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	20	22	27		1230	NORTH	350	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	19	22	27		660	NORTH	200	WEST	EDDY

¹² Dedicated Acres 634.28	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶ PROPOSED BHL Y = X = LAT. = 32.38347 N LONG. = 104.22824 W				LTP 660' FNL, 330' FWL Y = X = LAT. = 32.38340 N LONG. = 104.2278 W				FTP 660' FNL, 330' FEL Y = X = LAT. = 32.38379 N LONG. = 104.20414 W				PROPOSED SHL Y = X = LAT. = 32.38219 N LONG. = 104.20420 W																																																		
PRODUCING AREA																																																														
<table border="1"> <tr> <th>CORNER</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> </tr> <tr> <td>LAT. (N)</td> <td>32.38500</td> <td>32.38518</td> <td>32.38540</td> <td>32.38561</td> <td>32.38560</td> <td>32.37778</td> <td>32.37795</td> </tr> <tr> <td>LONG. (W)</td> <td>104.23756</td> <td>104.22891</td> <td>104.22021</td> <td>104.21155</td> <td>104.20304</td> <td>104.23761</td> <td>104.22910</td> </tr> </table> <table border="1"> <tr> <th>CORNER</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> <th>L</th> <th>M</th> <th>N</th> <th>O</th> </tr> <tr> <td>LAT. (N)</td> <td>32.37813</td> <td>32.37810</td> <td>32.37821</td> <td>32.37019</td> <td>32.37045</td> <td>32.37056</td> <td>32.37083</td> <td>32.37081</td> </tr> <tr> <td>LONG. (W)</td> <td>104.22025</td> <td>104.21158</td> <td>104.20309</td> <td>104.23768</td> <td>104.22917</td> <td>104.22023</td> <td>104.21159</td> <td>104.20303</td> </tr> </table>												CORNER	A	B	C	D	E	F	G	LAT. (N)	32.38500	32.38518	32.38540	32.38561	32.38560	32.37778	32.37795	LONG. (W)	104.23756	104.22891	104.22021	104.21155	104.20304	104.23761	104.22910	CORNER	H	I	J	K	L	M	N	O	LAT. (N)	32.37813	32.37810	32.37821	32.37019	32.37045	32.37056	32.37083	32.37081	LONG. (W)	104.22025	104.21158	104.20309	104.23768	104.22917	104.22023	104.21159	104.20303
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<p>OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature _____ Date _____</p> <p>TYLER ADAMS Printed Name</p> <p>TYLER@ALPHAPERMIAN.COM E-mail Address</p> <p>SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey _____</p> <p>Signature and Seal of Professional Surveyor: _____</p> <p>Certificate Number _____</p>																																																														

ALPHA ENERGY PARTNERS, LLC
Case No. 22171
Exhibit A-2

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1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
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Form C-102
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¹⁰ Surface Location

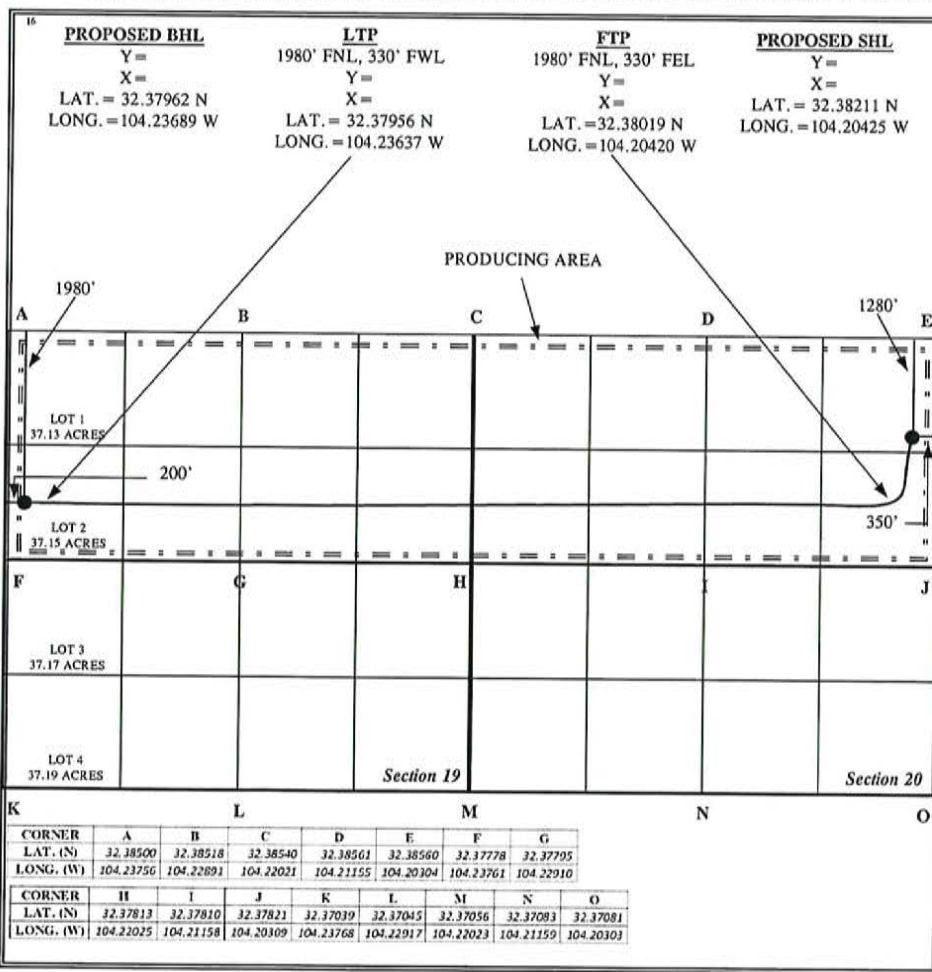
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	20	22	27		1280	NORTH	350	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	19	22	27		1980	NORTH	200	WEST	EDDY

¹² Dedicated Acres 634.28	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



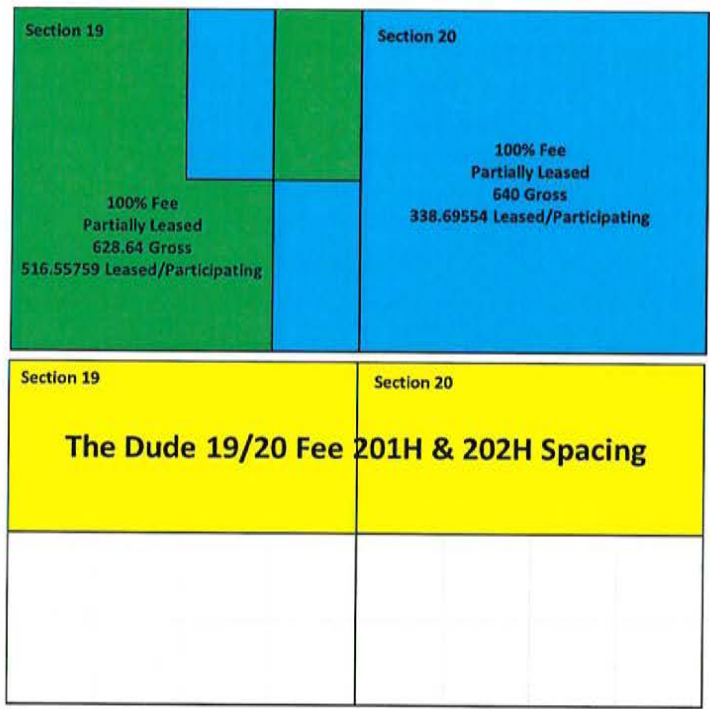
¹⁷ OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to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

Signature _____ Date _____
TYLER ADAMS
Printed Name
TYLER@ALPHAPERMIAN.COM
E-mail Address

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

Date of Survey _____
Signature and Seal of Professional Surveyor: _____

Certificate Number _____



The Dude 19/20 Fee 201H & 202H - N2 of Sections 19 and 20, T22S-R27E

Proposed JOA (All of Sections 19 & 20)				1268.64 Gross Acres	Denotes Pooling
Working Interest					
Owner	Interest	Proposed to?	JOA Offered?		
Featherstone	2.1656393%	Y	Y		
MRC	6.1746042%	Y	Y		
Llano	0.0843641%	Y	Y		
Jetstream	2.3604455%	Y	Y		
Mewbourne	0.2758860%	Not Pooling	Not Pooling		
Alpha	68.6697566%	NA	NA		
Roy G. Barton Jr.	0.7812500%	Y	Y		
Wolfcamp	0.2178520%	Y	Y		
Oxy Unleased**	0.3660219%	Y	Y	*Unleased owners defined below	
Unleased*	18.9041804%	Y	Y	**Not pooling unleased oxy - deal pending	
Total	100.0000000%				

201H & 202H Unit (N2)				634.28 Gross Acres	Denotes Pooling
Working Interest					
Owner	Interest	Proposed to?	JOA Offered?		
Featherstone	2.1351350%	Y	Y		
MRC	11.1084221%	Y	Y		
Llano	0.1694835%	Y	Y		
Jetstream	0.7266054%	Y	Y		
Mewbourne	0.2759034%	Not Pooling	Not Pooling		
Alpha	70.1119065%	NA	NA		
Roy G. Barton Jr.	0.0000000%	Y	Y		
Wolfcamp	0.1461631%	Y	Y		
Oxy Unleased**	0.7320899%	Y	Y	*Unleased owners defined below	
Unleased*	14.59429107%	Y	Y	**Not pooling unleased oxy - deal pending	
Total	100.0000000%				

Unleased Mineral Owner Summary - ALL OWNERS OFFERED LEASES/PARTICIPATION						
Owner	Locatable?	Net Acre(s)	Section	Legal	% of Unit	N2 or S2?
Rosa Ortega	N	0.55	20	Lot 1, McDaniel Subdivision (E/5N2SWSWNW)	0.04335351%	N
William J Jones	Y	0.275	20	Lot 2, McDaniel Subdivision	0.02167676%	N
Duberta Croley - Deceased, interest being probated	Y	0.2	20	Lot 7, Walterscheid Subdivision	0.01576491%	N
Cynthia M. Moffatt Bryan	N	2	20	Lots 4 and 5, Walterscheid Subdivision	0.15764914%	N

ALPHA ENERGY PARTNERS, LLC
Case No. 22171
Exhibit A-3

Pete and Elidia Salcido	Y	1.136	20	Lot 8, Walterschied Subdivision	0.08954471%	N
Janice Straub	Y	0.696	20	0.566 Ac located in S2S2SWNW as described by metes and bounds	0.05486190%	N
Mildred E. Mckinney	N	0.9188	20	0.7788 as described by metes and bounds in the SWNW	0.07242401%	N
Doyle A Kimmell	N	0.44	20	0.44 Ac as described by metes and bounds out of the SWNW, being art of Tract 16	0.03468281%	N
Bigsky Estates	Y	1	20	1.0 Ac being scribed as Tract 12 in the SWNW	0.07882457%	N
Donald Rutherford	Y	1	20	1 Ac tract being the NWN2S2SWNW	0.07882457%	N
Hattie Autry	N	3.13	20	3.13 Ac being the East 3.13 ac of the S2S2SWNW	0.24672090%	N
Coe H. Scott and Barbara Ann Scott	N	0.275	20	0.275 Ac out of the NW corner of Tract 6 of the Cass Subdivision	0.02167676%	N
Michael Lee Fisher	N	1.31	20	1.08 Ac being Tract 11 in the SWNW	0.10326018%	N
Internationalities Federal Credit Union	Y	0.9	20	0.47 ac out of the SWNW	0.07094211%	N
Debra Arnold (Owens)	N	0.2	20	.4 Ac tract as described by metes and bounds	0.01576491%	N
Ed Owen Beuche	N	3.381806646	20	S2NE, N2SE	0.26656945%	BOTH
Heirs of Mary Catherine Recker, AKA Kate Recker	N	5	20	NWSENE	0.39412284%	N
Ross Duncan Properties	Y	9.88971236	20	S2SENE, NESW, N2SE, S2NE	0.77955230%	BOTH
Xplor Resources, LLC	Y	8.70907	20	S2SENE, NESW, N2SE, S2NE	0.68648868%	BOTH
Big Three Energy Group	Y	3.70907	20	S2SENE, NESW, N2SE, S2NE	0.29236584%	BOTH
Foundation Minerals, LLC	Y	30.28905698	20	N2SE, S2NE, +	2.38752183%	BOTH
Mavros Minerals, LLC	Y	28.86542355	20	N2SE, S2NE, +	2.27530454%	BOTH
Oak Valley Mineral and Land, LP	Y	1.191633432	20	N2SE, S2NE, +	0.09392999%	BOTH
Gilberto S. Nava and wife, Juanita C. Nava Heirs	N	0.124	19	0.248 ac in the NWNE	0.00977425%	N
El Rey Motel, LLC	Y	1.7	19	1.7 Ac being South 161.7 ft of lots 1 and 2 of Block M of the Henner Subdivision	0.13400177%	N
Bessie M Fulton	N	0.57	19	0.57 Ac out of the SWNE	0.04493000%	N
Lloyd Tolar	Y	0.3306	20	0.2106 ac as further described by metes and bounds	0.02605940%	N
Randall Counts	Y	0.4165	19	South 130 ft of Lot 7, Block B of Moore Subdivision	0.03283043%	N
Antonio J. Hernandez	N	0.5	19	N/3 of SWNE, S/3 of NWNE of Hwy	0.03941228%	N
Estate of Vera Othella Hernandez	N	0.5	19	N/3 of SWNE, S/3 of NWNE of Hwy	0.03941228%	N
Margaret L. Hournbuckle	Y	0.037333333	19	East 94 ft of lot 9, Blk B of the Moore subdivision in the NWNE	0.00294278%	N
Michael Collier	Y	0.037333333	19	East 94 ft of lot 9, Blk B of the Moore subdivision in the NWNE	0.00294278%	N
Henry N. Moses	Y	0.037333333	19	East 94 ft of lot 9, Blk B of the Moore subdivision in the NWNE	0.00294278%	N

John W. Bennett and Wife, Angelina Bennett	Y	0.676703	19	North 200 ft of Lot 2, Blk M of Hemler Subdivision in the NWNE	0.05334082%	N
Canuto G. Salcido, Jr ad Anita Saloideo	Y	1	19	Lot 3, Blk M, Hemler Subdivision	0.07882457%	N
Edward Newton	N	0.2725	19	Portion of Lot 8, Blk B - Moore Subdivision as further described in Warranty Deed 205/740	0.02147969%	N
Donna & Adele Little	N	1.5	19	1.5 Ac in the SWNE as described by metes and bounds	0.11823685%	N
Betty Jo Mashaw	N	0.12	19	West 50 ft of Lot 10, Blk B, Moore Subdivision	0.00945895%	N
Brooks M. Brinninstool and Bernadette Brinninstool as Joint Tenants	Y	2.54	19	All of Lot 8, Blk I of Elliot Subdivision SAE north 10 ft and south 60 ft Lot 6, and N/10ft of Lot 8, Blk 1 of Elliot Subdivision in NWNE Lots 2, 3, 5, 7, 9 and the south 60 ft of lot 8, Blk 1, Elliot subdivision and lots 4, 6, 8, and 10 of Blk 2 of Elliot subdivision	0.20021440%	N
Heirs of Carlos and Rachel Cabos Eddie Cobos Lorie Cobos Andrew Cobos (Son of Jefferey Cobos)	Y	0.281	19	Lot 2, Blk 2, Elliot Subdivision in the N/3 of NWNE	0.02214970%	N
Lupe Sosa Nick Sosa and wife, Isabel Sosa	Y	1.0185	19	Lot 3, Blk A of Moor Subdivision, SAE the W 80 ft - in the NWNE	0.08028282%	N
Banjamin and Jimalee Nievas	N	2.427	19	Lots 6, 7, 8, 9, 10 of the Morries Subdivision	0.19130723%	N
Dennis Young	N	0.9642	19	Morries Subdivision	0.07600265%	N
Vincente R Perez Sr.,	N	0.7828	19	Lots 2 and 3, Blk 1 of the Morries Subdivision	0.06170387%	N
Sally Chavez Fabian V Chavez Cecilia Chavez Ruben Portillo Annabell Garcia	N	0.28015	19	N/102 ft of Lot 7, Blk A, moore subdivision	0.02208270%	N
Jesus G Chavez, Trina P. Chavez	N	0.3345	19	Lot 7, Blk A, Moore Subdivision SAE, Noth 102 ft	0.02636682%	N
James F. Dill and Josephine Dill	N	0.5	19	N/2 of Lot 2, Blk L, Hemler	0.03941228%	N
JD Thompson and Joan G. Thompson	N	0.2984	19	N/160 ft of Lot 3, Blk L of Hemler	0.02352125%	N
JC Neeley and Myrtle Neeley	N	1.23	19	subdivision, SAE the N 217.8 ft of Lot 2 and N 180 ft of Lot 3	0.09695422%	N
Joe McCormack and wife Mary Helen McCormack	Y	0.411	19	Lot 1, Blk 1 of Elliot Subdivision in NWNE	0.03239690%	N
Roy E. Bown and Virgile E. Brown	N	0.2755	19	Lot 9, Blk B, SAE the East 94' - Moore Subdivision	0.02171617%	N
Theodore Anthony Karas and wife, Thresa L. Karas	Y	0.297	19	E/69.71 ft of Lot 6, Blk A, Moore Subdivision	0.02341090%	N
Ronald & Karen Tackitt	N	0.1	19	W/83 ft of E/125 ft of Lot 4, Blk A, Moore Subdivision	0.00788246%	N
Pat Blakeney	Y	0.1	19	W/83 ft of E/125 ft of Lot 4, Blk A, Moore Subdivision	0.00788246%	N
Frances Forman Ruth Wilkinson Ida Ryan	N	0.236	19	Lot 8, Blk B, Moore Subdivision, SAE the West 55'	0.01860260%	N

Clyde K. Schmidt and Faye J Schmidt	Y	0.0835	19	E 35 ft of W2 of Lot 6, Blk A, Moore Subdivision	0.00658185%	N
JC and Suzette Smith	N	1	19	Lots 4 and 5 of Blk M of Hemler	0.07882457%	N
Fred and Judy Cox	N	0.3	19	Lot 6, Blk B, Moore Subdivision	0.02364737%	N
William C. Ksir	N	2.33	19	Lot 1, Blk L, Hemler, SAE, East 20ft	0.18366124%	N
JH Duane Barnett and wife Betty Lois Barnett	N	0.1195	19	W 50.21 ft of the E 100.24 ft of Lot 2, Blk B, Moore	0.00941954%	N
Jose P Cabezuela and Gloria Cabezuela	N	0.415	19	0.415 ac described as metes and bounds in NENE, west of Hwy 62	0.03271220%	N
RD Beaver, Inex Beaver	N	0.368	19	E 104 ft and W 109 ft of lot 3, blk B, Moore	0.02900744%	N
City of Carlsbad	Y	6.03	19	East 20 ft of Lot 1, Blk L, Hemler Tract in E2SE as described by metes and bounds	0.47531215%	N
Schiller Properties, LLC	Y	-	19	Net/Legal unknown, strange in title	0.00000000%	UNKNOWN
Frances Greer	Y	0.5	20	Lot 1, Gentry	0.03941228%	S
Kathy Kessler	Y	0.5	20	Lot 1, Gentry	0.03941228%	S
Gary Lancaster	N	1.75	20	and bounds in the	0.13794299%	S
Norma Chanley	Y	10	20	S2SE, SESW	0.78824568%	S
Realaza Del Spear	Y	20	20	S2SE, SESW	1.57649136%	S
The Lee-Tom Lee Irrevcable Trust-A	Y	0	20	SWSWSW, S2SESWSW	0.00000000%	S
Gary Smith and Wife Sandra Smith	N	0.5	20	NWSWSWSW	0.03941228%	S
Heirs of Charles Eskridge	N	15.218	19	19, less and except a 3.91 acre tract more particularly described	1.19955228%	S
James B. Kenney	Y	17.12025	19	Same as above	1.34949631%	S
James Gilbert Bell	Y	8.560125	19	Same as above	0.67474816%	S
Rhoda Sue Bell Smith	Y	8.560125	19	Same as above	0.67474816%	S
Jim Blain Kenney	Y	11.4135	19	Same as above	0.89966421%	S
Springwood Minerals 6, LLC	Y	10.0930683	20	N2SE, S2NE, +	0.79558175%	BOTH
TOTAL		239.8259943			18.904180%	

ALPHA

P.O. Box 10701, Midland, Texas 79702

August 5, 2021

Featherstone Development Corporation
Attn: Tres Featherstone
P.O. Box 429
Roswell, NM 88202

Re: The Dude 19/20 Fee 201H, 202H, 203H and 204H Surface Change
All of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico

Dear Sir/Madam:

Alpha Energy Partners, LLC ("AEP"), as Operator, previously proposed the drilling of The Dude 19/20 Fee 201H, 202H, 203H, and 204H, with productive laterals located in Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico, to the Wolfcamp Formation:

In connection with the above, please note the following:

- A change in SHL has been made with respect to all four wells. The SHLs of the wells have moved from the E/2 of Section 24, T22S-R26E to the locations as described further below. The reason for this change is to more properly provide access to produced water, and hydrocarbon takeaway.
- **The Dude 19/20 Fee 201H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990', and to a Total Measured Depth of approximately 19,320' resulting in a productive lateral of approximately 9,600'. The surface location for this well is proposed at approximately 1,230' FNL, 350' FEL, or a legal location in Unit A of Section 20 of T22S-R27E, and a bottom hole location approximately 660' FNL, 200' FWL, or a legal location in Unit D of Section 19. The well will be traversing the N/2N/2 of Sections 19 and 20, with the dedicated horizontal spacing unit being the N/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.
- **The Dude 19/20 Fee 202H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990', and to a Total Measured Depth of approximately 19,320' resulting in a productive lateral of approximately 9,600'. The surface location for this well is proposed at approximately 1,280' FNL, 350' FEL, or a legal location in Unit A of Section 20 of T22S-R27E, and a bottom hole location approximately 1,980' FNL, 200' FWL, or a legal location in Unit E of Section 19. The well will be traversing the S/2N/2 of Sections 19 and 20, with the dedicated horizontal spacing unit being the N/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.
- **The Dude 19/20 Fee 203H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990', and to a Total Measured Depth of approximately 19,280' resulting in a productive lateral of approximately 9,600'. The surface location for this well is proposed at approximately 1,280' FSL, 320' FWL, or a legal location in Unit M of Section 21 of

<p>ALPHA ENERGY PARTNERS, LLC</p> <p>Case No. 22171</p> <p>Exhibit A-4</p>
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T22S-R27E, and a bottom hole location approximately 1,980' FSL, 200' FWL, or a legal location in Unit L of Section 19. The well will be traversing the N/2S/2 of Sections 19 and 20, with the dedicated horizontal spacing unit being the S/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.

- **The Dude 19/20 Fee 204H**, to be drilled to a depth sufficient to test the Wolfcamp formation at an approximate Total Vertical Depth of 8,990', and to a Total Measured Depth of approximately 19,280' resulting in a productive lateral of approximately 9,600'. The surface location for this well is proposed at approximately 1,230' FSL, 350' FWL, or a legal location in Unit M of Section 21 of T22S-R27E, and a bottom hole location approximately 660' FSL, 200' FWL, or a legal location in Unit M of Section 19. The well will be traversing the S/2S/2 of Sections 19 and 20, with the dedicated horizontal spacing unit being the S/2 of Sections 19 and 20, T22S-R27E, Eddy County, NM.

Please reference your previously received well proposal letter for more information.

As referenced in the previous proposal, AEP is proposing to drill the Wells under the terms of the modified 1989 AAPL form of Operating Agreement dated March 1, 2020, by and between Alpha Energy Partners, as operator and Oxy USA Inc. et al as Non-Operators covers All of Section 19 and All of Section 20, Township 22 South, Range 27 East, Eddy County, New Mexico which has previously been sent to your attention and has the following general provisions:

- 100/300/300 Non-consenting penalty
- \$8,000/\$800 Drilling and Producing rate
- Alpha Energy Partners, LLC named as Operator

In the interest of time, if we do not reach an agreement within 30 days of the date of this letter, AEP will appear before the New Mexico Oil Conservations Division for compulsory pooling of your interest into a horizontal spacing unit for the proposed wells.

Please indicate your participation elections in the spaces provided below, sign, and return (1) copy of this letter along with a signed copy of the previously received AFEs and a copy of your geologic requirements to my attention at the letterhead address or by email at travis@alphapermian.com. Thank you for your time and consideration, feel free to reach out if you have any questions.

Important Note:

AFE costs have not changed, please reference your previously received AFEs for execution.

Respectfully,

Travis Macha
Alpha Energy Partners, LLC
Office: 508 W. Wall St., 12th Floor, Midland, Texas 79701
Mailing: P.O. Box 10701, Midland, Texas 79702
(O) 432-219-8855 (M) 512-200-5319 (email) travis@alphapermian.com

ALPHA ENERGY PARTNERS

AUTHORIZATION FOR EXPENDITURE

Well Name: The Dude 20/19 Fee 201H		Prospect: Wolfcamp Y Sand	
Location: SL: 1,230' FNL & 350' FEL (20, T22S-R27E); BHL: 660' FNL & 200' FWL (19)		County: Eddy ST NM	
Sec. 19-20	Blk: 	Survey: 	TWP 22S RNG: 27E Prop. TVD: 8992 TMD: 19,320

INTANGIBLE COSTS 0180	CODE	TCP	CODE	CC
Regulatory Permits & Surveys	0190-0100	\$10,000	0190-0200	
Location / Road / Site / Preparation	0190-0104	\$85,000	0190-0204	\$25,000
Location / Restoration	0190-0105	\$150,000	0190-0205	\$30,000
Daywork / Turnkey / Footage Drilling 27 days drlg / 3 days comp @ \$21,500/d	0190-0111	\$592,000	0190-0211	\$87,600
Fuel 1700 gal/day @ 2.74/gal	0190-0115	\$152,000	0190-0215	\$350,000
Mud, Chemical & Additives	0190-0121	\$250,000	0190-0221	
Horizontal Drilling Services			0190-0222	\$250,000
Cementing	0190-0126	\$100,000	0190-0226	\$30,000
Logging & Wireline Services	0190-0133	\$2,500	0190-0233	\$425,000
Casing / Tubing / Snubbing Service	0190-0136	\$20,000	0190-0236	\$90,000
Mud Logging	0190-0138	\$30,000		
Stimulation 50 Stg 20.4 MM gal / 20.4 MM lb			0190-0243	\$2,050,000
Stimulation Rentals & Other			0190-0244	\$318,000
Water & Other	0190-0146	\$40,000	0190-0246	\$504,000
Bits	0190-0147	\$100,000	0190-0247	\$8,000
Inspection & Repair Services	0190-0152	\$40,000	0190-0252	\$5,000
Misc. Air & Pumping Services	0190-0157		0190-0257	\$10,000
Testing & Flowback Services	0190-0159	\$15,000	0190-0259	\$30,000
Completion / Workover Rig			0190-0262	\$10,500
Rig Mobilization	0190-0163	\$100,000		
Transportation	0190-0166	\$30,000	0190-0266	\$20,000
Welding Services	0190-0167	\$5,000	0190-0267	\$15,000
Contract Services & Supervision	0190-0173	\$48,000	0190-0273	\$18,000
Directional Services Includes Vertical Control	0190-0177	\$300,000		
Equipment Rental	0190-0182	\$326,900	0190-0282	\$30,000
Well / Lease Legal	0190-0184	\$5,000	0190-0284	
Well / Lease Insurance	0190-0185	\$5,900	0190-0285	
Intangible Supplies	0190-0189	\$8,000	0190-0289	\$10,000
Damages	0190-0192	\$10,000	0190-0292	
ROW & Easements	0190-0193		0190-0293	\$34,000
Pipeline Interconnect			0190-0294	\$88,000
Company Supervision	0190-0195	\$192,000	0190-0295	\$68,800
Overhead Fixed Rate	0190-0196	\$10,000	0190-0296	\$20,000
Well Abandonment	0190-0198		0190-0298	
Contingencies 2% (TCP) 2% (CC)	0190-0199	\$52,500	0190-0299	\$90,500
TOTAL		\$2,679,800		\$4,617,400
TANGIBLE COSTS 0181	CODE	TCP	CODE	CC
Casing (19.1" - 30")	0191-0796			
Casing (10.1" - 19.0") 1450' - 13 3/8" 54.5# J-55 ST&C @ \$42.99/ft	0191-0797	\$21,700		
Casing (8.1" - 10.0") 1750' - 9 5/8" 36# L80 LT&C @ \$26.07/ft	0191-0798	\$55,200		
Casing (6.1" - 8.0") 9000' - 7" 29# HCP-110 LT&C @ \$26.99/ft	0191-0799	\$302,800		
Casing (4.1" - 6.0") 10370' - 4 1/2" 13.5# P-110 BPN @ \$14.94/ft			0191-0797	\$279,700
Tubing 8400' - 2 7/8" 6.5# L-80 EUE 8rd @ \$5.74/ft			0191-0798	\$69,500
Drilling Head	0191-0880	\$40,000		
Tubing Head & Upper Section			0191-0870	\$30,000
Horizontal Completion Tools Completion Liner Hanger			0191-0871	\$75,000
Sucker Rods			0191-0875	
Subsurface Equipment Packer			0191-0880	\$10,000
Artificial Lift Systems Gas Lift Valves			0191-0884	\$25,000
Pumping Unit			0191-0885	
Surface Pumps & Prime Movers 1/2 VRU/SWD pump/Circ Pump/Booster comp			0191-0886	\$55,000
Tanks - Oil 1/2 - 6 750 bbl steel			0191-0890	\$90,000
Tanks - Water 1/2 - 5 750 bbl steel coated			0191-0891	\$78,000
Separation / Treating Equipment			0191-0895	\$95,000
Heater Treaters, Line Heaters 6'x20'x75# HT			0191-0897	\$90,000
Metering Equipment			0191-0898	\$35,000
Line Pipe & Valves - Gathering 1/2 of 3.4 miles of 6" poly for SWD			0191-0900	\$100,000
Fittings / Valves & Accessories			0191-0906	\$75,000
Cathodic Protection			0191-0908	\$45,000
Electrical Installation			0191-0909	\$120,000
Equipment Installation			0191-0910	\$80,000
Pipeline Construction 1/2 of 3.4 miles 6" surface poly for SWD			0191-0920	\$42,500
TOTAL		\$419,700		\$1,394,700
SUBTOTAL		\$3,099,500		\$6,012,100
TOTAL WELL COST				\$9,111,600

Extra Expense Insurance

I elect to be covered by Operator's Extra Expense Insurance and pay my proportionate share of the premium.
Operator has secured Extra Expense Insurance covering costs of well control, clean up and redrilling as estimated in Line Item 0180-0185.

I elect to purchase my own well control insurance policy.

If neither box is checked above, non-operating working interest owner elects to be covered by Operator's well control insurance.

Prepared by: **T. Adams** Date: **3/22/2021**

Company Approval: _____ Date: **3/22/2021**

Joint Owner Interest: _____ Amount: _____

Joint Owner Name: _____ Signature: _____

ALPHA ENERGY PARTNERS

AUTHORIZATION FOR EXPENDITURE

Well Name: The Dude 20/19 Fee 202H		Prospect: Wolfcamp Y Sand	
Location: SL: 1,280' FNL & 350' FEL (20 T22S-R27E); BHL: 1,980' FNL & 200' FWL (19) County: Eddy ST NM			
Sec. 19-20	BIK: 	Survey: 	TWP 22S RNG: 27E Prop. TVD: 8992 TMD: 19,320

INTANGIBLE COSTS 0180		CODE	TCP	CODE	CC
Regulatory Permits & Surveys		0190-0100	\$10,000	0190-0200	
Location / Road / Site / Preparation		0190-0104	\$85,000	0190-0204	\$25,000
Location / Restoration		0190-0105	\$150,000	0190-0205	\$30,000
Daywork / Turnkey / Footage Drilling	27 days drlg / 3 days comp @ \$21,500/d	0190-0111	\$592,000	0190-0211	\$87,600
Fuel	1700 gal/day @ 2.74/gal	0190-0115	\$152,000	0190-0215	\$350,000
Mud, Chemical & Additives		0190-0121	\$250,000	0190-0221	
Horizontal Drillout Services				0190-0222	\$250,000
Cementing		0190-0126	\$100,000	0190-0226	\$30,000
Logging & Wireline Services		0190-0133	\$2,500	0190-0233	\$425,000
Casing / Tubing / Snubbing Service		0190-0136	\$20,000	0190-0236	\$90,000
Mud Logging		0190-0138	\$30,000		
Stimulation	50 Stg 20.4 MM gal / 20.4 MM lb			0190-0243	\$2,050,000
Stimulation Rentals & Other				0190-0244	\$318,000
Water & Other		0190-0146	\$40,000	0190-0246	\$504,000
Bits		0190-0147	\$100,000	0190-0247	\$8,000
Inspection & Repair Services		0190-0152	\$40,000	0190-0252	\$5,000
Misc. Air & Pumping Services		0190-0157		0190-0257	\$10,000
Testing & Flowback Services		0190-0159	\$15,000	0190-0259	\$30,000
Completion / Workover Rig				0190-0262	\$10,500
Rig Mobilization		0190-0163	\$100,000		
Transportation		0190-0166	\$30,000	0190-0266	\$20,000
Welding Services		0190-0167	\$5,000	0190-0267	\$15,000
Contract Services & Supervision		0190-0173	\$48,000	0190-0273	\$18,000
Directional Services	Includes Vertical Control	0190-0177	\$300,000		
Equipment Rental		0190-0182	\$326,900	0190-0282	\$30,000
Well / Lease Legal		0190-0184	\$5,000	0190-0284	
Well / Lease Insurance		0190-0185	\$5,900	0190-0285	
Intangible Supplies		0190-0189	\$8,000	0190-0289	\$10,000
Damages		0190-0192	\$10,000	0190-0292	
ROW & Easements		0190-0193		0190-0293	\$34,000
Pipeline Interconnect				0190-0294	\$88,000
Company Supervision		0190-0195	\$192,000	0190-0295	\$68,800
Overhead Fixed Rate		0190-0196	\$10,000	0190-0296	\$20,000
Well Abandonment		0190-0198		0190-0298	
Contingencies	2% (TCP) 2% (CC)	0190-0199	\$52,500	0190-0299	\$90,500
TOTAL			\$2,679,800		\$4,617,400

TANGIBLE COSTS 0181		CODE	TCP	CODE	CC
Casing (19.1" - 30")		0191-0796			
Casing (10.1" - 19.0")	1450' - 13 3/8" 54.5# J-55 ST&C @ \$42.99/ft	0191-0797	\$21,700		
Casing (8.1" - 10.0")	1750' - 9 5/8" 36# L80 LT&C @ \$26.07/ft	0191-0798	\$55,200		
Casing (6.1" - 8.0")	9000' - 7" 29# HCP-110 LT&C @ \$26.99/ft	0191-0799	\$302,800		
Casing (4.1" - 6.0")	10370' - 4 1/2" 13.5# P-110 BPN @ \$14.94/ft			0191-0797	\$279,700
Tubing	8400' - 2 7/8" 6.5# L-80 EUE Brd @ \$5.74/R			0191-0798	\$69,500
Drilling Head		0191-0880	\$40,000		
Tubing Head & Upper Section				0191-0870	\$30,000
Horizontal Completion Tools	Completion Liner Hanger			0191-0871	\$75,000
Sucker Rods				0191-0875	
Subsurface Equipment	Packer			0191-0880	\$10,000
Artificial Lift Systems	Gas Lift Valves			0191-0884	\$25,000
Pumping Unit				0191-0885	
Surface Pumps & Prime Movers	1/2 VRU/SWD pump/Circ Pump/Booster comp			0191-0886	\$55,000
Tanks - Oil	1/2 - 6 750 bbl steel			0191-0890	\$90,000
Tanks - Water	1/2 - 5 750 bbl steel coated			0191-0891	\$78,000
Separation / Treating Equipment				0191-0895	\$95,000
Heater Treaters, Line Heaters	6'x20'x75# HT			0191-0897	\$90,000
Metering Equipment				0191-0898	\$35,000
Line Pipe & Valves - Gathering	1/2 of 3.4 miles of 6" poly for SWD			0191-0900	\$100,000
Fittings / Valves & Accessories				0191-0906	\$75,000
Cathodic Protection				0191-0908	\$45,000
Electrical Installation				0191-0909	\$120,000
Equipment Installation				0191-0910	\$80,000
Pipeline Construction	1/2 of 3.4 miles 6" surface poly for SWD			0191-0920	\$42,500
TOTAL			\$419,700		\$1,394,700
SUBTOTAL			\$3,099,500		\$6,012,100
TOTAL WELL COST					\$9,111,600

Extra Expense Insurance

I elect to be covered by Operator's Extra Expense Insurance and pay my proportionate share of the premium.
Operator has secured Extra Expense Insurance covering costs of well control, clean up and redrilling as estimated in Line Item 0180-0185.

I elect to purchase my own well control insurance policy.

If neither box is checked above, non-operating working interest owner elects to be covered by Operator's well control insurance.

Prepared by: **T. Adams** Date: **3/22/2021**

Company Approval: _____ Date: **3/22/2021**

Joint Owner Interest: _____ Amount: _____

Joint Owner Name: _____ Signature: _____

Communication Log for Pooled Parties		
Owner	Interest Type	Communication
Jetstream	Working Interest	8.12.21 8.4.21 7.14.21 6.29.21 4.6.21 3.29.21 - Proposal + Communication detailing timing/process of development. 8.11.21 4.29.21 3.29.21 - Proposal + detail of development including update on process. Plan on continually working with to get traded out, or participation 3.29.21-8.21.21 - Attempted to locate her or heirs, no clear heirship locatable 3.29.21-8.21.21 - Attempted to locate themselves or heirs, no clear successor locatable 5.26.21 - Duberta is deceased, her brother communicated that he is probating her estate. We fully expect to get Duberta's interest uner lease 3.29.21-5.9.21- Attempted to locate, attempts have failed, no clear successor. Tile is clouded with quit claim deed. 5.9.21 - We did locate Elidia via cpnfirmred address however she has refused to respond to proposal/leasing offer. 5.9.21 - Located Janice - Refused to engage in lease/proposal negotiation 3.29.21-8.21.21 - Miired nor her successors or heirs have been locatable 5.5.21 - Doyle located via confirmed delivery - has not engaged with proposals or offers 5.5.21 - Big Sky estates has refused to engage in conversation in relation to minerals 5.5.21 - Donald located via confirmed delivery - has not engaged with proposals or 3.29.21-8.21.21 - Hattie has been unlocatable nor have any heirs or successors been located via public info 5.29.21 - We were able to locate Michaels relative the previously represented him when he was a minor however have nott been able to locate him. His relative would not provide any information to contact Michael 5.5.21 - Located Interationalities, they are the successors to an older mortgage company, appears they refuse to acknowledge relation with minerals. 5.5.21 - Located via confirmed delivery, has not engaged with proposals or lease offer.
Featherstone	Working Interest	
Rosa Ortega	Unleased MI	
William J Jones	Unleased MI	
Duberta Croley - Deceased, interest being probated	Unleased MI	
Cynthia M. Moffatt Bryan	Unleased MI	
Pete and Elidia Salcido	Unleased MI	
Janice Straub	Unleased MI	
Mildred E. Mckinney	Unleased MI	
Doyle A Kimmell	Unleased MI	
Bigsky Estates	Unleased MI	
Donald Rutherford	Unleased MI	
Hattie Autry	Unleased MI	
Coe H. Scott and Barbara Ann Scott	Unleased MI	
Michael Lee Fisher	Unleased MI	
Internationalities Federal Credit Union	Unleased MI	
Debra Arnold (Owens)	Unleased MI	

ALPHA ENERGY PARTNERS, LLC
Case No. 22171
Released to Imaging: 10/5/2021 4:07:22 PM

Ed Owen Beuche	Unleased MI	3.29.21 - Ed is the last of his family to still own minerals. By the lack of response to proposals/offers, appears he declines participation with them or chooses not to engage. 3.29.21-8.21.21 - No communication, Mary and her heirs have been unlocatable, he husband was very active in real estate transactions in the late 1900s however, after he passed away, Marys liniage became untraceable.
Heirs of Mary Catherine Recker, AKA Kate Recker	Unleased MI	8.25.21 8.11.21 8.5.21
Ross Duncan Properties	Unleased MI	4.29.21 - Explained details of well proposals/plans as well as detailed owership. Plan on continually working with to get leased or some sort of participation
Xplor Resources, LLC	Unleased MI	4.29.21 - Detailed development plans as well as ownership
		8.25.21 8.11.21 8.5.21
Big Three Energy Group	Unleased MI	4.29.21 - Explained details of well proposals/plans as well as detailed owership. Plan on continually working with to get leased or some sort of participation
		7.16.21 7.17.21 9.15.21
Foundation Minerals, LLC	Unleased MI	9.16.21 - Communication detailing ownership as well as development plans and several rounds of offers from Alpha to lease interest.
		7.16.21 7.17.21 9.15.21
Mavros Minerals, LLC	Unleased MI	9.16.21 - Communication detailing ownership as well as development plans and several rounds of offers from Alpha to lease interest.
		7.16.21 7.17.21 9.15.21
Oak Valley Mineral and Land, LP	Unleased MI	9.16.21 - Communication detailing ownership as well as development plans and several rounds of offers from Alpha to lease interest.
		5.5.21
Gilberto S. Nava and wife, Juanita C. Nava Heirs	Unleased MI	9.13.21 - Communicated origin of interest as well as increased offers. Do beilieve they will lease, should have a deal soon.

El Rey Motel, LLC	Unleased MI	3.29.21 - Proposals offers received by owner, no communication back from owner. 5.5.21
Bessie M Fulton	Unleased MI	5.25.21 - Indication that Bessie has died, Son will not engage in communication
Lloyd Tolar	Unleased MI	5.5.21 - Confirmed address via green card however, no communication received back after proposal and leasing offer
Randall Counts	Unleased MI	5.5.21 5.9.21 - Indication received from Counts that lease would be signed however, cut off communication abruptly. Seemingly due to small interest.
Antonio J. Hernandez	Unleased MI	3.29.21-8.21.21 9.5.21 - Unable to locate, however did receive an email from a strange address claiming to be heir of Antonio stating they own no minerals. Attempted to explain ownership, would not acknowledge.
Estate of Vera Othella Hernandez	Unleased MI	3.29.21-8.21.21 9.5.21 - Unable to locate, however did receive an email from a strange address claiming to be heir of Antonio stating they own no minerals. Attempted to explain ownership, would not acknowledge.
Margaret L. Hournbuckle	Unleased MI	5.25.21 - Confirmed delivery however Margaret has declined communication with leasing or proposals
Michael Collier	Unleased MI	3.29.21-8.21.21 - Unable to locate Michael however, we did speak with one of his cousins that is in this unit (William Hair) who told us he would try to get him to reach
Henry N. Moses	Unleased MI	3.29.21-8.21.21 - Unable to locate - Did get a green card back from a Henry Moses that appeared to be the correct heir however, they stated they were not the correct person.
John W. Bennett and Wife, Angelina Bennett	Unleased MI	3.29.21 - Confirmed delivery, no communication back from Bennetts on proposals/offers
Canuto G. Salcido, Jr ad Anita Saloido	Unleased MI	5.25.21 - Confirmed delivery however Salcidos have declined communication with leasing or proposals
Edward Newton	Unleased MI	5.5.21 - Unable to locate Edward or his heirs within unit
Donna & Adele Little	Unleased MI	5.5.21 - Located heirs, have declined leasing offers to this point, will continue to try to
Betty Jo Mashaw	Unleased MI	5.5.21 - Betty is heir, has to this point declined communication in regards to proposals
Brooks M. Brininstool and Bernadette Brininstool as Joint Tenants	Unleased MI	3.29.21 - Brininstool family is larger interest owner, delivery has been confirmed and no communication has been received back however, their title is also clouded by conglomerate of assignments

Heirs of Carlos and Rachel Cabos		
Eddie Cobos	Unleased MI	5.5.21 - We did get a confirmed delivery for the Cobos family on offers and proposals however it appears Rachel may be deceased. However, no communication or clear public info to confirm
Lorie Cobos	Unleased MI	5.5.21 - Appears Lupe is deceased however, no clear public info to indicate. Nick is Son, he has not confirmed receipt and no clear indication of additional location
Andrew Cobos (Son of Jefferey Cobos)	Unleased MI	3.29.21 - Received proposal/offer - is the heir to owner, has declined to respond to proposals/offers
Lupe Sosa	Unleased MI	5.5.21 - Brother of Paul - Also has declined to respond
Nick Sosa and wife, Isabel Sosa	Unleased MI	5.5.21 - Confirmed delivery via green card - has declined to respond to proposals/ offers
Banjamin and Jimalee Nieves	Unleased MI	5.5.21 - Confirmed vilivery via green card - has viclined to respond to proposals/ offers
Keith Barker	Unleased MI	
Dennis Young	Unleased MI	
Vincente R Perez Sr.,	Unleased MI	
Sally Chavez	Unleased MI	
Fabian V Chavez	Unleased MI	5.5.21 - Confirmed vilivery via green card - has viclined to respond to proposals/ offers
Cecilia Chavez	Unleased MI	3.29.21-8.21.21 - Unable to locate however their ownership appears to be clouded and pooling is required regardless.
Ruben Portillo	Unleased MI	3.29.21-8.21.21 - Unable to reasonably locate Dills or their successors or heirs
Annabell Garcia	Unleased MI	3.29.21-8.21.21 - located 1 of 3 heirs, Tommy is the eldest brother who recommended we continue to pool his other 2 siblings, as he doesn't even know where there are
Jesus G Chavex, Trina P. Chavez	Unleased MI	3.29.21-8.21.21 - Attempted to locate them or their heirs. Appears they had 4 children, none of which are locatable through clear public data
James F. Dill and Josephine Dill	Unleased MI	5.5.21 - Confirmed contact via greencard however they have declined to contact
Hiers of JD Thompson and Joan G. Thompson	Unleased MI	3.29.21-8.21.21 - Attempted to get boker to locate Browns however, there is a massive issue with heirship, unable to reasonably locate. Can show further documentation if
JC Neeley and Myrtle Neeley	Unleased MI	5.5.21
Joe Mccormack and wife Mary	Unleased MI	6.21.21 - Discussed with them, they claim they do not own minerals however do. Have declined conversation over minerals to this point.
Helen Mccormack	Unleased MI	
Heirship of Roy E. Bown and Virgile E. Brown	Unleased MI	
Theodore Anthony Karas and wife, Thresa L. Karas	Unleased MI	
Ronald & Karen Tackitt	Unleased MI	
Pat Blakeney	Unleased MI	5.9.21 - Pat reponded to well proposal, non-consenting them without signing a lease. Appear to have declined futher contact.

Frances Forman Ruth Wilkinson Ida Ryan	Unleased MI	5.5.21 5.25.21 - Sisters, heirs to interest, have not been able to locate to this point. 5.5.21
Heirs of Clyde K. Schmidt and Faye J Schmidt	Unleased MI	10.1.21 - Heir is Vicki Schmidt - She explained she does not understand the mineral leasing process, is not leased yet however fully intend to get leased soon.
JC and Suzette Smith	Unleased MI	3.29.21-8.21.21 - We have not been able to reasonable locate owners or heirs of
Fred and Judy Cox	Unleased MI	3.29.21-8.21.21 - We have not been able to reasonable locate owners or heirs of
William C. Ksir	Unleased MI	6.21.21 - William called claiming interest was leased unto Uplift (Alpha), we are attempting to reconcile. If we cannot, we will pursue new lease.
JH Duane Barnett and wife Betty Lois Barnett	Unleased MI	3.29.21-8.21.21 - We have not been able to reasonable locate owners or heirs of interests. Did find a promising address in Montana however that returned as well.
Jose P Cabezuela and Gloria Cabezuela	Unleased MI	3.29.21 - Did receive green card back however, no response to proposals or offers
RD Beaver, Inex Beaver	Unleased MI	3.29.21 - Did receive green card back however, no response to proposals or offers 4.28.21
Springwood Minerals 6, LLC	Unleased MI	9.27.21 - Communication confirming ownership, appears they are declining communication as of now
City of Carlsbad	Unleased MI	4.28.21 5.4.21 5.28.21 6.9.21 October, 2021 - Communication confirming ownership. City has indicated pro- development however prefers to be pooled prior to signing lease. 5.5.21
Schiller Properties, LLC	Unleased MI	6.2.21 - We have communicated and attempted to clear title however, they appear to just be strangers in title.
Frances Greer	Unleased MI	5.25.21 - Confirmed receipt through green cards however have declined to respond to proposals/offers to lease
Kathy Kessler	Unleased MI	5.25.21 - Confirmed receipt through green cards however have declined to respond to proposals/offers to lease
Gary Lancaster	Unleased MI	3.29.21-8.21.21 - I have contacted 2 different Gary Lancasters that have lived in Carlsbad, both state they are not the Gary that we are looking for. Unlocatable

Norma Chanley	Unleased MI	<p>8.25.21 9.7.21 - Norma has stated she will participate in the wells however has yet to provide a letter of consent or signed JOA</p> <p>4.22.21 5.10.21 5.11.21 8.4.21 9.27.21 9.30.21 - Detailed several offers to lease as well as the intentions of Alpha and willingness to work with owners. Realeza has indicated resistance to lease at current pricing, attempting a solution.</p>
Realaza Del Spear	Unleased MI	3.29.21 - Trustees of Trust are leased and have filed curative, pooling Trust to CYA leases from Trustees
The Lee-Tom Lee Irrevcable Trust-A	Unleased MI	3.29.21-8.21.21 - Attempted to locate and have failed
Gary Smith and Wife Sandra Smith	Unleased MI	3..29.21-8.21.21 - Eskridge family tracked to Los Angeles where trail ends, unable to locate living member of family
Heirs of Charles Eskridge	Unleased MI	Patriarch of Kenney/Bell Family
		4.21.21 4.28.21 5.25.25 5.26.21 9.30.21
James B. Kenney	Unleased MI	- Multiple leaing offers along with a visititation to Carlsbad to discuss. Kenney family demands 3-4 times market value for area along with a water purchase agreement as they own surface nearby which is not reasonable at this point in time.
James Gilbert Bell	Unleased MI	See above
Rhoda Sue Bell Smith	Unleased MI	See above
Jim Blain Kenney	Unleased MI	See above

Tyler Adams

2009 Princeton Avenue, Midland, TX 79701
(985)-630-3047 | tyler@alphapermian.com

Education	Master of Science in Petroleum Engineering The University of Texas at Austin, Austin, Texas	Dec. 2015
	Bachelor of Science in Civil Engineering Louisiana State University, Baton Rouge, Louisiana	May 2014

Professional Experience	Alpha Energy Partners VP of Engineering and Geology	Midland, TX May 2019-Present
	<ul style="list-style-type: none"> - Evaluate working interests, overrides, and mineral interests for purchase to determine their value taking into account geologic information, production data, and development timing to quantify value and underwrite acquisitions. - Analyze well logs and map prospective intervals across the Delaware Basin to identify prospects to develop via new drill vertical and horizontal wells or via recompletion of undeveloped zones in legacy vertical wellbores. - Incorporate geologic and engineering data to optimize development plans for both present value and rate of return - Create well plans for horizontal development of drilling units in the Carlsbad area to maximize recovery of oil & gas while minimizing surface disturbances and environmental impacts 	

	Concho Resources Reservoir Engineer, Northern Delaware Basin	Midland, TX Mar. 2018-Apr. 2019
	<ul style="list-style-type: none"> - Compile and analyze operated and non-operated production data to build type curves; taking into account completion metrics, landing zones, well spacing, parent-child relationships, and differing approaches to drawdown. - Use type curves and projected well costs to run economics and evaluate well level economics in Aries. - Work with geologists and offset well data to identify zones requiring co-development; propose multi-well projects for these zones and run full-cycle economics to rank projects on a ROR basis. Incorporate drilling obligations, capital requirements, facility constraints, and takeaway constraints to build out a two year development schedule and budget. - Analyze flowback data on wells with DFIT's to validate method for determining initial reservoir pressure using flowback data; once validated, used method to map reservoir pressure across the basin for each individual reservoir. - Forecast production for all PDP wells and work with reserves auditors to update reserves biannually. -Prospect by incorporating geologic and production data to identify areas with development potential; work with area Landman to build operated positions in focus areas via leasing, acquisition, and trades. 	

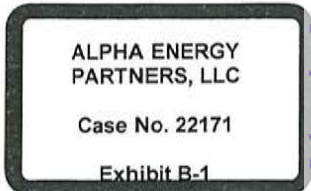
	Pioneer Natural Resources Operations and Completions Engineer	Midland, TX Jan. 2016-Feb. 2018
	<ul style="list-style-type: none"> - Oversee operations, workovers, and maintenance of 1,020 wells producing 11,000 BOE/D in the Midland Basin, including their production facilities. Artificial lift systems include Rod Pump, PAGL, Plunger Lift, and ESP. - Fit decline curves, evaluate economics, and write procedures and AFEs prior to repairing any well failure. - Forecast LOE and production for acquired and divested wells to adjust the asset budget and production guidance. - Identified and analyzed production decreases to highlight candidates for remedial work; proposed and executed \$840M in remedial work to return 275 BOE/D to production with a PV10 of \$8.7MM. - Gathered data and built IPRs to evaluate potential for increasing production via changing or optimizing artificial lift; proposed and executed \$885M in projects to increase production by 570 BOE/D with a PV10 of \$23.1MM. - Identified high LOE wells; proposed and executed \$250M in projects to reduce LOE by \$775M per year. - Lead Midland team for completion efficiency project focused on improving operational performance and reducing well costs. Worked with team to identify potential improvements, present findings to management, and roll out resolutions targeted to reduce completion costs by ~\$400M per well. - Supported frac operations for three frac fleets; interfaced with engineers, company men, and service providers on day-to-day stimulation operations and performance for Midland Basin horizontal completions. - Provide technical support to operations group; including analysis of screen-outs, irregular treating pressure behavior, and step-rate tests to identify near wellbore restrictions and recommend mitigation techniques. - Created tool to forecast chemical usage on upcoming completions based on job design and target formation; this eliminated excess chemical deliveries to well pads and enabled reduction in bulk plant's chemical inventories. 	

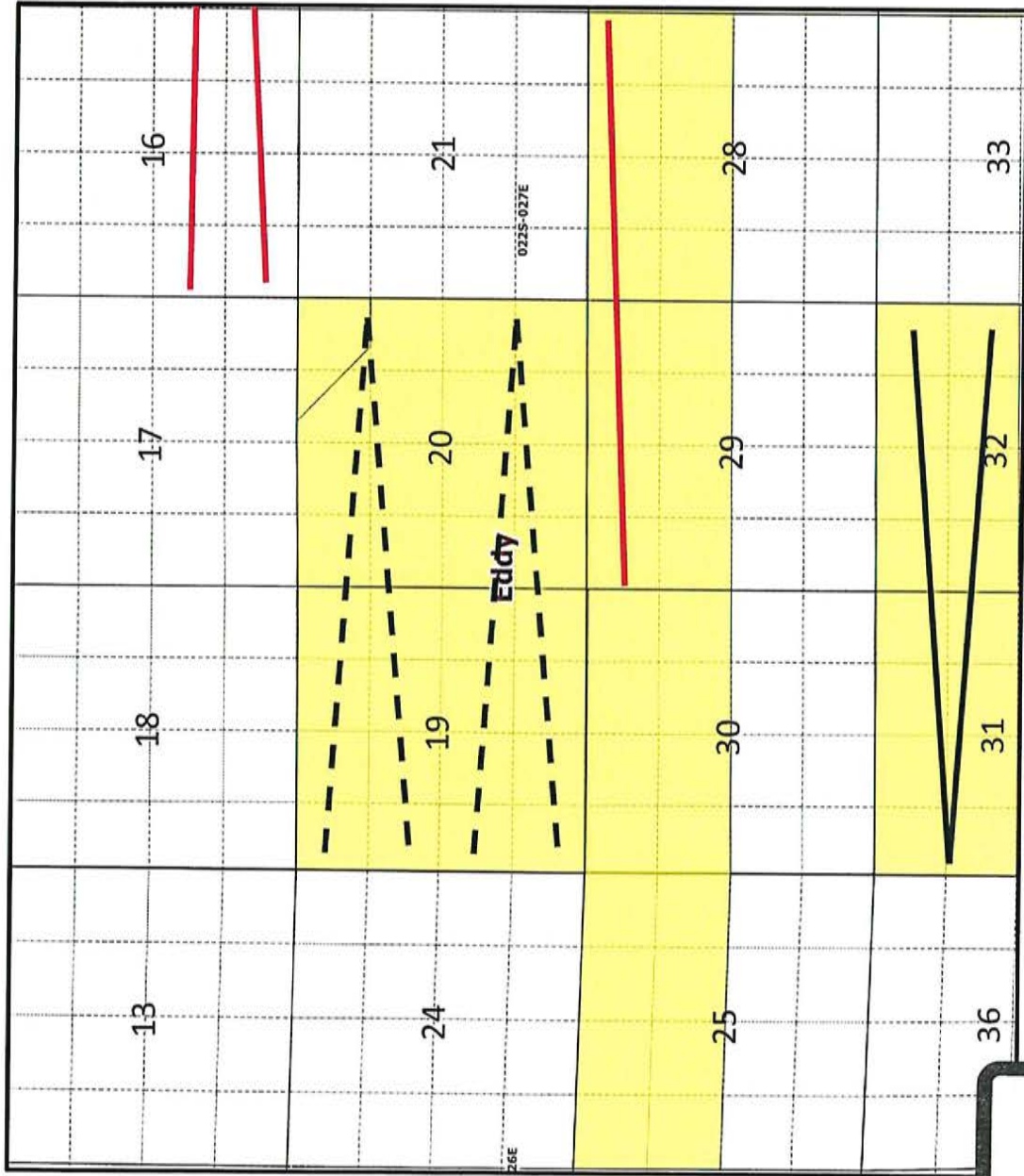
Academic Experience	Graduate Research Assistant, Wider Windows IAP, The University of Texas at Austin	Sept. 2014-Dec. 2015
	- Presented methods for estimating min. horizontal stress using Pressure While Drilling measurements.	

Proficiencies	Aries, DCA, Drillinginfo, Microsoft Office, Nodal Analysis, OFM, RTA, Well Log Analysis
----------------------	---

Organizations	SPE: Member (2014-Present); YPE (2014-Present)
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Certifications	EIT
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Alpha Energy Partners, LLC	
The Dude 20/19 Fee #201H	
The Dude 20/19 Fee #202H	
The Dude 20/19 Fee #203H	
The Dude 20/19 Fee #204H	
Location Map	
Author: Tyler Adams	Date: 9/27/2021

Horizontal Activity	
	Wolfcamp Sand (The Dude Proposals)
	Wolfcamp Sand (DUC)
	Wolfcamp Sand (Producing)

ALPHA ENERGY PARTNERS, LLC
 Case No. 22171
 Exhibit B-2



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

September 9, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22171 - Application of Alpha Energy Partners, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that Alpha Energy Partners, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **October 7, 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: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

Please do not hesitate to contact 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

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 Street and 1197 Center Ave.
 Carlsbad, NM 88220
 City, State, _____

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

SEP 09 2021
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 Carlsbad, NM 88220

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 Addressee

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Keith Barker
 Street 2 621 E. Llano Estacado Blvd.
 City, St Clovis, NM 88101

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 USPS

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<p>1. Article Addressed to:</p> <p>Keith Barker 621 E. Llano Estacado Blvd. Clovis, NM 88101</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4422 28</p> <p>7020 0640 0000 0143 3659</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>
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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

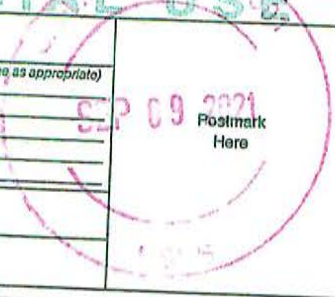
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. RD Beaver/Inex Beaver
 301 L Street
 Carlsbad, NM 88220
 City, State, Z. _____

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



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1. Article Addressed to:

RD Beaver/Inex Beaver
 301 L Street
 Carlsbad, NM 88220



9590 9402 6769 1074 4420 99

2. Article Number (Transfer from service label)

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 X RB Agent
 Addressee

B. Received by (Printed Name)
 RB CLICIC9

C. Date of Delivery
 9/5/21

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

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Adult Signature

Adult Signature Restricted Delivery

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Certified Mail Restricted Delivery

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To John W. and Angelina Bennett
Street and, 625 Wilkes Drive
Green River, WY 82935
City, State, _____

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USPS

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 X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>John W. and Angelina Bennett 625 Wilkes Drive Green River, WY 82935</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><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>7020 0640 0000 0143 3598</p>	

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

Domestic Return Receipt

7020 0640 0000 0143 4397

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)	\$	
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Big Three Energy Group	
Street and #	P.O. Box 429	
	Roswell, NM 88202	
City, State, ZIP		

Postmark Here: SEP 09 2021

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:

Big Three Energy Group
P.O. Box 429
Roswell, NM 88202



9590 9402 6769 1074 5684 09

2. Article Number (Transfer from service label)

7020 0640 0000 0143 4397

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Janine Turner Agent
 Addressee

B. Received by (Printed Name)
Janine Turner

C. Date of Delivery

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



3. Service Type

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

7020 0640 0000 0143 2799

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Pat Blakeney
201 Plum Lane
Carlsbad, NM 88220

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>Patricia Blakeney</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Patricia Blakeney</i> Date of Delivery <i>9-16-21</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><i>201 Plum Ln # 41</i></p>
<p>1. Article Addressed to:</p> <p>Pat Blakeney 201 Plum Lane Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4421 29</p> <p>7020 0640 0000 0143 2799</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7020 0640 0000 0143 3635

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Brooks M. Brinninstool and Bernadette

Street and Brinninstool

3308 San Jose Blvd.

City, State, Carlsbad, NM 88220

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:

Brooks M. Brinninstool and
 Bernadette Brinninstool
 3308 San Jose Blvd.
 Carlsbad, NM 88220



9590 9402 6769 1074 4422 42

2. Article Number (Transfer from service label)
 7020 0640 0000 0143 3635

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) *M. C. C. 19*

C. Date of Delivery *9-13-21*

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

7020 0640 0000 0143 2966

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 Marie Nance Burkham
 Street and Apt. 108 L Street
 City, State, ZIP Carlsbad, NM 88220

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

Postmark Here SEP 09 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>M. N. Burkham</u> C. Date of Delivery <u>9-13-21</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>Marie Nance Burkham 108 L Street Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input 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"/> Registered Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2966</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7020 0640 0000 0143 2812

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To Jose P. and Gloria Cabezuela
 Street an 4811 Concho Road
 City, State Carlsbad, NM 88220

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>Gloria Cabezuela</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gloria Cabezuela</i></p> <p>C. Date of Delivery <i>9/13/21</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>Jose P. and Gloria Cabezuela 4811 Concho Road Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature-Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4421 05</p> <p>7020 0640 0000 0143 2812</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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7020 0640 0000 0143 3642

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 Carlos and Rachel Cabos and/or their successors and heirs

Street and 3009 W. 8th Street

City, State Roswell, NM 88201

Postmark Here SEP 09 2021

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 C. CABOS</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>W H C O - 19 9/13/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Carlos and Rachel Cabos and/or their successors and heirs 3009 W. 8th Street Roswell, NM 88201</p> <p>9590 9402 6769 1074 4422 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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3642</p>	<p>Domestic Return Receipt</p>

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

7020 0640 0000 0143 2935

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

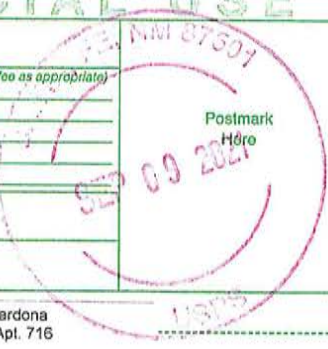
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

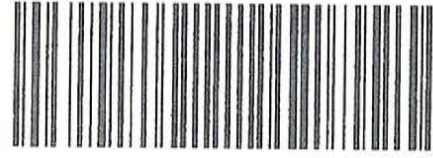
Sent To Reynaldo and Mary Cardona
777 N. Orange Ave., Apt. 716
Street and A Orlando, FL 32801
City, State, ZIP+4® _____

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



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FILE SHANOR LLP
ATTORNEYS AT LAW
317 WEST OFFICE BOX 2068
ALBUQUERQUE, NEW MEXICO 87504



7020 0640 0000 0143 2935



4/5
9/22

mk

Reynaldo and Mary Cardona
777 N. Orange Ave., Apt. 716
Orlando, FL 32801

NEXIE 339 FE 1 0009/16/21

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK
BC: 87504206868 *0968-09463-09-46

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OFFICIAL USE

Postmark Here

SEP 09 2021

USPS

7020 0640 0000 0143 3703

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 \$ _____


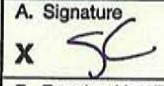
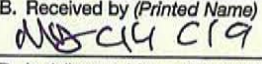
Total Postage and Fees \$ _____

Sent To Sally Chavez, Fabian Chavez, Cecilia Chavez, Ruben Portillo & Annabell Garcia

Street or 3314 San Jose Blvd.

City, State Carlsbad, NM 88220

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>Sally Chavez, Fabian Chavez, Cecilia Chavez, Ruben Porillo & Annabell Garcia 3314 San Jose Blvd. Carlsbad, NM 88220</p> <div style="text-align: center;">  9590 9402 6769 1074 4421 74 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7020 0640 0000 0143 3703</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 9.13.21</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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Adult Signature</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

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

Domestic Return Receipt

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OFFICIAL USE

7020 0640 0000 0143 2836

<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>SEP 09 2021 Postmark Here</p>
<p>Sent To: City of Carlsbad Street and #: 400-2 Cascades Ave., Suite 201 City, State: Carlsbad, NM 88220</p>	

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>City of Carlsbad 400-2 Cascades Ave., Suite 201 Carlsbad, NM 88220</p> <div style="text-align: center;">  9590 9402 6769 1074 4420 82 </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 2836</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Brittany Jenkins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brittany Jenkins</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center;">  </div> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

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

7020 0640 0000 0143 3574

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: Michael Collier
332 W. Main St.
Vernal, UT 84078

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

Postmark Here
SEP 09 2021

CERTIFIED MAIL®

KLE SHANOR LLP
ATTORNEYS AT LAW
1ST OFFICE BOX 2068
VERNAL, NEW MEXICO 87504



7020 0640 0000 0143 3574



Michael Collier
332 W. Main St.
Vernal, UT 84078

ANK

NEXIE 842 DE 1 0000/25/21

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

BC: 07504206888 0968-00470-00-4

0968-00470-00-4

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OFFICIAL USE

7020 0640 0000 0143 2959

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and City, State
 William Connally
 7049 Flora Way
 Lake Wales, FL 33898

Postmark Here
 SEP 09 2021
 E. NM 87507
 USPS

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:

William Connally
 7049 Flora Way
 Lake Wales, FL 33898

2. Article Number (Transfer from service label)
 7020 0640 0000 0143 2959

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Printed Name)
 William Connally

C. Date of Delivery
 9/9/21

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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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OFFICIAL USE


Postmark Here
SEP 09 2021

7020 0640 0000 0143 2843

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
 County of Eddy
 101 W. Greene, Ste. 225
 Carlsbad, NM 88220
 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>* <i>Jessal Dougan</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 9-13-21</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>County of Eddy 101 W. Greene, Ste. 225 Carlsbad, NM 88220</p>  <p>9590 9402 6769 1074 4420 75</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2843</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0143 2652

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To CRM 2018, LP
Street and P.O. Box 51933
City, State Midland, TX 79710

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

Postmark Here
SEP 09 2021
USPS

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 <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>Judy Estes</u></p> <p>C. Date of Delivery <u>9/16/2021</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>1. Article Addressed to:</p> <p>CRM 2018, LP P.O. Box 51933 Midland, TX 79710</p> <p>9590 9402 6769 1074 5683 55</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2652</p>	

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

Domestic Return Receipt

7020 0640 0000 0143 2706

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To El Rey Motel, LLC

Street an 214 N. Main St.

City, Stat Carlsbad, NM 88220

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:

El Rey Motel, LLC
214 N. Main St.
Carlsbad, NM 88220



9590 9402 6769 1074 5683 00

2. Article Number (Transfer from service label)

7020 0640 0000 0143 2706

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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
 Featherstone Development Corp.
 P.O. Box 429
 Roswell, NM 88202
 City, State, _____

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

7020 0640 0000 0143 4304

Postmark Here
 SEP 09 2021
 SANTA FE, NM 87501

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>Featherstone Development Corp. P.O. Box 429 Roswell, NM 88202</p> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 4304</p>	<p>A. Signature X <i>Janine Turnbull</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Janine Turnbull</i></p> <p>C. Date of Delivery SEP 14 2021</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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 type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> 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 type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 0640 0000 0143 4359

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OFFICIAL USE

Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street a Michael Lee Fisher
 1360 N. 13th Street, Apt. 37B
 Corsicana, TX 75110
 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>1. Article Addressed to:</p> <p>Michael Lee Fisher 1360 N. 13th Street, Apt. 37B Corsicana, TX 75110</p>	<p>B. Received by (Printed Name) _____</p>	<p>C. Date of Delivery 9-13-21</p>														
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 4359</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>															
<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<p>Barcode: 9590 9402 6769 1074 5684 47</p>	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®															
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™															
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery															
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™															
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery															
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail															
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)															
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>															

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OFFICIAL USE

7020 0640 0000 0143 2621

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 50820

City, State Midland, TX 79710

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

SEP 03 2021
MIDLAND, TX 79701
USPS

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>xma</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Michelle Carmona 9/14/21</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Foundation Minerals, LLC P.O. Box 50820 Midland, TX 79710</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 6769 1074 5683 86</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2621</p>	<p>Domestic Return Receipt</p>

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

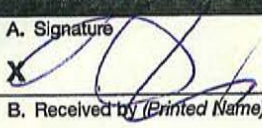

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7020 0640 0000 0143 3581

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		
William Hair		
Street and 1605 Lamont Pl.		
Carlsbad, NM 88220		
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</p> <p><input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <p>William Hair 1605 Lamont Pl. Carlsbad, NM 88220</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;"></p> <p style="text-align: center;">9590 9402 6769 1074 5682 49</p> <p>2. Article Number (transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0143 3581</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 0640 0000 0143 2737

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Heirs of Antonio J. Hernandez
 1104 W. Riverside Drive
 Carlsbad, NM 88220

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 <i>Antonio Hernandez</i></p> <p>B. Received by (Printed Name) <i>Antonio Hernandez</i></p> <p>C. Date of Delivery <i>9-16-21</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>Heirs of Antonio J. Hernandez 1104 W. Riverside Drive Carlsbad, NM 88220</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 type="checkbox"/> Signature Confirmation™</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr> <tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr> <tr><td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td><td></td></tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> 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 type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 5682 70</p> <p>7020 0640 0000 0143 2737</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 0640 0000 0143 2744

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 Margaret L. Hournbuckle
Street and/ P.O. Box 259
City, State, Cloudcroft, NM 88317

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>Margaret L. Hournbuckle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Margaret L. Hournbuckle</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Margaret L. Hournbuckle P.O. Box 259 Cloudcroft, NM 88317</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><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 6769 1074 5682 63</p> <p>7020 0640 0000 0143 2744</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Internationalities Federal Credit Union
 Street: 901 N. Canal St.
 Carlsbad, NM 88220
 City, St _____

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

7020 0640 0000 0143 4366

SEP 09 2021

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"/> MNC-1 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C-19 C. Date of Delivery 9-13-21</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>Internationalities Federal Credit Union 901 N. Canal St. Carlsbad, NM 88220</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input 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>7020 0640 0000 0143 4366</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7020 0640 0000 0143 2775

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 Theodore A. and Thresa L. Karas
 Street and A 13199 W. Shannon Dr.
 Beach Park, IL 60083
 City, State, ZIP+4® _____

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

Postmark Here
 SEP 09 2021
 USPS

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:

Theodore A. and Thresa L. Karas
 13199 W. Shannon Dr.
 Beach Park, IL 60083

2. Article Number (Transfer from service label)

9590 9402 6769 1074 4421 43
 7020 0640 0000 0143 2775

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) B. Welch RT6 C. Date of Delivery 9.13.21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Mail Restricted Delivery

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

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Postmark Here
SEP 09 2021

7020 0640 0000 0143 2973

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

Sent To _____

Street Carol Kozma, Wayne T. Edwards & Judith G. Edwards
413 Line Road

City, St Matawan, NJ 07747

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Carol Kozma, Wayne T. Edwards & Judith G. Edwards 413 Line Road Matawan, NJ 07747</p> <div style="text-align: center;">  9590 9402 6769 1074 5658 80 </div> <p>2. Article Number (Transfer from service label)</p> <p style="margin-left: 20px;">7020 0640 0000 0143 2973</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													

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

7020 0640 0000 0143 3611

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Heirs of Orbin and Verneal Little
Street at 1105 Pueblo Hills Ave.
North Las Vegas, NV 89032
City, State _____

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

Postmark Here
SEP 09 2021
USPS

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:

Heirs of Orbin and Verneal Little
1105 Pueblo Hills Ave.
North Las Vegas, NV 89032

2. Article Number (Transfer from service label)
7020 0640 0000 0143 3611

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address See

B. Received by (Printed Name) C. Date of Delivery
Heirs of Orbin and Verneal Little 9/15/21

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 Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

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956 410 000 0490 2020

<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>Postmark Here SEP 09 2021</p>
<p>Sent To Deana C. Lorentzen 1199 Black River Village Road Carlsbad, NM 88220</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Deana C. Lorentzen 1199 Black River Village Road Carlsbad, NM 88220</p> <div style="text-align: center; margin: 10px 0;">  9590 9402 6769 1074 5659 34 </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 2928</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Ken Guest</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Ken Guest</p> <p>C. Date of Delivery 09.15.2021</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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (0)</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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (0)	
<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 type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (0)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7020 0640 0000 0143 3628

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street a. Betty Jo Mashaw

P.O. Box 52

Superior, AZ 85173

City, St _____

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

SEP 09 2021

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>Michelle Maynard</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Betty Jo Mashaw P.O. Box 52 Superior, AZ 85173</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4422 59</p> <p>7020 0640 0000 0143 3628</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7020 0640 0000 0143 2676

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Mason Oaks Energy Holdings, LLC
6125 Luther Lane, #188
Dallas, TX 75225

City, State, ZIP+4®

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

Postmark Here
SEP 09 2021

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 <i>Meghan Cherry</i></p> <p>B. Received by (Printed Name) <i>Meghan Cherry</i></p> <p>C. Date of Delivery <i>9/13/21</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 <i>The UPS Store</i></p>																
<p>1. Article Addressed to:</p> <p>Mason Oaks Energy Holdings, LLC 6125 Luther Lane, #188 Dallas, TX 75225</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 type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> 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 type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2676</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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7020 0640 0000 0143 2638

<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>Postmark Here</p> <p style="font-size: 1.5em; color: red;">SEP 09 2021</p> <p style="font-size: 1.5em; color: red;">USPS</p>
--	---

Sent To _____

Street and _____ Mavros Minerals, LLC

_____ P. O. Box 50820

City, State, _____ Midland, TX 79710

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Mavros Minerals, LLC P.O. Box 50820 Midland, TX 79710</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>MC</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michelle Carmona</i></p> <p>C. Date of Delivery <i>9/14/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">9590 9402 6769 1074 5683 79</p> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 2638</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0640 0000 0143 2768

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

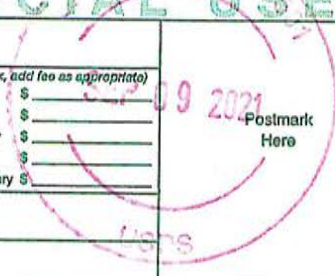
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Joe and Mary Helen McCormack
 311 Pecan St.
 Carlsbad, NM 88220

Street and Apt. No.
 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:
 Joe and Mary Helen McCormack
 311 Pecan St.
 Carlsbad, NM 88220



2. Article Number (Transfer from service label)
 7020 0640 0000 0143 2768

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X M M Agent Addressee

B. Received by (Printed Name)
 M C C Y C Y

C. Date of Delivery
 9-13-21

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

Domestic Return Receipt

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OFFICIAL USE

7020 0640 0000 0143 4298

<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>Postmark Here</p>
<p>Sent To MRC Permian Company</p> <p>Street or 5400 LBJ Freeway, Suite 1500</p> <p>Dallas, TX 75240</p> <p>City, Sta _____</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">MRC Permian Company 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240</p> <div style="text-align: center; margin: 10px 0;">  9590 9402 6769 1074 5685 08 </div> <p>2. Article Number (Transfer from carrier label) 7020 0640 0000 0143 4298</p>	<p>A. Signature <i>SEP 13 2021</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>9/13/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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7020 0640 0000 0143 2690

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 \$

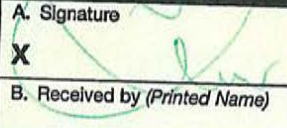
Sent To

Street and # Heirs of Gilberto S. and Juanita C. Nava
 4805 Concho Road
 Carlsbad, NM 88220

City, State, ZIP+4®

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

SEP 09 2021
 CARLSBAD, NM 88220
 USPS

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>Heirs of Gilberto S. and Juanita C. Nava 4805 Concho Road Carlsbad, NM 88220</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2690</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>9-13-21</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>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 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

7020 0640 0000 0143 3666

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

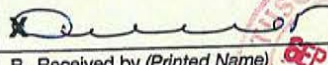

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Paul Nieves
 Street and No. 134 Grand Haven Dr.
 Tuscumbia, AL 35674
 City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p>B. Received by (Printed Name) </p> <p>D. Is delivery address different from item... If YES, enter delivery address below: L</p>
<p>1. Article Addressed to:</p> <p>Paul Nieves 134 Grand Haven Dr. Tuscumbia, AL 35674</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 6769 1074 4422 11</p> <p>Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3666</p>	<p>Domestic Return Receipt</p>

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7020 0640 0000 0143 2683

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 Oak Valley Mineral and Land, LP
P.O. Box 50820
Street and P.O. Box Midland, TX 79710
City, State, .

SEP 09 2021
Postmark Here

USPS

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:

Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710

9590 9402 6769 1074 5683 24

Article Number (Transfer from service label)
7020 0640 0000 0143 2683

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address

B. Received by (Printed Name) Michelle Carmona

C. Date of Delivery 9/14/21

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

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

7020 0640 0000 0143 3697

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To Vicente R. Perez, Sr.
317 K Street
Carlsbad, NM 88220

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:

Vicente R. Perez, Sr.
317 K Street
Carlsbad, NM 88220



9590 9402 6769 1074 4421 81

2. Article Number (Transfer from service label)
7020 0640 0000 0143 3697

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 XVP Addressee

B. Received by (Printed Name) D. Alcaraz C. Date of Delivery 9-13-21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Mail Restricted Delivery

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

Domestic Return Receipt

7020 0640 0000 0143 4403

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Street and, Ross Duncan Properties
P.O. Box 647
City, State, Artesia, NM 88211

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

Postmark Here
SEP 09 2021
SANTA FE, NM

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>aw</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>A WATTS</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>Ross Duncan Properties P.O. Box 647 Artesia, NM 88211</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><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>7020 0640 0000 0143 4403</p>	<p>SEP 20 2021</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0640 0000 0143 4342

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Donald Rutherford
2112 N. Canal
Carlsbad, NM 88220

Street and A/City, State, ZIP

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:

Donald Rutherford
2112 N. Canal
Carlsbad, NM 88220

9590 9402 6769 1074 5684 54

Article Number (Transfer from service label)
7020 0640 0000 0143 4342

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Donald Rutherford*

B. Received by (Printed Name) *Donald Rutherford* C. Date of Delivery *9.16.21*

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

3. Service Type Priority Mail Express® Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Adult Signature Restricted Delivery Signature Confirmation™

Certified Mail® Signature Confirmation Restricted Delivery

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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7020 0640 0000 0143 3604

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and City, State Canuto G. and Anita Salcido, Jr. 207 W. Pecan St. Carlsbad, NM 88220	

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"/> AS <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery MS CUCI9 9/5/21</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 style="text-align: center;">Canuto G. and Anita Salcido, Jr. 207 W. Pecan St. Carlsbad, NM 88220</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0143 3604</p>	<p>Domestic Return Receipt</p>																

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

7020 0640 0000 0143 4311

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 Pete and Elidia Salcido 318 Montclair Carlsbad, NM 88220 City, State, _____
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Pete and Elidia Salcido 318 Montclair Carlsbad, NM 88220</p> <div style="text-align: center;">  9590 9402 6769 1074 5684 85 </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0143 4311</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>ES</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>NOELI CFI</i> <i>9-13-21</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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <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 type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

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OFFICIAL USE

7020 0640 0000 0143 2904

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 \$ _____	 <p>Postmark Here</p>
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Sent To: Adeline Saltzman
 Street and Apt: 909 S. Michigan Ave.
 City, State, Zip: Roswell, NM 88203

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>Adeline Saltzman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Adeline Saltzman</i> 9/14/21</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 style="text-align: center;">Adeline Saltzman 909 S. Michigan Ave. Roswell, NM 88203</p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												
<input type="checkbox"/> Collect on Delivery Restricted Delivery													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 0640 0000 0143 2904</p>	<p>Mail Restricted Delivery</p>												
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt													

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OFFICIAL USE

7020 0640 0000 0143 2850

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 Schiller Properties, LLC
 Street and Ap 320 Remuda
 Clovis, NM 88101
 City, State, Zi _____

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

Postmark Here
 SEP 09 2021

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Nancy Saltzberg</i></p> <p>B. Received by (Printed Name) <i>Nancy Saltzberg</i></p> <p>C. Date of Delivery <i>09/15/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Schiller Properties, LLC 320 Remuda Clovis, NM 88101</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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><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 6769 1074 4420 68</p> <p>7020 0640 0000 0143 2850</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

7020 0640 0000 0143 2805

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OFFICIAL USE

Certified Mail Fee \$ _____

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

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

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and City, State
 Clyde K. and Faye J. Schmidt
 1915 Solana Rd.
 Carlsbad, NM 88220

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>													
<p>1. Article Addressed to:</p> <p>Clyde K. and Faye J. Schmidt 1915 Solana Rd. Carlsbad, NM 88220</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 type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®													
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™													
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery													
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™													
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery													
<input type="checkbox"/> Collect on Delivery Restricted Delivery														
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6769 1074 4421 12</p> <p>7020 0640 0000 0143 2805</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													

7020 0640 0000 0143 4328

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Janice Straub
1726 Ridge Road
Whiteford, MD 21160

City, State, _____

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

SANTA FE, NM 87507
SEP 09 2021
Postmark Here
USPS

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:

Janice Straub
1726 Ridge Road
Whiteford, MD 21160

9590 9402 6769 1074 5684 78

2. Article Number (Transfer from service label)
7020 0640 0000 0143 4328

COMPLETE THIS SECTION ON DELIVERY

A. Signature
* Janice Straub Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Janice Straub 9-20-21

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Registered Mail Restricted Delivery

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

7020 0640 0000 0143 2942

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

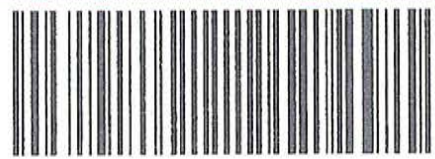
Total Postage and Fees
\$

Sent To
Street and Apt. Dorine Sutton
21700 Marie St.
Perris, CA 92570
City, State, ZIP

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



KLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
LA JOLLA, NEW MEXICO 87504



7020 0640 0000 0143 2942



4h
9/14

Dorine Sutton
21700 Marie St.
Perris, CA 92570

871 NFE 1 72010009/09/21
FORWARD TIME EXP RTN TO SEND
SUTTON DORINE F
21700 RIVER RD
PERRIS CA 92570-8654

RETURN TO SENDER

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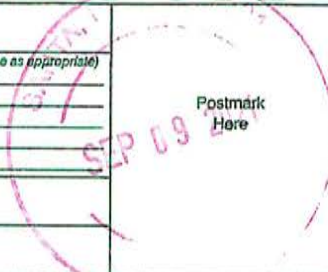
7020 0640 0000 0143 2782

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OFFICIAL USE

Certified Mail Fee			
\$			
Extra Services & Fees (check box, add fee as appropriate)			
<input type="checkbox"/>	Return Receipt (hardcopy)		\$
<input type="checkbox"/>	Return Receipt (electronic)		\$
<input type="checkbox"/>	Certified Mail Restricted Delivery	\$	
<input type="checkbox"/>	Adult Signature Required	\$	
<input type="checkbox"/>	Adult Signature Restricted Delivery	\$	
Postage			
\$			
Total Postage and Fees			
\$			
Sent To			
Street and Apt. Ronald and Karen Tackitt			
403 N. 2 nd St.			
City, State, ZIP Carlsbad, NM 88220			

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>EM C-7</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>C-19</i> <i>9-13-21</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>Ronald and Karen Tackitt 403 N. 2nd St. Carlsbad, NM 88220</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 type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> 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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2782</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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7020 0640 0000 0143 2751

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 Heirs of JD Thompson & Joan G. Street and Apt. Thompson 192 Grant 72 City, State, ZIP Sheridan, AR 72150	

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) <u>Tom Thompson</u></p> <p>C. Date of Delivery <u>9/11/21</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 style="text-align: center;">Heirs of JD Thompson & Joan G. Thompson 192 Grant 72 Sheridan, AR 72150</p> <div style="text-align: center;"> 9590 9402 6769 1074 4421 67 </div>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery															
<input type="checkbox"/> Insured Mail															
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7020 0640 0000 0143 2751</p>	<p style="font-size: 0.8em;">Mail Restricted Delivery (D)</p>														
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>															

7020 0640 0000 0143 2713

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Lloyd Tolar
36588 E. 111st St.
Coweta, OK 74429

Postmark Here
SEP 09 2021

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) LOYD TOLAR</p> <p>C. Date of Delivery SEP 16 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>Lloyd Tolar 36588 E. 111st St. Coweta, OK 74429</p> <p>9590 9402 6769 1074 5682 94</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 checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 2713</p>	

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

Domestic Return Receipt

**U.S. Postal Service™
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OFFICIAL USE

7020 0640 0000 0143 2645

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 Xplor Resources, LLC
Street and 1104 N. Shore Drive
City, State, Carlsbad, NNM 88220

Postmark Here SEP 09 2021

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received-by (Printed Name) _____</p> <p>C. Date of Delivery <u>9-13-2021</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Xplor Resources, LLC 1104 N. Shore Drive Carlsbad, NNM 88220</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><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>7020 0640 0000 0143 2645</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

7020 0640 0000 0143 3680

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		
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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Dennis Young 317 K Street Carlsbad, NM 88220</p> <div style="text-align: center;"> <p>9590 9402 6769 1074 4421 98</p> </div> <p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0143 3680</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>Mr. C. C. C. C.</u> <u>9.13.21</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>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p style="font-size: 0.7em;">Mail Restricted Delivery (00)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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Carlsbad Current Argus.

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Affidavit of Publication

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SANTA FE, NM 87501

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

09/21/2021



Legal Clerk

Subscribed and sworn before me this September 21, 2021:


State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

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of Affidavits 1

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ALPHA ENERGY PARTNERS, LLC
Case No. 22171
Exhibit A-7

This is to notify all interested parties, including Jetstream Oil and Gas Partners, LP; MRC Permian Company; Featherstone Development Corporation; Frances Greer; Kathy Kessler; Gary Lancaster; Norma Chanley; Realaza Del Spear; the Lee-Tom Lee Irrevocable Trust-A; Gary Smith; Sandra Smith; Ed Owen Beuche; Ross Duncan Properties; Xplor Resources, LLC; Big Three Energy Group; CRM 2018, LP; Foundation Minerals, LLC; Mavros Minerals, LLC; Oak Valley Mineral and Land, LP; Heirs of Charles Eskridge; James B. Kenney; James Gilbert Bell; Rhoda Sue Bell Smith; Jim Blain Kenney; City of Carlsbad; Springwood Minerals 6, LLC; Mason Oaks Energy Holdings, LLC; Dottie Bell Stone Mayes; Carol Kozma; Wayne T. Edwards; Judith G. Edwards; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Alpha Energy Partners, LLC (Case No. 22172).

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. The hearing will be conducted on October 7, 2021 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for the hearing date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted mineral interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the $\frac{S}{2}$ of Sections 19 and 20, Township 22 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to The Dude 19/20 Fee 203H and The Dude 19/20 Fee 204H wells ("Wells"). The Dude 19/20 Fee 203H well will be horizontally drilled from a surface location in the SW/4SW/4 (Unit M) of Section 21 to a bottom hole location in the NW/4SW/4 (Unit L) of Section 19. The Dude 19/20 204H well will be horizontally drilled from a surface location in the SW/4SW/4 (Unit M) of Section 21 to a bottom hole location in the SW/4SW/4 (Unit M) of Section 19. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 1.6 miles southwest of Carlsbad, New Mexico. #04912417, Current Argus, Sept. 21, 2021

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

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

CASE NO. 22171

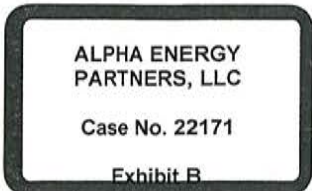
SELF-AFFIRMED STATEMENT
OF TYLER ADAMS

1. I am a reservoir engineer and geologist at Alpha Energy Partners, LLC (“AEP”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have a Master of Science in Petroleum Engineering and 6 years of experience focused on geology and reservoir engineering in the Petroleum Industry working the Permian Basin, the last 2.5 of which have been with AEP. My experience has been focused on well planning, well log analysis, resource development, resource mapping, and resource evaluation for horizontal drilling programs primarily in the Delaware Basin. A copy of my resume is attached as **Exhibit B-1**.

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

3. **Exhibit B-2** is a location map for the proposed horizontal spacing unit (“Unit”) within the Wolfcamp formation. The approximate wellbore paths for **The Dude 19/20 Fee 201H** and **202H** wells (“Wells”) are represented by dashed black lines. Existing producing wells in the targeted interval are represented by solid black lines and drilled and uncompleted wells are represented by solid red lines.

4. **Exhibit B-3** is a subsea structure map for the top of the Wolfcamp formation that is representative of the targeted interval within the formation. The data points are indicated by crosses. The approximate wellbore paths for the Wells are depicted by dashed black lines. The



map demonstrates the formation is gently dipping to the southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-3** also identifies five wells penetrating the targeted interval, two of which I used to construct a structural cross-section from A to A'.

6. **Exhibit B-4** is a structural cross-section using the representative wells identified on **Exhibit B-3**. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The well logs contain gamma ray, resistivity and porosity logs. The proposed landing zone for the Wells is labeled on the exhibit. This cross-section demonstrates the targeted interval is continuous across the Unit.

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

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

9. In my opinion, the granting of AEP's applications will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

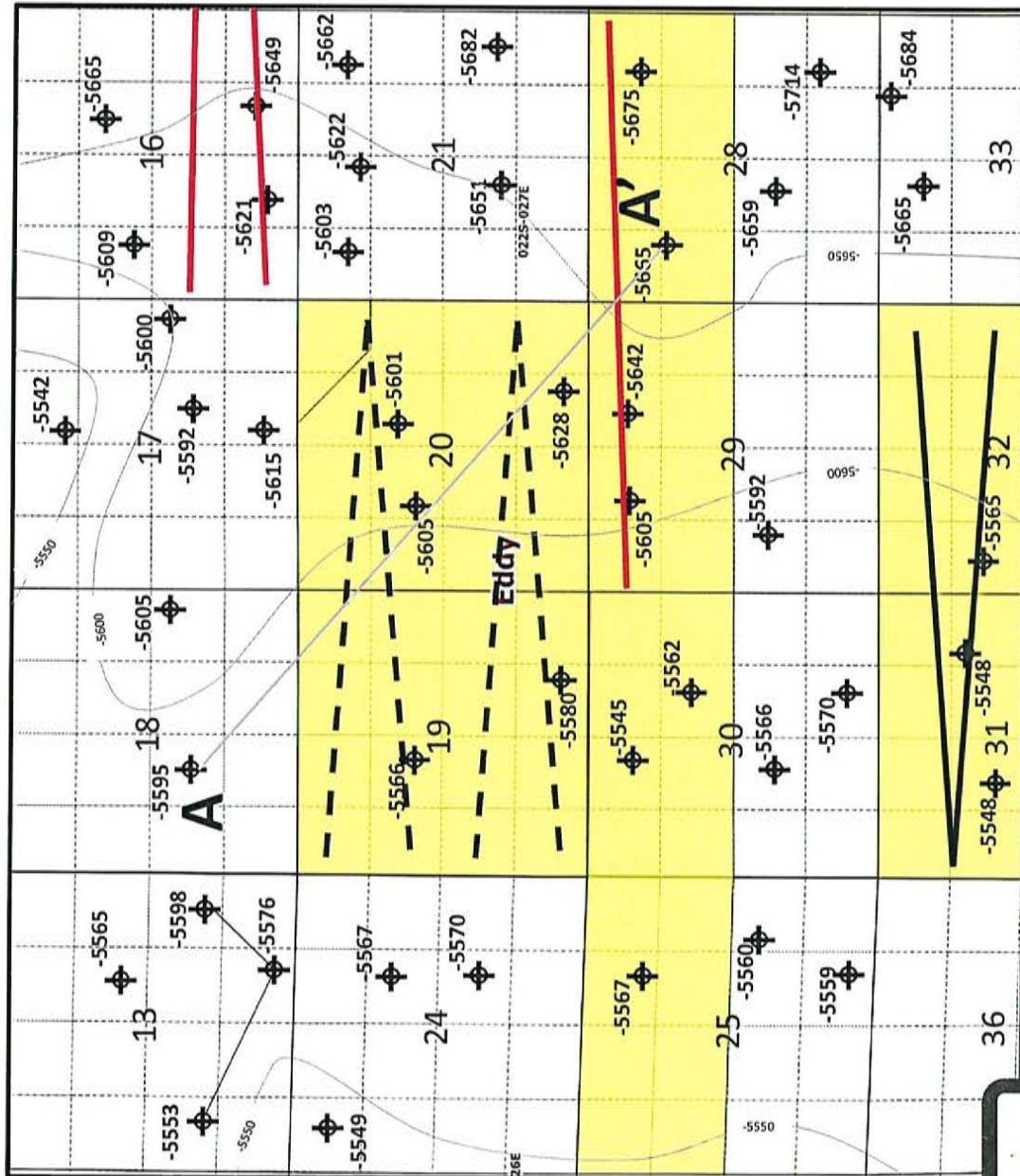
10. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

11. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 10 above is true and correct and is made under

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

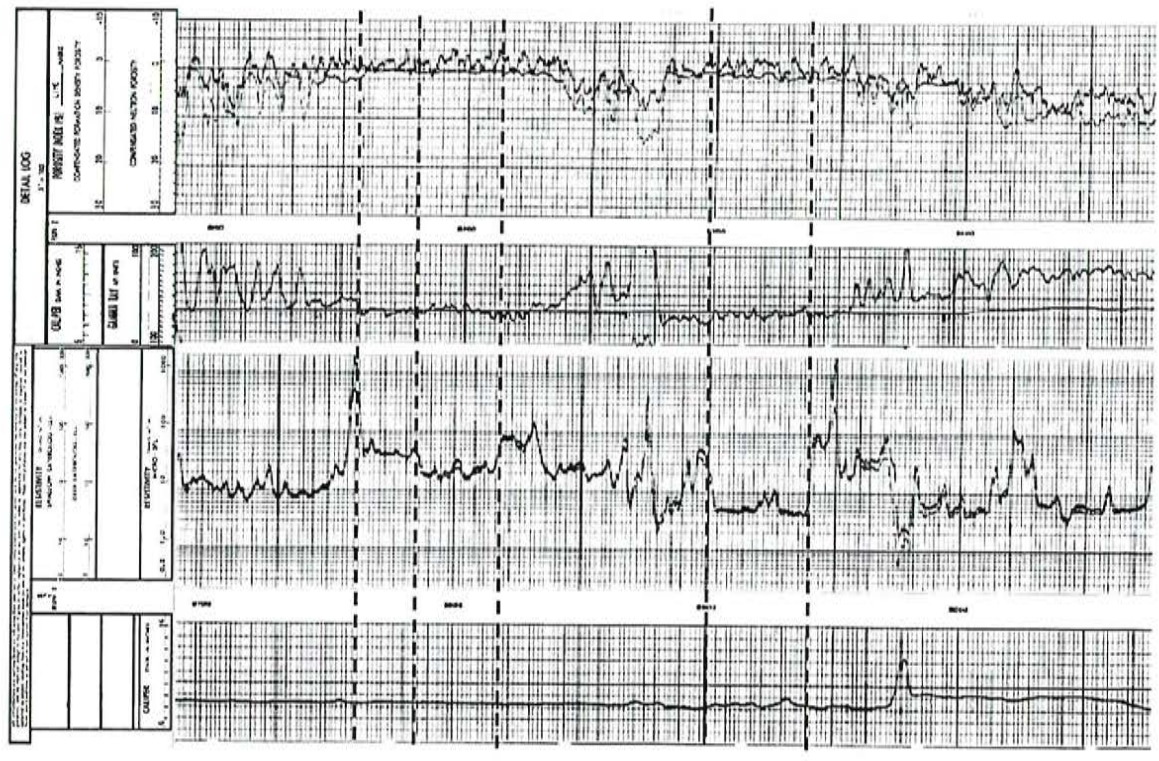

Tyler Adams

10/4/2021
Date

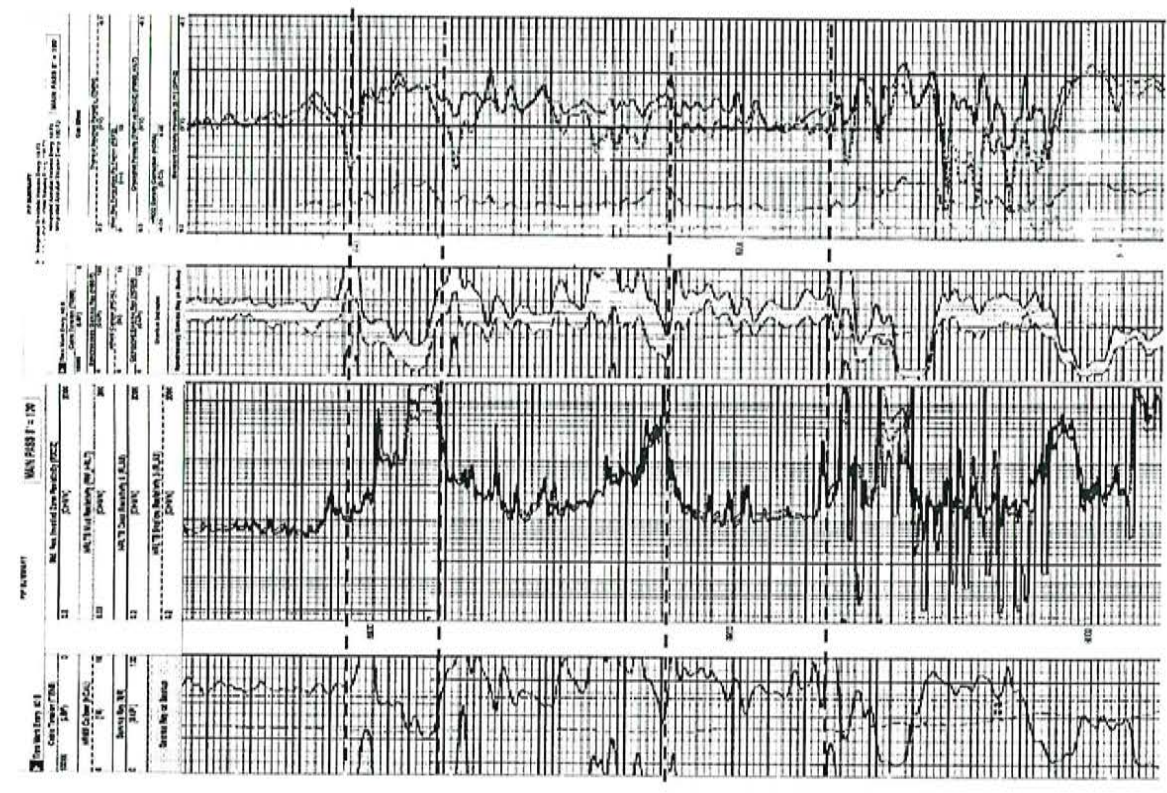


Alpha Energy Partners, LLC	
The Dude 2019 Fee #201H	
The Dude 2019 Fee #202H	
The Dude 2019 Fee #203H	
The Dude 2019 Fee #204H	
Structure top WFMP (C.I. 50')	
Author: Tyler Adams	Date: 9/27/2021

Horizontal Activity	
---	Wolfcamp Sand (The Dude Proposals)
---	Wolfcamp Sand (DUC)
---	Wolfcamp Sand (Producing)



The Dude Target



ALPHA ENERGY PARTNERS, LLC
Case No. 22171