

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

APPLICATION OF COG OPERATING LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 22369

EXHIBIT INDEX

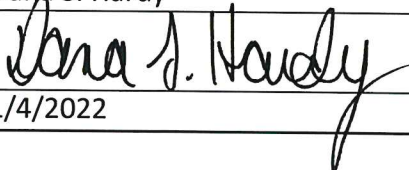
Compulsory Pooling Checklist

- Exhibit A                    Self-Affirmed Statement of Ashley Roush
  - A-1                    Application & Proposed Notice of Hearing
  - A-2                    C-102(s)
  - A-3                    Plat of Tracts, Ownership Interests, Pooled Parties, 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 Jason Hanzel
  - B-1                    Location Map
  - B-2                    Structure Map
  - B-3                    Cross Section Map
  - B-4                    Cross Section

# COMPULSORY POOLING APPLICATION CHECKLIST

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

<b>Case No.:</b>	<b>22369</b>
<b>Hearing Date:</b>	<b>1/6/2022</b>
Applicant	COG Operating LLC
Designated Operator & OGRID	OGRID # 229137
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of COG Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	
Well Family	Hambone
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring
Pool Name and Pool Code	Corral Canyon; Bone Spring, South Pool (13354)
Well Location Setback Rules	Statewide
Spacing Unit Size	320-acres
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	E/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	-
Proximity Defining Well: if yes, description	-
<b>Well(s)</b>	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Hambone #501H (API # pending) SHL – S8-T26S-R29E, 222 FSL, 908 FEL OR UNIT P BHL – S5-T26S-R29E, 50 FNL, 330 FEL OR UNIT A Completion Target: Bone Spring formation TVD: Approx. 8500'
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	8000
Production Supervision/Month \$	800
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7

<b>Ownership Determination</b>	
Land Ownership Schematic of 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	Exhibit A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-4
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-3
<b>Additional Information</b>	
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name (Attorney or Party Representative):</b>	Dana S. Hardy
<b>Signed Name (Attorney or Party Representative):</b>	
<b>Date:</b>	1/4/2022

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

APPLICATION OF COG OPERATING LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 22369

**SELF-AFFIRMED STATEMENT  
OF ASHLEY ROUSH**

1. I am a land supervisor at COG Operating LLC (“COG”) 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 COG’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. COG seeks an order pooling all uncommitted interests in the Corral Canyon; Bone Spring, South Pool (13354) within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Hambone Federal Com #501H** well (“Well”) to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 5.

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

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

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

9. **Exhibit A-4** contains the AFE for the Well. COG owns 100% of the working interest in the Well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

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

11. All interest owners COG seeks to pool are locatable.

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

13. COG requests overhead and administrative rates of \$8,000 per month while the Well is being drilled and \$800 per month while the Well is producing. These rates are fair and are comparable to the rates charged by COG 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 COG'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.

Ashley Roush  
Ashley Roush

1/4/2022  
Date

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

APPLICATION OF COG OPERATING LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO

CASE NO. 22369

APPLICATION

Pursuant to NMSA § 70-2-17, COG Operating LLC (“Applicant”) (OGRID No. 229137) applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Hambone #501H** well to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 5.
3. The completed interval of the Well will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all of the interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.



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 Well and Unit.

WHEREFORE, Applicant requests this application be set for hearing on January 6, 2022, and that after notice and hearing, the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

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



**Application of COG Operating LLC for Compulsory Pooling, Eddy County, New Mexico.** Applicant applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Hambone #501H well to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 5. Also, to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 10.4 miles south of Malaga, New Mexico.

**DISTRICT I**  
 1825 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 RD., AZTEC, NM 87410  
 Phone: (505) 334-6178 Fax: (505) 334-6170

**DISTRICT IV**  
 1220 S. ST. FRANCIS DR., SANTA FE, NM 87505  
 Phone: (505) 478-3480 Fax: (505) 478-3482

State of New Mexico  
 Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 1220 SOUTH ST. FRANCIS DR.  
 Santa Fe, New Mexico 87505

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

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number	Pool Code	Pool Name
Property Code	Property Name <b>HAMBONE FEDERAL COM</b>	
OCRID No.	Operator Name <b>COG OPERATING, LLC</b>	
	Well Number 501H	Elevation 2917.2'

**Surface Location**

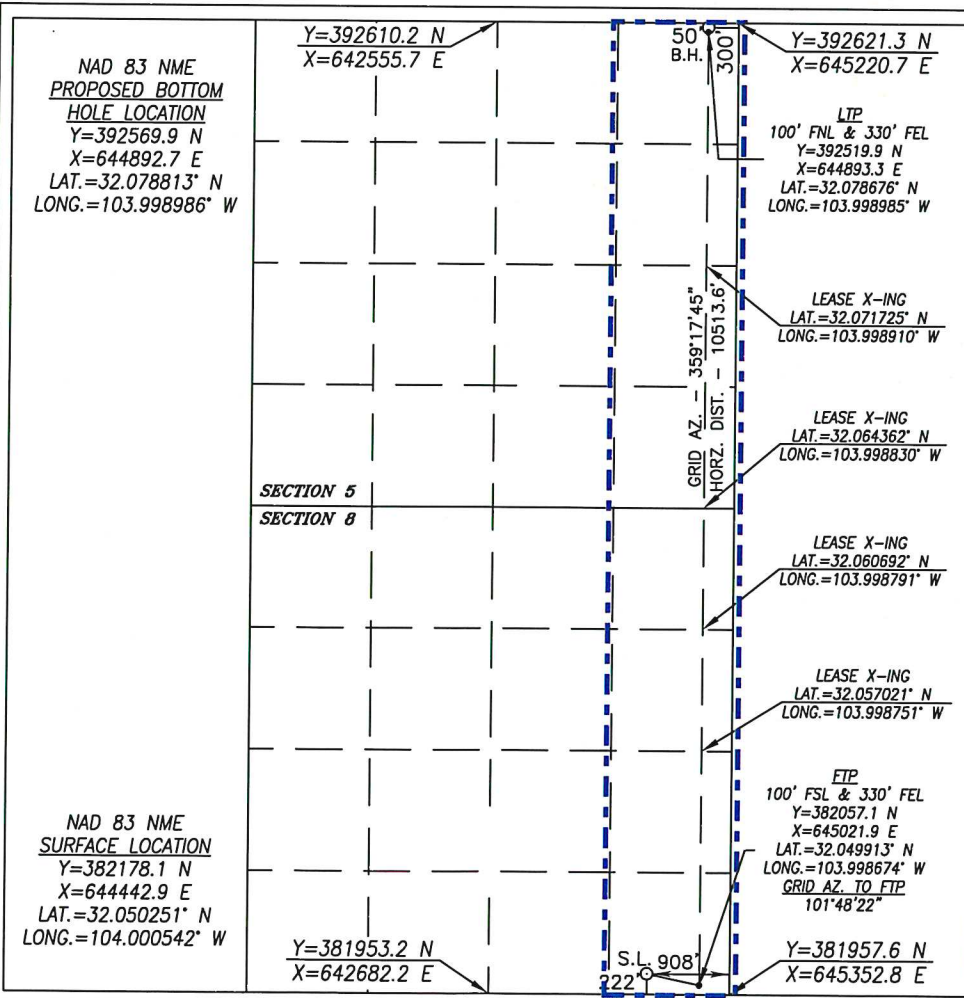
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	8	26-S	29-E		222	SOUTH	908	EAST	EDDY

**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
A	5	26-S	29-E		50	NORTH	330	EAST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

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



**OPERATOR CERTIFICATION**

*I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

**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.*

JULY 3, 2019

Date of Survey

Signature & Seal of Professional Surveyor

**CHAD L. HARGROW**  
 NEW MEXICO  
 17777  
 LICENSED PROFESSIONAL SURVEYOR

Certificate No. CH  
 W.O. #19-1110

**COG OPERATING LLC**  
 Case No. 22369  
 Exhibit A-2

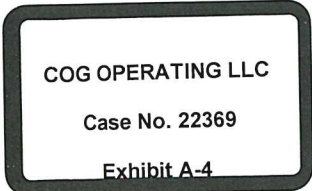


WORKING INTEREST OWNER	TRACT 1	TRACT 2	TRACT 3	TRACT 4	UNIT RECAP
COG Operating LLC	0.23928571	0.24062500	0.25000000	0.23750000	0.96741071
Concho Oil & Gas LLC	0.01071429	0.00937500	0.00000000	0.01250000	0.03258929
				<b>TOTAL</b>	<b>1.00000000</b>

Well Proposal Sent	Yes
Communitization Agmts Sent	Yes
Joint Operating Agmt Sent	Yes

PARTIES TO POOL	INTEREST TYPE
Lynn S. & Grace Charuk OR Brigham Minerals LLC 3921 Tanforan Ave, Midland, TX 79707	ORRI
Mitchel E. & Elizabeth L. Cheney 236 Merrie Way Lane, Houston, TX 77024	ORRI
Fortis Minerals II, LLC PO Box 470788, Ft Worth, TX 76147	ORRI
Pegasus Resources LLC PO Box 733980, Dallas, TX 76373	ORRI
TD Minerals LLC 8111 Westchester Dr, Dallas, TX 75225	ORRI
Pony Oil Operating LLC 3100 Monticello Ave, Dallas, TX 75205	ORRI
James Guy PO Box 193, Hennessey, OK 73741	ORRI
PO Box 100, Artesia, NM 88211	ORRI

COG OPERATING LLC  
Case No. 22369  
Exhibit A-3



**COG OPERATING LLC  
AUTHORITY FOR EXPENDITURE  
DRILLING**

<b>WELL NAME:</b> HAMBONE FED COM 501H	<b>PROSPECT NAME:</b> Atlas 2629
<b>SHL:</b> 8-26S-29E, 222 FSL, 938 FEL OR UNIT P	<b>STATE &amp; COUNTY:</b> New Mexico, Eddy
<b>BHL:</b> 5-26S-29E, 50 FNL, 330 FEL OR UNIT A	<b>OBJECTIVE:</b> D&C
<b>FORMATION:</b> 2BSS	<b>DEPTH:</b> 18,700
<b>LEGAL:</b> E2E2 of Secs 5 & 8, 26S-29E	<b>TVD:</b> 8,500

<b>INTANGIBLE COSTS</b>	<b>Drig - Rig Release(D)</b>	<b>Completion(C)</b>	<b>Tank Btty Constrctn(TB)</b>	<b>Pmpq Equipment(PEQ)</b>	<b>TOTAL</b>
Title/Curative/Permit	201 20,000				20,000
Insurance	202 2,500	302 0			2,500
Damages/Right of Way	203 20,000	303 0			20,000
Survey/Stake Location	204 7,000	304 80,000			87,000
Location/Pits/Road Expense	205 165,000	305 5,000			170,000
Drilling / Completion Overhead	206 5,400	306 12,500			17,900
Turnkey Contract	207 0	307 762,000			762,000
Footage Contract	208 0	308 291,000			291,000
Daywork Contract	209 402,000	309 281,000			683,000
Directional Drilling Services	210 224,000	310 408,000			632,000
Fuel & Power	211 114,000	311 36,000			150,000
Water	212 63,000	312 421,000			484,000
Bits	213 59,000	313 0			59,000
Mud & Chemicals	214 90,000	314 0			90,000
Drill Stem Test	215 0	315 315,000			315,000
Coring & Analysis	216 0				0
Cement Surface	217 16,500				16,500
Cement Intermediate	218 28,600				28,600
Cement 2nd Intermediate/Production	219 132,990				132,990
Cement Squeeze & Other (Kickoff Plug)	220 0				0
Float Equipment & Centralizers	221 50,000				50,000
Casing Crews & Equipment	222 55,000				55,000
Fishing Tools & Service	223 0	323 0			0
Geologic/Engineering	224 0	324 0			0
Contract Labor	225 6,500	325 2,000			8,500
Company Supervision	226 32,400	326 15,000			47,400
Contract Supervision	227 73,000	327 128,000			201,000
Testing Casing/Tubing	228 40,000	328 0			40,000
Mud Logging Unit	229 20,000	329 40,000			60,000
Logging	230 0				0
Perforating/Wireline Services	231 0	331 218,000			218,000
Stimulation/Treating		332 0			0
Completion Unit		333 0			0
Swabbing Unit		334 0			0
Rentals-Surface	235 112,500	335 0			112,500
Rentals-Subsurface	236 135,000	336 0			135,000
Trucking/Forklift/Rig Mobilization	237 200,000	337 10,000			210,000
Welding Services	238 3,000	338 0			3,000
Water Disposal	239 0	339 20,000			20,000
Plug to Abandon	240 0	340 0			0
Seismic Analysis	241 0	341 0			0
Miscellaneous	242 0	342 3,000			3,000
Contingency	243 66,000	343 76,000			142,000
Closed Loop & Environmental	244 184,500	344 0			184,500
Fuel - Diesel	245 0	345 300,000			300,000
Coil Tubing		346 241,000			241,000
Flowback Crews & Equip		347 10,000			10,000
Offset Directional/Frac	248 0	348 0			0
<b>TOTAL INTANGIBLES</b>	<b>2,327,890</b>	<b>3,674,500</b>	<b>0</b>	<b>0</b>	<b>6,002,390</b>

<b>TANGIBLE COSTS</b>					
Surface Casing	401 15,000				15,000
Intermediate Casing	402 73,000				73,000
Production Casing/Liner	403 244,000				244,000
Tubing		504 52,000			52,000
Wellhead Equipment	405 65,000	505 20,000			85,000
Pumping Unit					0
Prime Mover					0
Rods					0
Pumps-Sub Surface (BH)		509 0			0
Tanks					0
Flowlines					0
Heater Treater/Separator					0
Electrical System					0
Packers/Anchors/Hangers	414 0	514 60,000			60,000
Couplings/Fittings/Valves	415 0				0
Gas Lift/Compression					0
Dehydration					0
Injection Plant/CO2 Equipment					0
Pumps-Surface					0

Instrumentation/SCADA/POC									
Miscellaneous	419	0	519	0					0
Contingency	420	0	520	0					0
Meters/LACT									0
Flares/Combusters/Emission									0
Gas Lift/Compression			527	20,000					20,000
<b>TOTAL TANGIBLES</b>		<b>397,000</b>		<b>152,000</b>	<b>0</b>		<b>0</b>		<b>549,000</b>
<b>TOTAL WELL COSTS</b>		<b>2,724,890</b>		<b>3,826,500</b>	<b>0</b>		<b>0</b>		<b>6,551,390</b>

	<b>% of Total Well Cost</b>	<b>42%</b>	<b>58%</b>	<b>0%</b>	<b>0%</b>
COG Operating LLC					

Date Prepared: 9/13/21

We approve:  
 \_\_\_\_\_ % Working Interest

COG Operating LLC  
 \_\_\_\_\_ RSL

Company:  
 By: \_\_\_\_\_

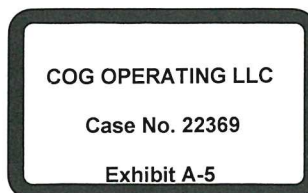
Printed Name:  
 Title:  
 Date: \_\_\_\_\_

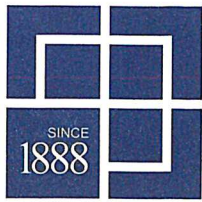
This AFE is only an estimate. By signing you agree to pay your share of the actual costs incurred.

**Hambone Fed Com 501H-Chronology Efforts**

**10/12/21-** Sent Federal Communitization Agreements to applicable parties

**10/12/21-** Sent Ratifications of Federal Communitization Agreements to applicable parties





**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

November 23, 2021

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

**TO ALL INTERESTED PARTIES SUBJECT TO NOTICE**

**Re: Case No. 22369 - Application of COG Operating LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 6, 2022** beginning at 8:15 a.m.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/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/oed/oedpermitting/>) 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.

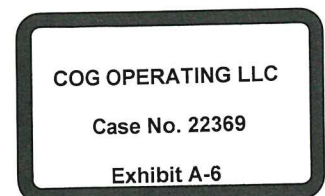
Please do not hesitate to contact me if you have any questions about this matter.

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

7021 0350 0001 3336 1324

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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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 Lynn S. and Grace Charuk or Brigham Minerals  
Street and 3921 Tanforan Ave.  
Midland, TX 79707  
City, State, \_\_\_\_\_

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

*Postmark Here*  
NOV 23 2021  
SANTA FE, NM

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>CS 124 NOV 19</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Lynn S. and Grace Charuk or Brigham Minerals 3921 Tanforan Ave. Midland, TX 79707</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 1324</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"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt



7021 0350 0001 3336 1348

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

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

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

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

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

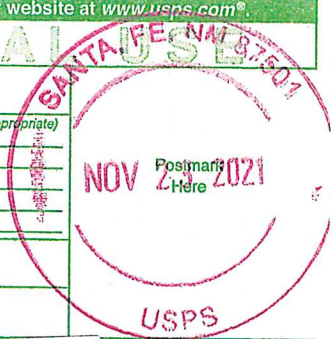
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To  
 Michael E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust  
 P.O. Box 570883  
 Houston, TX 77257

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Mitchel E. &amp; Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust          P.O. Box 570883          Houston, TX 77257</p> <p>9590 9402 6746 1074 2196 83</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"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 1348</p>	

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

Domestic Return Receipt

7021 0350 0001 3336 1331

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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 \$

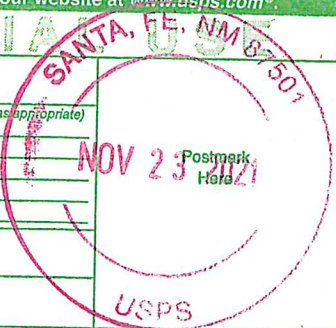
Adult Signature Restricted Delivery \$


Postage \$

**Total Postage and Fees** \$

Sent To Michael E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust  
909 Bannock St. Apt. 1401  
Denver, CO 80204

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Alex Cheney <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            ALEX</p> <p>C. Date of Delivery            11-29-21</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>Mitchel E. &amp; Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust            909 Bannock St. Apt. 1401            Denver, CO 80204</p>  <p>9590 9402 6746 1074 2196 76</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"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 1331</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3336 1355

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

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

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

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

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

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

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


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

Sent To  
 Michael E. & Elizabeth L. Cheney or Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust  
 236 Merrie Way Lane  
 Houston, TX 77024

Postmark Here **NOV 26 2021**

11SPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>CA 2406</b> C. Date of Delivery <b>11/26/21</b></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>Mitchel E. &amp; Elizabeth L. Cheney or          Mitchel E. Cheney Trust or Elizabeth L. Cheney Trust          236 Merrie Way Lane          Houston, TX 77024</p> <p>          9590 9402 6746 1074 2196 90</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)  <b>7021 0350 0001 3336 1355</b></p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3336 1362

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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 \_\_\_\_\_

EG3, Inc.  
 Street and Apt P.O. Box 1567  
 City, State, Zi Graham, TX 76450

Postmark Here  
 NOV 23 2021

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:

EG3, Inc.  
 P.O. Box 1567  
 Graham, TX 76450



9590 9402 6746 1074 2197 06

Article Number (Transfer from service label)  
7021 0350 0001 3336 1362

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *M Barrett*  Agent  Addressee

B. Received by (Printed Name) *M Barrett* C. Date of Delivery *11-29-21*

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

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

Domestic Return Receipt

7021 0350 0001 3336 1393

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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 Fortis Minerals II, LLC  
 Street and Apt. No. P.O. Box 470788  
 Ft. Worth, TX 76147  
 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Thomas</u> C. Date of Delivery <u>12/1/21</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>Fortis Minerals II, LLC          P.O. Box 470788          Ft. Worth, TX 76147</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>7021 0350 0001 3336 1393</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



9590 9402 6746 1074 2197 37

7020 2450 0002 1364 8776

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

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

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

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

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

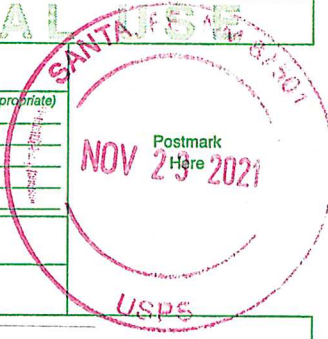
Adult Signature Restricted Delivery \$ \_\_\_\_\_

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

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

Sent To  
McMullen Minerals LLC  
Street and P.O. Box 470857  
Ft., Worth, TX 76147  
City, State, \_\_\_\_\_

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Elizabeth Leonard</i></p> <p>C. Date of Delivery  <i>12/01/21</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>McMullen Minerals LLC  P.O. Box 470857  Ft., Worth, TX 76147</p>	
<p>2. Article Number (Transfer from service label)  7020 2450 0002 1364 8776</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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>



9590 9402 6746 1074 2197 75

7021 0350 0001 3336 1409

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

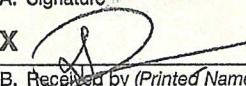

Postage  
 \$ \_\_\_\_\_

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

Sent To  
 Street and Ap \_\_\_\_\_  
 Pegasus Resources LLC  
 P.O. Box 733980  
 Dallas, TX 76373  
 City, State, Zi \_\_\_\_\_

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

*Stamp: NOV 23 2021 USPS*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>Gabriel Asamoah</b></p> <p>C. Date of Delivery  <b>NOV 26 2021</b></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>Pegasus Resources LLC          P.O. Box 733980          Dallas, TX 76373</p> <p></p> <p>9590 9402 6746 1074 2197 44</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>																	

7021 0350 0001 3336 1386

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

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

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

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

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

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

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

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

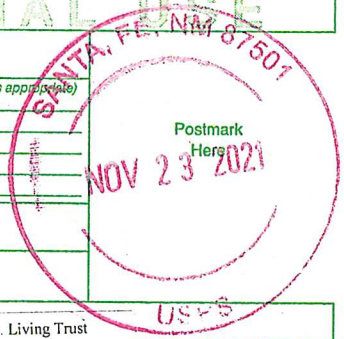
**Total Postage and Fees** \$ \_\_\_\_\_

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

Street and Apt. Mary Lee Harang Picou Rev. Living Trust  
 605 Sarah Court  
 Virginia Beach, VA 23464

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

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>M Picou</u> C. Date of Delivery <u>11/29/21</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>Mary Lee Harang Picou Rev. Living Trust          605 Sarah Court          Virginia Beach, VA 23464</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 6746 1074 2197 20</p> <p>7021 0350 0001 3336 1386</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



7020 2450 0002 1364 8769

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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 Pony Oil Operating LLC  
 Street or 3100 Monticello Ave.  
 City, State Dallas, TX 75205

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

*Postmark Here*  
 NOV 23 2021  
 SANTA FE NM 87501  
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<p>1. Article Addressed to:</p> <p>Pony Oil Operating LLC        3100 Monticello Ave.        Dallas, TX 75205</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><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 6746 1074 2197 68</p> <p>7020 2450 0002 1364 8769</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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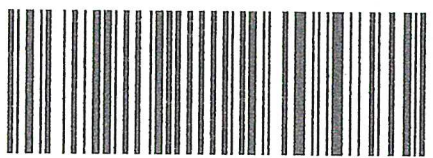
Sent To  
 Regeneration Energy Corp.  
 Street and Address: 324 W. Main St., Ste. 107  
 City, State, Zip: Artesia, NM 88210

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



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324 W. Main St., Ste. 107  
Artesia, NM 88210

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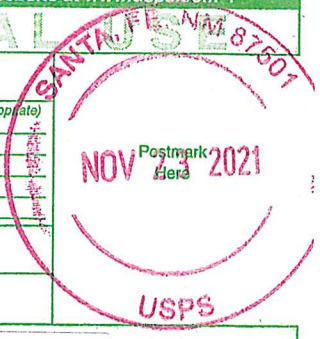
Total Postage and Fees  
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Sent To  
 TD Minerals LLC  
 8111 Westchester Dr.  
 Dallas, TX 75225

Street and Apt.  
 Dallas, TX 75225

City, State, ZIP

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<p>1. Article Addressed to:</p> <p>TD Minerals LLC        8111 Westchester Dr.        Dallas, TX 75225</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"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3336 1416</p>	

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

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

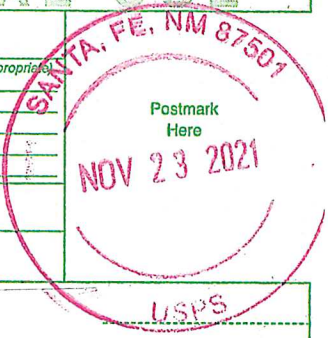
Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
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**Total Postage and Fees**  
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Sent To  
 Wing Resources IV, LLC  
 Street and / 2100 McKinney Ave., Ste. 1540  
 Dallas, TX 75201  
 City, State, \_\_\_\_\_

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<p>1. Article Addressed to:</p> <p>Wing Resources IV, LLC            2100 McKinney Ave., Ste. 1540            Dallas, TX 75201</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)            7021 0350 0001 3336 1379</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><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

# Affidavit of Publication


STATE OF NEW MEXICO  
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

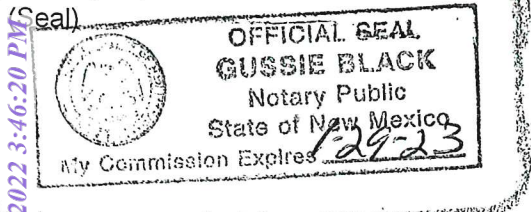
Beginning with the issue dated  
December 05, 2021  
and ending with the issue dated  
December 05, 2021.

  
Publisher

Sworn and subscribed to before me this  
5th day of December 2021.

  
Business Manager

My commission expires  
January 29, 2023



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

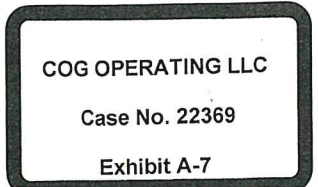
### LEGAL NOTICE December 5, 2021

This is to notify all interested parties, including Lynn S. Charuk; Grace Charuk; Brigham Minerals LLC; Mitchel E. Cheney; Elizabeth L. Cheney; Mitchel E. Cheney Trust; Elizabeth L. Cheney Trust; EG3, Inc.; Wing Resources IV, LLC; Mary Lee Harang Picou Rev. Living Trust; Fortis Minerals II, LLC; Pegasus Resources LLC; TD Minerals LLC; Pony Oil Operation LLC; McMullen Minerals LLC; Regeneration Energy Corp.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by COG Operating LLC (Case No. 22369). 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 January 6, 2022 beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests within the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2E/2 of Sections 5 and 8, Township 26 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Hambone #501H well to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 8 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 5. Also, to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as the operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 10.4 miles south of Malaga, New Mexico  
#37096

02107475

00261301

GILBERT  
HINKLE, SHANOR LLP  
PO BOX 2068  
SANTA FE, NM 87504



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

APPLICATION OF COG OPERATING LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 22369

SELF-AFFIRMED STATEMENT  
OF JASON HANZEL

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

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

3. **Exhibit B-1** is a location map for the proposed horizontal spacing unit ("Unit") within the Bone Spring formation. The approximate wellbore paths for the proposed **Hambone #501H** well ("Well") is represented by a dashed line. Existing producing wells in the targeted interval are represented by solid lines.

4. **Exhibit B-2** is a subsea structure map for the top of the formation that is representative of the targeted interval within the formation. The data points are indicated by crosses. The approximate wellbore path for the Well is depicted by a dashed line. The map demonstrates the formation is gently dipping to the east in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-3** identifies three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-4** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-3**. It contains gamma ray, resistivity and porosity logs. The proposed landing zone for the Well is labeled on the exhibit. This cross-section demonstrates the target interval is continuous across the Unit.

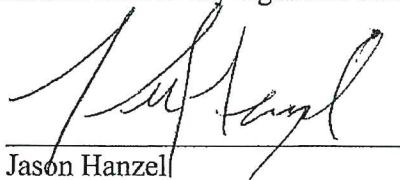
7. In my opinion, a standup orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and the lack of preferred fracture orientation in this portion of the trend.

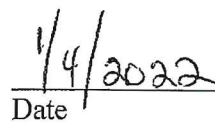
8. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Well.

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

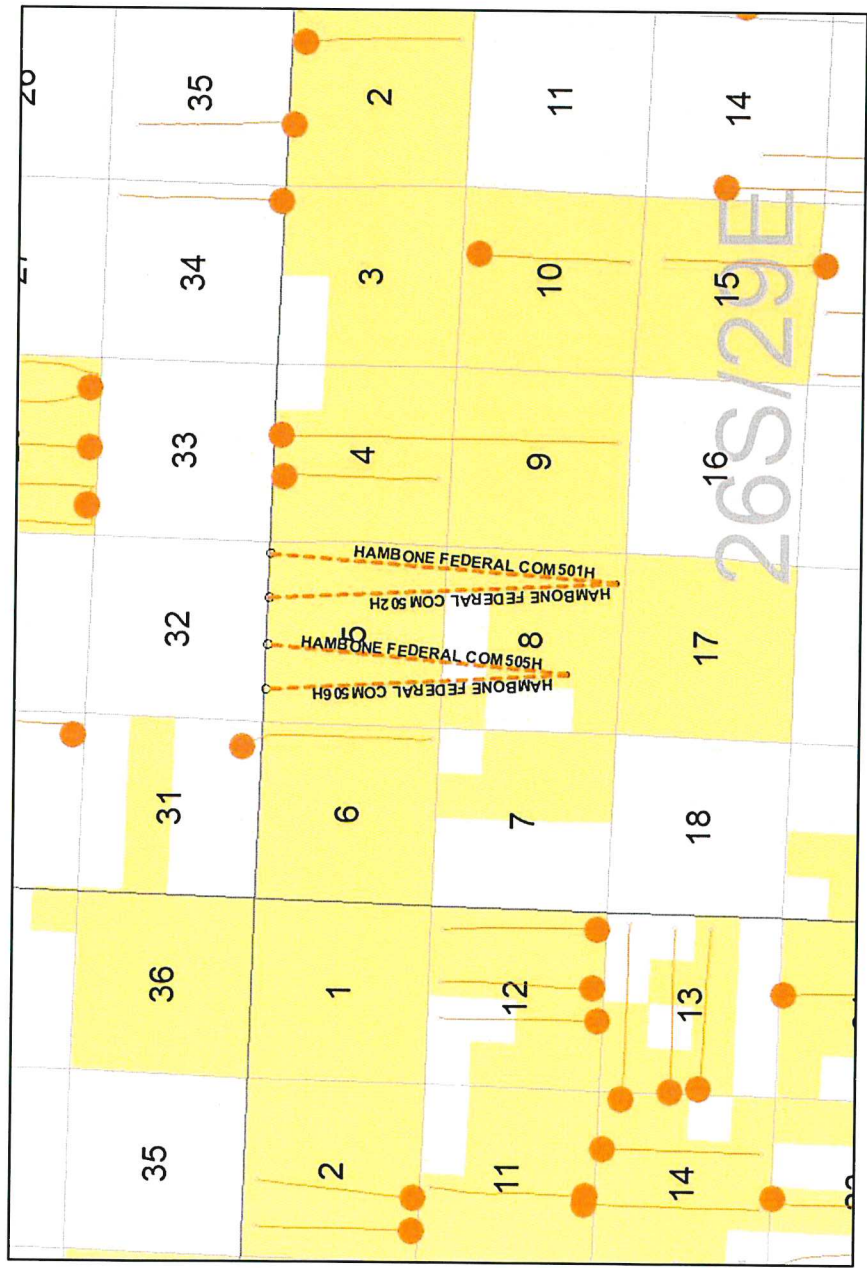
10. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

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.

  
\_\_\_\_\_  
Jason Hanzel

  
\_\_\_\_\_  
Date

# Hambone Federal Com



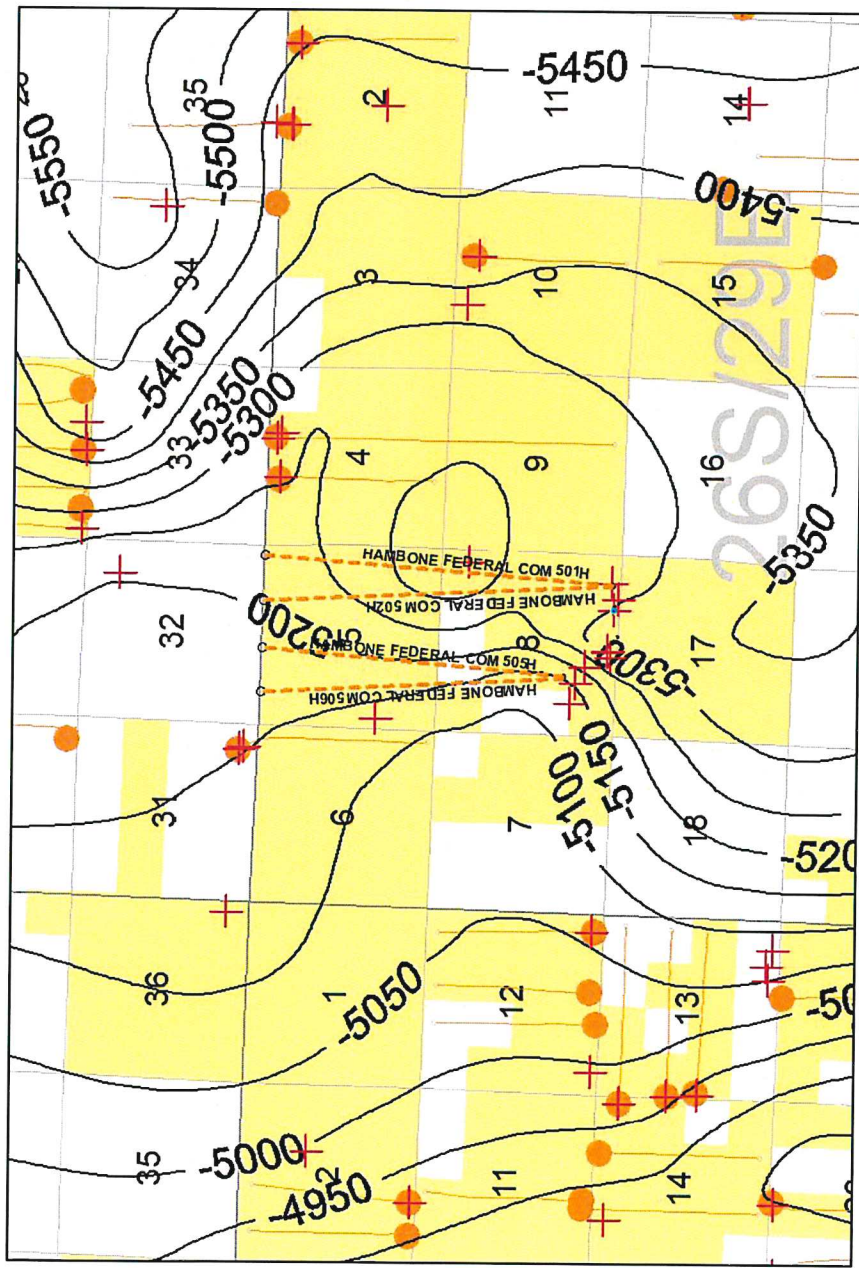
**Map Legend**

- BHL
- SHL
- COP - 2<sup>nd</sup> Bone Spring Horizontal Locations
- Producing 2<sup>nd</sup> Bone Spring Wells
- COP Acreage

COG OPERATING LLC  
 Case No. 22369  
 Exhibit B-1



# Top of BS2S Structure Map

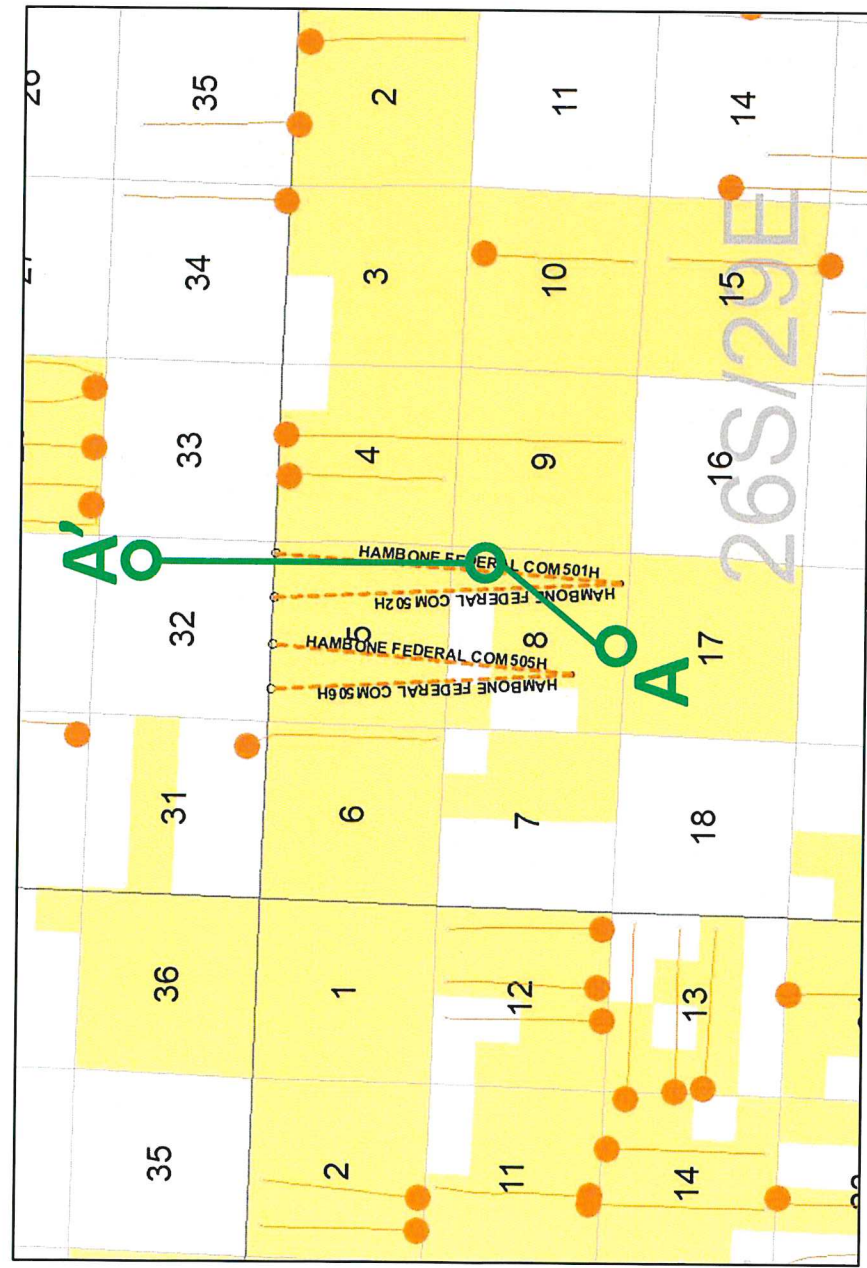


**Map Legend**

- BHL
- SHL
- COP - 2<sup>nd</sup> Bone Spring Horizontal Locations
- Producing 2<sup>nd</sup> Bone Spring Wells
- Data Point
- 2<sup>nd</sup> Bone Spring Structure Ci: 50'
- COP Acreage

COG OPERATING LLC  
Case No. 22369  
Exhibit B-2

# Cross Section Map



**Map Legend**

- BHL (Borehole Location)
- SHL (Surface Hole Location)
- COP - 2<sup>nd</sup> Bone Spring Horizontal Locations
- Producing 2<sup>nd</sup> Bone Spring Wells
- Cross Section Line
- COP Acreage

COG OPERATING LLC  
 Case No. 22369  
 Exhibit B-3

# Top of BS2S Structure Map

