

CASE NO. 22333

**APPLICATION OF CIMAREX ENERGY CO. FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO**

CIMAREX ENERGY CO.'S EXHIBIT LIST

(PART II)

- A. Landman's Affidavit
- B. Geologist's Affidavit
- C. Application and Proposed Notice
- D. Affidavit of Mailing
- E. Affidavit of Publication
- F. Pooling Checklist

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

AMENDED APPLICATION OF CIMAREX ENERGY CO.
FOR A HORIZONTAL SPACING UNIT AND
COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO

Case No. 22333
(formerly Case No. 22296)

AMENDED APPLICATION

Cimarex Energy Co. ("Cimarex"), OGRID No. 215099, through its undersigned attorneys, hereby files this Amended Application with the Oil Conservation Division ("Division") pursuant to the provisions of NMSA 1978, Section 70-2-17, for an order (1) creating a standard 320-acre, more or less, spacing and proration unit comprised of the E/2 W/2 of Sections 29 and 32, Township 25 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all uncommitted mineral interests in the Bone Spring formation, designated as an oil pool, underlying said unit.

In support of its Amended Application, Cimarex states the following:

1. Cimarex is a working interest owner in the proposed horizontal spacing and proration unit ("HSU") and has a right to drill a well thereon.
2. Cimarex proposes and dedicates to the HSU the **Southern Hills 32-29 State Fed Com 2H Well** as an initial well, to be drilled to a depth sufficient to test the Bone Spring formation.
3. Cimarex proposes the **Southern Hills 32-29 State Fed Com 2H Well**, an oil well, to be horizontally drilled from a surface location in the SE/4 SW/4 (Unit N) of Section 32 to a bottom hole location in the NE/4 NW/4 (Unit C) of Section 29.
4. The proposed well is orthodox in its location, and the take points and completed interval comply with setback requirements under the statewide rules.

EXHIBIT C

5. Cimarex has sought in good faith, but has been unable to obtain, voluntary agreement from all interest owners to participate in the drilling of the well or in the commitment of their interests to the well for their development within the proposed HSU.

6. The pooling of all interests in the Bone Spring formation within the proposed HSU, and creation of the spacing unit, will avoid the drilling of unnecessary wells, prevent waste and protect correlative rights.

7. In order to provide for its just and fair share of the oil and gas underlying the subject lands, Cimarex requests that all uncommitted interests in this HSU be pooled and that Cimarex be designated the operator of the proposed horizontal well and HSU.

WHEREFORE, Cimarex requests that this Amended Application be set for hearing on December 2, 2021, before an Examiner of the Oil Conservation Division, and after notice and hearing as required by law, the Division enter an order:

A. Approving the creation of a standard 320-acre, more or less, spacing and proration unit comprised of the E/2 W/2 of Sections 29 and 32, Township 25 South, Range 27 East, NMPM, Eddy County, New Mexico;

B. Pooling all uncommitted mineral interests in the Bone Spring formation underlying the proposed HSU.

C. Approving the **Southern Hills 32-29 State Fed Com 2H Well** as the well for the HSU.

D. Designating Cimarex as operator of this HSU and the horizontal well to be drilled thereon;

E. Authorizing Cimarex to recover its costs of drilling, equipping, and completing the well;

F. Approving actual operating charges and costs of supervision, to the maximum extent allowable, while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

G. Setting a 200% charge for the risk assumed by Cimarex in drilling and completing the well in the event a working interest owner elects not to participate in the well.

Respectfully submitted,

ABADIE & SCHILL, PC

/s/ Darin C. Savage

Darin C. Savage

William E. Zimsky
Paula M. Vance
Andrew D. Schill
214 McKenzie Street
Santa Fe, New Mexico 87501
Telephone: 970.385.4401
Facsimile: 970.385.4901
darin@abadieschill.com
bill@abadieschill.com
paula@abadieschill.com
andrew@abadieschill.com

Attorneys for Cimarex Energy Co.

Amended Application of Cimarex Energy Co. for a Horizontal Spacing and Proration Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 320-acre, more or less, horizontal spacing and proration unit comprised of the E/2 W/2 of Sections 29 and 32, Township 25 South, Range 27 East, NMPM, Eddy County, New Mexico, and (2) pooling all mineral interests in the Bone Spring formation, designated as an oil pool, underlying the unit. The proposed well to be dedicated to the horizontal spacing unit is the **Southern Hills 32-29 State Fed Com 2H Well**, an oil well, to be horizontally drilled from a surface location in the SE/4 SW/4 (Unit N) of Section 32 to a bottom hole location in the NE/4 NW/4 (Unit C) of Section 29. The well will be orthodox, and the take points and completed interval will comply with the setback requirements under the statewide Rules; also to be considered will be the cost of drilling and completing the well and the allocation of the costs thereof; actual operating costs and charges for supervision; the designation of the Applicant as Operator of the well and unit; and a 200% charge for the risk involved in drilling and completing the well. The well and lands are located approximately 3 miles south of Carlsbad, New Mexico, and 1 mile north of the state line.

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

APPLICATIONS OF CIMAREX ENERGY
CO. FOR COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO.

Case No. 22333

SELF-AFFIRMED STATEMENT

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Cimarex Energy Co.
3. Cimarex Energy Co. has conducted a good faith effort to locate the names and addresses of all interest owners in the proposed well unit.
4. Notice of the pooling application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are submitted as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 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.

Date: 2/10/22

James Bruce
James Bruce

EXHIBIT D

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

November 10, 2021

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Cimarex Energy Co., regarding the Southern Hills 32-29 St. Fed. Com. Well No. 2H, a Bone Spring well in a horizontal spacing unit comprised of the E/2W/2 of Section 32 and the E/W/2 of Section 29, Township 25 South, Range 27 East, N.M.P.M., Eddy County, New Mexico (Case No. 22333).

This matter is scheduled for hearing at 8:15 a.m. on Thursday, December 2, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

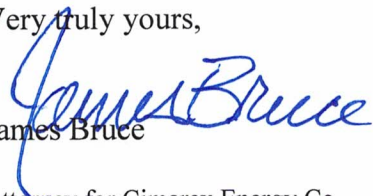
NOTE: Overriding royalty owners are not subject to the cost recovery, risk charge, and operating charges requested in the application.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, November 25, 2021. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

ATTACHMENT

A

Very truly yours,



James Bruce

Attorney for Cimarex Energy Co.

Chevron USA Inc.
6301 Deauville Blvd.
Midland, TX 79706

United States of America
c/o Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

Xplor Resources, LLC
1104 N. Shore Drive
Carlsbad, NM 88220

MRC Permian Company
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

State of New Mexico
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, NM 87501

Xplor Resources, LLC
1104 N. Shore Drive
Carlsbad, NM 88220

MRC Permian LKE Co. LLC
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

ABO Petroleum LLC
PO Box 900
Artesia, NM 88211

Premier Oil & Gas Inc.
1096 Mechem Drive, Suite G-16
Ruidoso, NM 88345

OXY Y-1 Company
5 Greenway Plaza Suite 110
Houston, TX 77046

COG Operating LLC
600 W. Illinois
Midland, TX 79701

Ross Duncan Properties LLC
P.O. Box 647
Artesia, NM 88211

Family Tree Corporation
915 S. Pearl Street
Denver, CO 80209

Nora Wright
1303 E. Orchard Ln., TRLR 15
Carlsbad, NM 88220

Christi Lea Rucker
243 S. Buena Vista St., Apt. B
Redlands, CA 92373

Betty Jonas
607 E. Hill Ave.
Gallup, NM 87301

EnCore Permian Holdings LP
P. O. Box 1113
Midland, TX 79702

Weslyn Hepler
1303 E. Orchard Ln., TRLR 18
Carlsbad, NM 88220

PetroLima, LLC
P. O. Box 1113
Midland, TX 79702

Eryn Hepler
603 N. 9th St.
Carlsbad, NM 88220

Francine Marilyn Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Charlene Hepler
4309 Sycamore St.
Carlsbad, NM 88220

Robert Hepler
41175 Mount Rd.
Anza, CA 92539

Sam L. Shackelford
1096 Mechem Drive
Ruidoso, NM 88345

Belinda Lee Hepler
59500 Ramsey Rd.
Anza, CA 92539

Doug J. Schutz
P.O. Box 973
Santa Fe, NM 87504

Zella Marie Hepler
1303 East Orchid Lane #15
Carlsbad, NM 88220

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

Marla Risher
2007 W. Pepper Tree Cir.
Carlsbad, NM 88220

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

Camarie Oil & Gas, LLC
2502 Camarie
Midland, TX 79705

Prospector, LLC
P.O. Box 429
Roswell, NM 88202

A

EXHIBIT

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:

PetroLima, LLC
 P. O. Box 1113
 Midland, TX 79702

9590 9402 6769 1074 4360 50

2. Article Addressed to:

7020 1810 0000 3290 6096 (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee *Susan Neale*
 B. Received by (Printed Name) *Susan Neale* C. Date of Delivery
 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 Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery Restricted Delivery

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

OFFICIAL USE

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

Postage \$
 Total Postage and Fees \$

Sent To EnCore Permian Holdings LP
 P. O. Box 1113
 Midland, TX 79702

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

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

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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 PetroLima, LLC
 P. O. Box 1113
 Midland, TX 79702

Street and Apt. No., or PO Box
 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:

EnCore Permian Holdings LP
 P. O. Box 1113
 Midland, TX 79702

9590 9402 6769 1074 4360 67

2. Article Addressed to:

7020 1810 0000 3290 6096 (Transfer from service label)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee *Susan Neale*
 B. Received by (Printed Name) *Susan Neale* C. Date of Delivery
 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 Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery Restricted Delivery

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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 EnCore Permian Holdings LP
 P. O. Box 1113
 Midland, TX 79702

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

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

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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 Betty Jones
607 E. Hill Ave.
Gallup, NM 87301

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

7020 2450 0002 1364 1371

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:

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

9590 9402 6769 1074 4444 06

7020 2450 0002 1364 1371

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Betty Jones* Agent Addressee

B. Received by (Printed Name) *Betty Jones* Date of Delivery *07/11/2020*

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 Restricted Delivery

Certified Mail®

Collect on Delivery

Collect on Delivery Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Delivery *Delivery*

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

Street and Apt. No., or PO Box _____

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:

Betty Jones
607 E. Hill Ave.
Gallup, NM 87301

9590 9402 6769 1074 4444 51

7020 2450 0002 1364 1370

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Betty Jones* Agent Addressee

B. Received by (Printed Name) *Betty Jones* Date of Delivery *07/11/2020*

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 Restricted Delivery

Certified Mail®

Collect on Delivery

Collect on Delivery Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Delivery *Delivery*

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Featherstone Development Corp
P.O. Box 429
Roswell, NM 88202

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

7020 2450 0002 1364 1371

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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 ABO Petroleum LLC
PO Box 900
Artesia, NM 88211

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

7020 1810 0000 3290 6000

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:

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:
 ABO Petroleum LLC
 PO Box 900
 Artesia, NM 88211

2. Article Addressed to:
 OXY Y-1 Company
 5 Greenway Plaza Suite 110
 Houston, TX 77046

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

Article Addressed to: _____ Restricted Delivery _____

Article Number (Transfer from service label)
 9590 9402 6769 1074 4445 36
 7020 1810 0000 3290 6003

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

7020 1810 0000 3290 6003

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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 OXY Y-1 Company
5 Greenway Plaza Suite 110
Houston, TX 77046

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

7020 1810 0000 3290 6003

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:
 ABO Petroleum LLC
 PO Box 900
 Artesia, NM 88211

2. Article Addressed to:
 7020 1810 0000 3290 6003 (over \$500)

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

Article Addressed to: _____ Restricted Delivery _____

Article Number (Transfer from service label)
 9590 9402 6769 1074 4445 43

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

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

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

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only**

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Eryn Hepler
603 N. 9th St.
Carlsbad, NM 88220

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

City, State, ZIP+4® _____

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

95947 4967 2000 0542 0202

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:

Agent Addressee

Date of Delivery 23 Nov 2021

2. Article Addressed to:

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery Restricted Delivery

7020 2450 0002 1364 1388 (over \$500)

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

Domestic Return Receipt

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Eryn Hepler
603 N. 9th St.
Carlsbad, NM 88220

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

City, State, ZIP+4® _____

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

95947 4967 2000 0542 0202

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:

Agent Addressee

Date of Delivery _____

2. Article Addressed to:

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

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery Restricted Delivery

7020 2450 0002 1364 1456 (over \$500)

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG Operating LLC
600 W. Illinois
Midland, TX 79701

9590 9402 6769 1074 4446 35
7020 1810 0000 3290 6126

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Stephanie

B. Received by (Printed Name) Addressee
STEPHANIE RAND

C. Date of Delivery
11-22-21

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
- Restricted Mail
- Restricted Delivery

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

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)

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

Postage Here

Total Postage and Fees \$

Sent To Robert Henler
41175 Mount Rd
Anza, CA 92539

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

City, State, ZIP+4® _____

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

See Reverse for Instructions

5909 0626 0000 0100 0202

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

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)

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

Postage Here

Total Postage and Fees \$

Sent To COG Operating LLC
600 W. Illinois
Midland, TX 79701

Street and Apt. No., or PO _____

City, State, ZIP+4® _____

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

See Reverse for Instructions

9219 0626 0000 0100 0202

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert Henler
41175 Mount Rd
Anza, CA 92539

9590 9402 6769 1074 4445 81
7020 1810 0000 3290 6065

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Stephanie

B. Received by (Printed Name) Addressee
STEPHANIE RAND

C. Date of Delivery

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

59500 RAMSAY
ANZA CA 92539

Service Type

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

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

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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Belinda Lee Hepler
59500 Ramsey Rd.
Anza, CA 92539

Postmark Here

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Belinda Lee Hepler
59500 Ramsey Rd.
Anza, CA 92539

Postmark Here

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Francine Marilyn Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Postmark Here

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Francine Marilyn Hepler
59500 Ramsey Rd., Apt. 568
Anza, CA 92539

Postmark Here

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Doug J. Schuitz
P.O. Box 973
Santa Fe, NM 87504

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

7020 9402 6769 1074 4444 82

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:

Charlene Hepler
4309 Sycamore St.
Carlsbad, NM 88220

2. Article Addressed to:

7020 2450 0002 1364 1445

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

If YES, enter delivery address below:

3. Service Type

Adult Signature

Certified Mail®

Certified Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Doug J. Schuitz
P.O. Box 973
Santa Fe, NM 87504

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:

Doug J. Schuitz
P.O. Box 973
Santa Fe, NM 87504

2. Article Addressed to:

7020 2450 0002 1364 1425

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

If YES, enter delivery address below:

3. Service Type

Adult Signature

Certified Mail®

Certified Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail Restricted Delivery

Domestic Return Receipt

7020 9402 6769 1074 4444 82

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:

Ross Duncan Properties LLC
P.O. Box 647
Artesia, NM 88211

9590 9402 6769 1074 4445 29

2. Article 7020 2450 0002 1364 1494

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Restricted Delivery
- 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)

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

Postage Here

Total Postage and Fees \$

Sent To United States of America
c/o Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

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

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage Here

Total Postage and Fees \$

Sent To Ross Duncan Properties LLC
P.O. Box 647
Artesia, NM 88211

Street and Apt. No., or PO Box
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:

United States of America
c/o Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

9590 9402 6769 1074 4446 04

2. Article 7020 1810 0000 3290 6034

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

B. Received by (Printed Name) Addressee

C. Date of Delivery 11-22-2021

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- 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

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 Chevron USA Inc.
6301 Deauville Blvd.
Midland, TX 79706

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

City, State, ZIP+4® _____

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

7225 0629 3290 0000 0100 0202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Received by (Printed Name) Stane Busas C. Date of Delivery 11/22/21

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

2. 7020 1810 0000 3290 5754 (over \$500) Domestic Return Receipt

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To MRC Permian LKE Co. LLC
5400 LBJ Freeway, Suite 1500
Dallas, TX 75240

Street and Apt. No., or _____

City, State, ZIP+4® _____

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

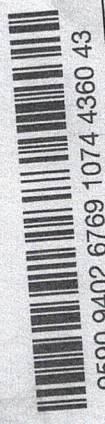
7225 0629 3290 0000 0100 0202

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:

Chevron USA Inc.
6301 Deauville Blvd.
Midland, TX 79706



2. 7020 1810 0000 3290 5723 Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Received by (Printed Name) Stane Busas C. Date of Delivery 11/22/21

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

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery 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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Prospector, LLC
P.O. Box 429
Roswell, NM 88202

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

See Reverse for Instructions

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

74917 74917 2000 0542 0202

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.

Article Addressed to:

Christi Lea Kueker
243 S. Buena Vista St., Apt. B
Redlands, CA 92373

9590 9402 6769 1074 4445 67

7020 1810 0000 3290 6102

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 11/20/21

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail 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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Prospector, LLC
P.O. Box 429
Roswell, NM 88202

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

See Reverse for Instructions

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

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.

Article Addressed to:

Prospector, LLC
P.O. Box 429
Roswell, NM 88202

9590 9402 6769 1074 4443 90

7020 2450 0002 1364 1364

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 11/20/21

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

3. Service Type

Priority Mail Express®

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

2029 0229 0000 3290 6102

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Sam L. Shackelford
1096 Mechem Drive
Ruidoso, NM 88345

Street and Apt. No., or P.O. Box # _____

City, State, Zip+4® _____

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

2547 49ET 2000 0542 0202

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, LLC
P.O. Box 429
Roswell, NM 88202

9590 9402 6769 1074 4444 44

2. Article 7020 2450 0002 1364 1418 (over \$500) Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

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

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

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Postmark Here

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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

Street and Apt. No., or P.O. Box # _____

City, State, Zip+4® _____

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

2547 49ET 2000 0542 0202

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:

Sam L. Shackelford
1096 Mechem Drive
Ruidoso, NM 88345

9590 9402 6769 1074 4444 99

2. Article 7020 2450 0002 1364 1432 (over \$500) Restricted Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

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

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

3. Service Type

Priority Mail Express®

Adult Signature

Registered Mail™

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Postmark Here

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____
MRC Permian Company 100
5400 LB Freeway, Suite 1500
Dallas, TX 75240

Street and Apt. No., or P.O. Box No. _____
City, State, ZIP+4® _____

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

7925 062E 0000 018T 0202

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:

Maria Risher
2007 W. Pepper Tree Cir.
Carlsbad, NM 88220

9590 9402 6769 1074 4444 20

2. Article Number (transfer from service label)
7020 2450 0002 1364 1395 Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____
MRC Permian Company
5400 LB Freeway, Suite 1500
Dallas, TX 75240

Street and Apt. No., or P.O. Box 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:

MRC Permian Company
5400 LB Freeway, Suite 1500
Dallas, TX 75240

9590 9402 6769 1074 4446 66

2. Article Number (transfer from service label)
7020 1810 0000 3290 5761 Delivery

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type

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

Domestic Return Receipt

56ET 49ET 2000 0542 0202

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Premier Oil & Gas Inc.
1096 Mechem Drive, Suite G-16
Ruidoso, NM 88345

Street and Apt. No., or PO Box _____

City, State, Zip+4® _____

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

7020 1810 0000 3290 6133

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:

Xplor Resources, LLC
1104 N. Shore Drive
Carlsbad, NM 88220

9590 9402 6769 1074 4444 37

2. Article 7020 2450 0002 1364 1401

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type
 Adult Signature Registered Mail™
 Certified Mail® Certified Mail Restricted Delivery
 Signature Confirmation™ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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Premier Oil & Gas Inc.
1096 Mechem Drive, Suite G-16
Ruidoso, NM 88345

9590 9402 6769 1074 4446 42

2. Article 7020 1810 0000 3290 6133

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Mr. T. Miller* C. Date of Delivery _____

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

3. Service Type
 Adult Signature Registered Mail™
 Certified Mail® Certified Mail Restricted Delivery
 Signature Confirmation™ Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7020 1810 0000 3290 6133

7202 1210 0000 0187 0202

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	\$	

Postmark Here

Sent To: Family Tree Corporation
913 S. Pearl Street
Denver, CO 80209

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

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

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7020 2450 0002 1364 1463



WTF

Weslyn Hepler
1303 E. Orchard Ln., TRLR 18
Carlsbad, NM 88220

NIXIE 750 *WTF* 0011/29/21

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

*0968-00657-17-42

UTF BC: 87504105656

87504105656

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

OFFICIAL USE

Certified Mail Fee

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

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

Postage

Total Postage and Fees

Sent To

Weslyn Hepler
1303 E. Orchard Ln., TRLR 18
Carlsbad, NM 88220

Street and Apt. No., or PO Box

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions

2021 0242 0500 2947 4789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7020 1810 0000 3290 604J

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504



UTF

Zella Marie Hepler
1303 East Orchid Lane #15
Carlsbad, NM 88220

NIXIE 750 FEB 1 0011/29/21
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504105656 *2182-01942-29-15

UTF
87504>1056

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	
Zella Marie Hepler	
1303 East Orchid Lane #15	
Carlsbad, NM 88220	

Postmark
Here

7020 1810 0000 3290 604J

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005019764

This is not an invoice

JAMES BRUCE ATTORNEY AT LAW
POBOX 1056

SANTA FE, NM 87504

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:

11/30/2021

Nicole Jacobs
Legal Clerk

Subscribed and sworn before me this November 30, 2021:

Kathleen Allen
State of WI, County of Brown
NOTARY PUBLIC

1-7-26

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

EXHIBIT

E

Ad # 0005019764
PO #:
of Affidavits 1

This is not an invoice

NOTICE

To: Chevron USA Inc., MRC Permian Company, MRC Permian LKE Co., LLC, Premier Oil & Gas Inc., COG Operating LLC, Family Tree Corporation, Christi Lea Rucker, Encore Permian Holdings LP, PetroLima, LLC, Francine Marilyn Hepler, Robert Hepler, Belinda Lee Hepler, Zella Marie Hepler, Marla Risher, Camarie Oil & Gas, LLC, Bureau of Land Management, Commissioner of Public Lands, ABO Petroleum LLC, OXY Y-1 Company, Ross Duncan Properties LLC, Nora Wright, Betty Jones, Weslyn Hepler, Eryn Hepler, Charlene Hepler, Sam L. Shackelford, Doug J. Schutz, Big Three Energy Group, LLC, Featherstone Development Corp., Prospector, LLC, and Xplor Resources, LLC or your heirs, devisees, successors, or assigns: Cimarex Energy Co, has filed an application with the New Mexico Oil Conservation Division (Case No. 22333) seeking an order pooling all uncommitted mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the E/2W/2 of Section 32 and the E/2W/2 of Section 29, Township 25 South, Range 27 East, NMPM, and approving the spacing unit for the Southern Hills 32-29 St. Fed. Com. Well No. 2H, a horizontal well with a first take point in the SE/4SW/4 of 32 and a last take point in the NE/4NW/4 of Section 29. Also to be considered will be the cost of drilling, completing, and equipping the well and the allocation of the cost thereof, as well as actual operating costs and charges for supervision, designation of Cimarex Energy Co. as operator of the well, and a 200% charge for the risk involved in drilling, completing, and equipping the well. The application is scheduled to be heard at 8:15 a.m. on December 2, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date. A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, November 25, 2021. This statement may be filed online with the Division and has

with the Division at occ-hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

The attorney for applicant is James Bruce, P.O. Box 1056, Santa Fe, New Mexico 87504 jamesbruc@aol.com. The unit is located approximately 3 miles south of Carlsbad, New Mexico, #5019764 Current Argus: Nov.30,2021

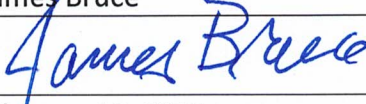
COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

Case:	22333
Date:	February 17, 2022
Applicant	Cimarex Energy Co.
Designated Operator & OGRID (affiliation if applicable)	Cimarex Energy Co./OGRID No.215099
Applicant's Counsel:	James Bruce
Case Title:	Application of Cimarex Energy Co. for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	Chevron U.S.A. Inc./Holland & Hart LLP MRC Permian Company/Kyle Perkins
Well Family	Southern Hills wells
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring Formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Bone Spring formation
Pool Name and Pool Code:	Carlsbad; Bone Spring, South /Pool Code 9670
Well Location Setback Rules:	Statewide rules and current horizontal well rules
Spacing Unit Size:	Quarter-quarter sections/40 acres
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320 acres
Building Blocks:	
Orientation:	South - North
Description: TRS/County	E/2W/2 §29 and E/2W/2 §32-25S-27E, NMPM, Eddy County
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	
Applicant's Ownership in Each Tract	Exhibit A-2
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non- standard)	Southern Hills 32-29 State Fed. Com. Well No. 2H API No. 30-015-Pending SHL: 820 FSL & 1558 FWL §32 BHL: 100 FNL & 2112 FWL §29 FTP: 820 FSL & 2112 FEL §32 LTP: 100 FNL & 2112 FWL §29 Bone Spring/TVD 7900 feet/MD 19960 feet

EXHIBIT

F

Horizontal Well First and Last Take Points	See above
Completion Target (Formation, TVD and MD)	See above
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8000
Production Supervision/Month \$	\$800
Justification for Supervision Costs	Exhibit A, page 3
Requested Risk Charge	Cost + 200%/Exhibit A, page 4
Notice of Hearing	
Proposed Notice of Hearing	Exhibit C
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit D
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit E
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-2
Tract List (including lease numbers and owners)	Exhibits A-2
Pooled Parties (including ownership type)	Exhibit A-2
Unlocatable Parties to be Pooled	Yes. See Exhibits A-2 and D
Ownership Depth Severance (including percentage above & below)	None
Joinder	
Sample Copy of Proposal Letter	Exhibit A-3
List of Interest Owners (<i>i.e.</i> Exhibit A of JOA)	Exhibit A-2
Chronology of Contact with Non-Joined Working Interests	Exhibit A-4
Overhead Rates In Proposal Letter	Exhibit A-3
Cost Estimate to Drill and Complete	Exhibit A-3
Cost Estimate to Equip Well	Exhibit A-3
Cost Estimate for Production Facilities	Exhibit A
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibits A-1 and B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-4
Well Orientation (with rationale)	Standup/Exhibit B
Target Formation	Bone Spring
HSU Cross Section	Exhibit B-5
Depth Severance Discussion	Not Applicable
Forms, Figures and Tables	
C-102	Exhibit A-1

Tracts	Exhibit A-2
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-2
General Location Map (including basin)	Exhibit A-2
Well Bore Location Map	Exhibits A-1 and B-4
Structure Contour Map - Subsea Depth	Exhibit B-1
Cross Section Location Map (including wells)	Exhibit B-5
Cross Section (including Landing Zone)	Exhibit B-5
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	James Bruce
Signed Name (Attorney or Party Representative):	
Date:	February 10, 2022