

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

**APPLICATION OF STEWARD ENERGY II,
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO. 22570

EXHIBIT INDEX

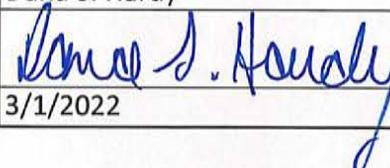
Compulsory Pooling Checklist

- Exhibit A Self-Affirmed Statement of Taylor Warren
 - A-1 Application & Proposed Notice of Hearing
 - A-2 C-102
 - 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 Shane Seals
 - B-1 Location Map, Structure Map, Gunbarrel Schematic
 - B-2 Cross Section

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22570
Hearing Date:	3/3/2021
Applicant	Steward Energy II, LLC
Designated Operator & OGRID	OGRID # 371682
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Steward Energy II, LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Gray Matter
Formation/Pool	
Formation Name(s) or Vertical Extent	San Andres
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	San Andres
Pool Name and Pool Code	Bronco; San Andres, South Pool (Pool Code 7500)
Well Location Setback Rules	Statewide
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acre
Building Blocks	quarter-quarter
Orientation	Standup
Description: TRS/County	E/2 of Section 28, Township 13 South, Range 38 East, Lea County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No
Proximity Tracts: If yes, description	The completed interval of the Gray Matter Fee #2H will be within 330' of the line separating the W/2E/2 and E/2E/2 of Section 28 to allow for the formation of a 320-acre standard horizontal spacing unit.
Proximity Defining Well: if yes, description	Gray Matter Fee #2H
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Gray Matter Fee #2H (API # pending) SHL: 263' FSL & 173' FEL of Section 21, T13S, R38E, N.M.P.M. BHL: 100' FSL & 1,210' FEL of Section 28, T13S, R38E, N.M.P.M. Completion Target: San Andres (Approximately 5369' TVD) Completion status: Standard
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
FE Capex and Operating Costs	
Drilling Supervision/Month \$	7,000
Production Supervision/Month \$	700
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit A-6

Proof of Published Notice of Hearing (10 days before hearing)	Exhibit A-7
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A-3
Ownership Depth Severance	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-1
Structure Contour Map - Subsea Depth	Exhibit B-1
Cross Section Location Map (including wells)	Exhibit B-1
Cross Section (including Landing Zone)	Exhibit B-2
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	
Date:	3/1/2022

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

APPLICATION OF STEWARD ENERGY II,
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO

CASE NO. 22570

**SELF-AFFIRMED STATEMENT
OF TAYLOR WARREN**

1. I am the Vice President of Land at Steward Energy II, LLC (“Steward”) 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 the 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. Steward seeks an order pooling all uncommitted interests within the San Andres formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 of Section 28, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Gray Matter Fee #2H** well (“Well”) to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 21 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 28.

Steward Energy II, LLC
Case No. 22570
Exhibit A

6. The completed interval of the Well will be within 330' of the line separating the W/2E/2 and E/2E/2 of Section 28 to allow for the formation of a 320-acre standard horizontal spacing unit. As such, 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 Steward seeks to pool highlighted in yellow.

9. **Exhibit A-4** contains a sample well proposal letter and AFE sent to working interest owners for 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. Steward has conducted a diligent search of all county public records including phone directories and computer databases.

11. In my opinion, Steward 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**.

12. Steward requests overhead and administrative rates of \$7,000 per month while the Well is being drilled and \$700 per month while the Well is producing. These rates are fair and are comparable to the rates charged by Steward and other operators in the vicinity.

13. 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 the associated green cards are attached as **Exhibit A-6**.

14. 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**.

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

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

17. 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.


Taylor Warren

02-28-2022
Date

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

**APPLICATION OF STEWARD ENERGY II,
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO**

CASE NO. 22570

APPLICATION

Pursuant to NMSA § 70-2-17, Steward Energy II, LLC (“Applicant”) applies for an order pooling all uncommitted interests within the San Andres formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 of Section 28, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”). Applicant states the following in support of its application:

1. Applicant (OGRID No. 371682) is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the Gray Matter Fee #2H well (“Well”), which will be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 21 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 28.
3. The completed interval of the Well will be within 330’ of the line separating the W/2E/2 and E/2E/2 of Section 28 to allow for the formation of a 320-acre standard horizontal spacing unit.
4. The completed interval of the Well will be orthodox.
5. 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 the interest owners.
6. The pooling of uncommitted mineral interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

Steward Energy II, LLC
Case No. 22570
Exhibit A-1

7. 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 March 3, 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
 Facsimile: (505) 982-8623
 dhardy@hinklelawfirm.com
 mrodriguez@hinklelawfirm.com
 Counsel for Steward Energy II, LLC

Application of Steward Energy II, LLC for Compulsory Pooling, Lea County, New Mexico. Applicant applies for an order pooling all uncommitted interests within the San Andres formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 of Section 28, Township 13 South, Range 38 East, Lea County, New Mexico ("Unit"). The Unit will be dedicated to the Gray Matter Fee #2H well ("Well") to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 21 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 28. The completed interval of the Well will be within 330' of the line separating the W/2E/2 and E/2E/2 of Section 28 to allow for the formation of a 320-acre standard horizontal spacing unit. The completed interval of the Well will be orthodox. 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 13.5 miles Southeast of Tatum, New Mexico.

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 7500	³ Pool Name BRONCO; SAN ANDRES, SOUTH	
⁴ Property Code	⁵ Property Name GRAY MATTER FEE			⁶ Well Number 2H
⁷ OGRID No. 371682	⁸ Operator Name STEWARD ENERGY II, LLC			⁹ Elevation

¹⁰ Surface Location

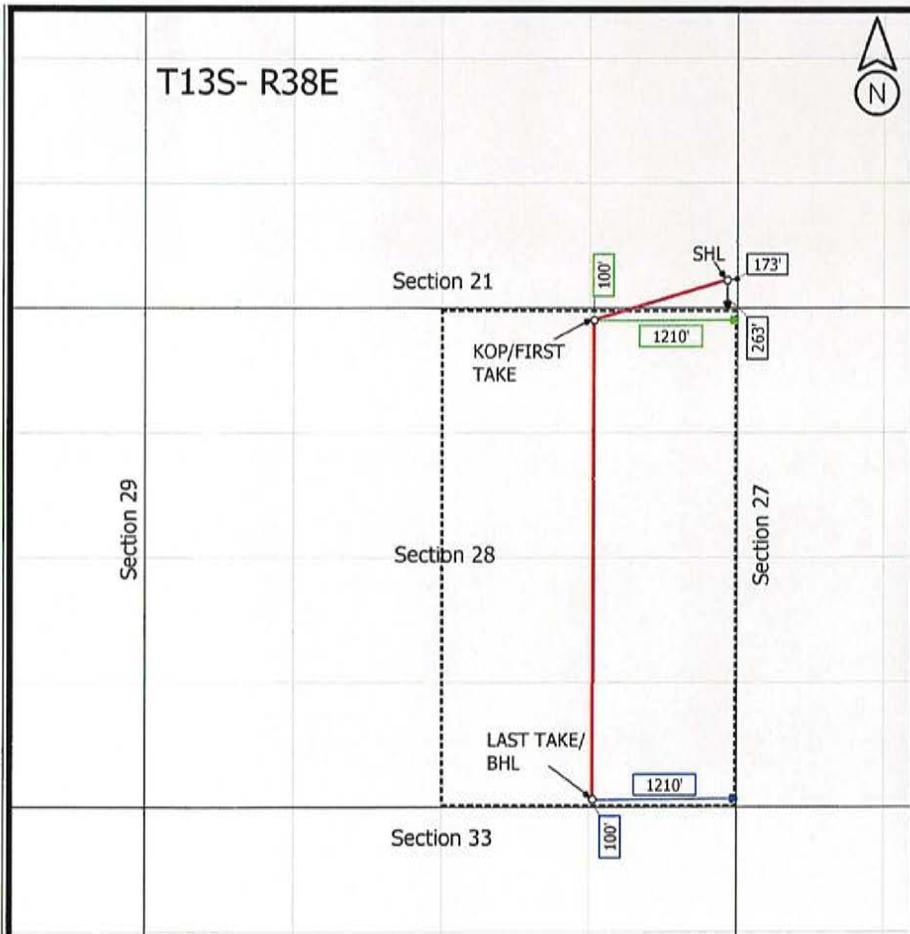
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	21	13S	38E		263	SOUTH	173	EAST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	28	13S	38E		100	SOUTH	1210	EAST	LEA

¹² Dedicated Acres 320.0	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
--	-------------------------------	----------------------------------	-------------------------

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



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

Signature _____ Date _____

Printed Name _____

E-mail Address _____

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

Date of Survey _____

Signature and Seal of Professional Surveyor: _____

Certificate Number _____

Steward Energy II, LLC
 Case No. 22570
 Exhibit A-2

Gray Matter Fee
E/2 of Sec. 28, T13S-R38E, N.M.P.M
Lea County, NM



HZ Spacing Unit

Steward Energy II, LLC
Case No. 22570
Exhibit A-3

EXHIBIT A-3

Tract A

(SE/4 of Section 28, T13S-R38E, being 160.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	51.594202%	Committed JOA executed
G.O. Basic Energy I LLC	WI	27.781493%	Committed JOA executed
		Total:	79.375695%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Kenneth G. Cone	MI	0.833333%	AFE executed
Susan Michelle Currie	MI	0.312500%	AFE executed
David Hugh Currie, II	MI	0.312500%	Uncommitted
Billie Samberson Currie	MI	1.250000%	Uncommitted
Bob Hugh Currie	MI	0.625000%	Uncommitted
Bobby Lane Currie	MI	0.312500%	Uncommitted
James David Currie	MI	0.625000%	Uncommitted
Kimberly Kathleen Currie	MI	0.312500%	Uncommitted
Estate of Genevieve Garner Currie	MI	1.250000%	Uncommitted
Estate of J.W. Wallrich	MI	1.388889%	Uncommitted
Estate of Lucille Watkins	MI	0.833333%	Uncommitted
Estate of Mary Frances Phillips	MI	2.500000%	Uncommitted
Jeanne Watkins Miller Trust	MI	2.083333%	Uncommitted
Kingsland Family Trust	MI	0.277778%	Uncommitted
Courtney Bushrod Kingsland	MI	1.250000%	Uncommitted
Cathie Cone McCown	MI	0.833333%	Uncommitted
Billy Glen Spradlin	MI	0.068750%	Uncommitted

Total:	15.068749%
Grand Total:	100.00000%

Tract B

(NE/4 of Section 28, T13S-R38E, being 160.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	54.342298%	Committed JOA executed
G.O. Basic Energy I LLC	WI	29.261237%	Committed JOA executed
		Total:	83.603535%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>	<u>Status</u>
Gary Lynn Gourley	MI	0.223214%	AFE executed
Pheasant Energy, LLC	MI	0.148810%	AFE executed
Kenneth G. Cone	MI	0.095238%	AFE executed
Harle, Inc.	MI	0.022321%	AFE executed
Connie Gausa Clark	MI	0.446429%	Uncommitted
William Ellis Danley, Jr.	MI	0.595238%	Uncommitted
Benjamin Blaine Danley	MI	0.595238%	Uncommitted
Jan C. Dotson-Ice	MI	0.002511%	Uncommitted
Estate of Dr. John L. Cobb	MI	1.428571%	Uncommitted
Estate of H.G. Denman	MI	0.833333%	Uncommitted
Estate of J.W. Wallrich	MI	4.222222%	Uncommitted
Jamie Marie Fleetwood	MI	0.327381%	Uncommitted
Jason Christopher Fleetwood	MI	0.436508%	Uncommitted
Marcie Marie Fleetwood	MI	0.436508%	Uncommitted
Gerry Gausa	MI	0.446429%	Uncommitted
Helen M. Danley Family Trust	MI	0.595238%	Uncommitted

William Wallace Hufford, III	MI	0.446429%	Uncommitted
John Fulton Hufford	MI	0.446429%	Uncommitted
McAlpin-Galloway Minerals, LLC	MI	0.446429%	Uncommitted
Cathie Cone McCown	MI	0.095238%	Uncommitted
Meridian 102, LP	MI	0.446429%	Uncommitted
Michael Harrison Moore	MI	0.297619%	Uncommitted
Robert Edward Eckels, Jr., LLC	MI	0.005022%	Uncommitted
Donald Bruce Sewell	MI	0.892857%	Uncommitted
Stephen Dale Sewell	MI	0.892857%	Uncommitted
Billy Glen Spradlin	MI	0.007857%	Uncommitted
Barbara Brown Thowsen	MI	0.401786%	Uncommitted
		<hr/>	
		Total:	16.396465%
		<hr/>	
		Grand Total:	100.00000%

Recapitulation

Committed

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>
Steward Energy II, LLC	WI	52.968250%
G.O. Basic Energy I LLC	WI	28.521365%
Total:		81.489615%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>Ownership</u>
Cone, Kenneth G.	MI	0.464286%
Currie, Susan Michelle	MI	0.156250%
Gourley, Gary Lynn	MI	0.111607%
Pheasant Energy, LLC	MI	0.074405%
Harle, Inc.	MI	0.011161%
Alma L. Tisher and husband, Kelly B. Tisher, JTWROS	MI	0.000804%
AMS Minerals, LLC	MI	0.223215%
Barton Jr., Roy G.	MI	0.223215%
Brown, Jessica Hyde	MI	0.133929%
Clara C. Smith and Allen C. Smith Trust Agreement, dated 12/6/1971	MI	2.500000%
Clark, Connie Gaussa	MI	0.223215%
Courtney B. Kingsland Trust	MI	0.277778%
Currie II, David Hugh	MI	0.156250%
Currie, Billie Samberson	MI	0.625000%
Currie, Bob Hugh	MI	0.312500%
Currie, Bobby Lane	MI	0.156250%
Currie, James David	MI	0.312500%
Currie, Kimberly Kathleen	MI	0.156250%
Danley Jr., William Ellis	MI	0.297619%
Danley, Benjamin Blaine	MI	0.297619%
Dotson-Ice, Jan C.	MI	0.001256%
Estate of Dr. John L. Cobb	MI	0.714286%
Estate of Genevieve Garner Currie	MI	0.625000%
Estate of H.G. Denman	MI	0.416667%
Estate of J.W. Wallrich	MI	2.805556%
Estate of Lucille Watkins	MI	0.416667%
Estate of Mary Frances Phillips	MI	1.250000%
Fleetwood, Jamie Marie	MI	0.163691%
Fleetwood, Jason Christopher	MI	0.218254%

Fleetwood, Marcie Marie	MI	0.218254%
Gaussa, Gerry	MI	0.223215%
Helen M. Danley Family Trust	MI	0.297619%
Hufford III, William Wallace	MI	0.223215%
Hufford, John Fulton	MI	0.223215%
Jeanne Watkins Miller Trust	MI	1.041667%
Kingsland Family Trust	MI	0.138889%
Kingsland, Courtney Bushrod	MI	0.625000%
McAlpin-Galloway Minerals, LLC	MI	0.223215%
McCown, Cathie Cone	MI	0.464286%
Meridian 102, LP	MI	0.223215%
Moore, Michael Harrison	MI	0.148810%
Robert Edward Eckels, Jr., LLC	MI	0.002511%
Sewell, Donald Bruce	MI	0.446429%
Sewell, Stephen Dale	MI	0.446429%
Spradlin, Billy Glen	MI	0.038304%
Thowsen, Barbara Brown	MI	0.200893%

Total: 18.510385%

Grand Total: 100.000000%



STEWARD ENERGY

*****VIA CERTIFIED U.S.P.S. MAIL #7021 0950 0000 0550 3573*****

January 4, 2022

**Re: Steward Energy II, LLC
Well Proposal – Gray Matter Fee #2H
E/2 of Section 28
Township 13 South, Range 38 East, N.M.P.M.
Lea County, New Mexico**

Alma L. Tisher and husband, Kelly B. Tisher
1225 S. Downing St.
Denver, CO 80210

Dear Mineral Owner,

This letter will serve as notice regarding the plans of Steward Energy II, LLC (“Steward”) to drill the Gray Matter Fee #2H (“Well”) as a horizontal well, targeting the San Andres Formation with an approximate total depth drilled of 10,880 feet. The Well’s surface hole will be located approximately 300 feet from the south boundary line and 300 feet from the east boundary line of Section 21, Township 13 South, Range 38 East, N.M.P.M. and is subject to change based on final determination. The producing intervals of the Well will be located within a standard horizontal spacing unit described as being the East Half (E/2) of Section 28, Township 13 South, Range 38 East, N.M.P.M. (“Spacing Unit”). The Well’s first take point will be located approximately 100 feet from the north boundary line and 1,310 feet from the east boundary line of the Spacing Unit. The Well’s last take point will be located approximately 100 feet from the south boundary line and 1,310 feet from the east boundary line of the Spacing Unit.

Steward’s ownership records indicate that you own an unleased mineral interest located within the Spacing Unit, and as an unleased mineral owner you are offered participation in the Well based upon your proportionate mineral interest in the Spacing Unit. Your proportionate interest and share of cost in the Well are noted at the bottom of the attached Authorization for Expenditure (“AFE”). The itemized cost of the Well is listed on the AFE, and the total cost for drilling is \$1,467,530, with an additional \$2,020,500 to complete the well (Total \$3,488.030). *This AFE is an estimate only and an unleased mineral owner, by execution of same, commits to pay its proportionate share of actual cost incurred.*

Please indicate your election as to your participation in the Well by checking the appropriate box in the space provided below and returning the second page of this letter to Steward using the enclosed envelope. In the event you elect to participate in the well, please also sign the bottom of the attached AFE, and include it within the envelope as well.

Steward Energy II, LLC
Case No. 22570
Exhibit A-4

Well Proposal
Gray Matter Fee #2H
January 4, 2022

Please be advised that Steward has requested a risk penalty in accordance with New Mexico law. In the event you elect NOT to participate, but do desire to lease your mineral interest, please contact Steward's Land Department and request to speak with a Landman regarding your unleased interest.

Your election must be received by Steward within 30 days of the date this proposal was received by you. Failure to respond within 30 days shall be deemed an election NOT to participate. Please send your election to:

Steward Energy II, LLC
Land Department
2600 N. Dallas Parkway, Suite 400
Frisco, Texas 75094

For questions regarding this well proposal please contact the Land Department via email land@stewardenergy.net or call (214) 297-0500.

Respectfully,

Cooper Newlan
Landman

Attachment

Proportionate Interest: 0.000804%

The undersigned elects to not to participate in the Gray Matter Fee #2H well with their proportionate interest.

Alma L. Tisher and husband, Kelly B. Tisher

By: _____ Date: _____



AUTHORIZATION FOR EXPENDITURE

Well Name: Gray Matter Fee #2H		AFE Number: 2204034DR	
Operator: Steward Energy II, LLC		AFE Date: 1/4/2022	
Well Type: Horizontal Oil	AFE Type: New Drill		County, State: Lea, NM
Legal (S/T/R):	E/2 of Section 28	Prop. Depth: Approx 10,880' MD, 5,369' TVD	Prep. By: Tim Hilton
	Township 13 South, Range 38 East, N.M.P.M.	Field: Bronco, San Andres, South	
Surface Location: 300' FSL & 300' FEL of Section 21, T13S, R38E, N.M.P.M.			
Bottom Hole Location: 100' FSL & 1,310' FEL of Section 28, T13S, R38E, N.M.P.M.			
Project Description: The drilling and completion of an approximate one mile horizontal well with the San Andres as the target formation; including pilot hole.			

Account #	Cost Breakdown	Drilling	Completion Cost	Total
8200.100	Land, Surveying & Legal	\$22,000		\$22,000
8200.101	Abstract, Title & Permit	\$70,000		\$70,000
8200.102	ROW & Surface Damages	\$25,000		\$25,000
8200.103	Road, Pad Location & Pit Building	\$58,500		\$58,500
8200.104	Environ, Reg & Safety	\$4,950		\$4,950
8200.105	Well Insurance	\$2,200		\$2,200
8200.113	Contract Labor	\$5,850		\$5,850
8200.114	Consulting Services & Contract Supervision	\$50,500		\$50,500
8200.120	Vacuum & Pump Truck	\$4,500		\$4,500
8200.122	Material Transportation	\$10,400		\$10,400
8200.126	Fuel	\$38,600		\$38,600
8200.131	Chemical-Downhole Treating	\$12,160		\$12,160
8200.132	Mud & Additives	\$40,000		\$40,000
8200.140	Mob/Demob	\$90,000		\$90,000
8200.141	Mud Disposal/Pit Closure	\$180,000		\$180,000
8200.142	Trailer Rental, Camp & Catering	\$22,700		\$22,700
8200.144	Drilling Rig - Daywork or Footage	\$142,800		\$142,800
8200.149	Bits, Mills & Reamers	\$34,500		\$34,500
8200.151	Directional Services	\$102,000		\$102,000
8200.154	Open Hole Logs	\$40,000		\$40,000
8200.160	Casing Crews & Services	\$18,700		\$18,700
8200.161	Cementing Services	\$84,000		\$84,000
8200.170	Water Purchase & Transfer	\$29,000		\$29,000
8200.175	Surface Equipment Rental & Services	\$49,800		\$49,800
8200.176	Downhole Equipment Rental & Services	\$36,400		\$36,400
8200.193	Downhole Inspection/Testing - Casing, Tubing & Rods	\$32,650		\$32,650
8200.301	Overhead	\$10,000		\$10,000
IDC Total:		\$1,217,210		\$1,217,210
8250.200	Conductor/Drive Pipe	\$13,600		\$13,600
8250.201	Surface Casing	\$47,400		\$47,400
8250.203	Production Casing	\$143,640		\$143,640
8250.205	Wellhead Equipment, Flow Tee & Meter Run	\$12,880		\$12,880
8250.214	Other Downhole Equipment	\$32,800		\$32,800
TDC Total:		\$250,320		\$250,320
Drilling Total:		\$1,467,530		\$1,467,530

Account #	Cost Breakdown	Drilling	Completion Cost	Total
8300.114	Consulting Services & Contract Supervision		\$52,000	\$52,000
8300.120	Vacuum & Pump Truck		\$6,000	\$6,000
8300.122	Material Transportation		\$13,000	\$13,000
8300.126	Fuel		\$42,000	\$42,000
8300.131	Chemicals - Downhole Treating		\$3,500	\$3,500
8300.142	Trailer Rental, Camp & Catering		\$3,000	\$3,000
8300.143	Well Control - BOP, Isolation Assy		\$45,000	\$45,000
8300.146	Completion/Workover Rig		\$31,450	\$31,450
8300.148	Reverse Unit		\$16,000	\$16,000
8300.149	Bits, Mills & Reamers		\$3,500	\$3,500
8300.164	Wireline & Perforating		\$58,000	\$58,000
8300.170	Water Purchase & Transfer		\$145,250	\$145,250
8300.171	Stimulation - Frac, Acid, Gravel Pack		\$500,000	\$500,000
8300.175	Surface Equipment Rental & Services		\$36,000	\$36,000
8300.176	Downhole Equipment Rental & Services		\$21,000	\$21,000
8300.179	Elect & Generator R&M		\$21,000	\$21,000
ICC Total:			\$996,700	\$996,700
8350.205	Wellhead Equipment, Flow Tee & Meter Run		\$12,000	\$12,000
8350.206	Tubing		\$25,000	\$25,000
8350.211	Electric Submersible Pumps		\$262,500	\$225,500
8350.213	Frac Plugs, Bridge Plus, Packers, Tubing Anchors		\$19,000	\$19,000
8350.221	Surface VSD, Transformer, POC & Associated Equipment		\$21,000	\$20,000
8350.234	Surface Pump & LACT's		\$2,500	\$2,500
TCC Total:			\$342,000	\$342,000
8600.100	Land, Surveying, & Legal		\$10,000	\$10,000
8600.103	Road, Pad Location & Pit Building		\$13,000	\$13,000
8600.111	Company Supervision		\$12,500	\$12,500
8600.120	Vacuum & Pump Truck		\$2,500	\$2,500
8600.122	Material Transportation		\$4,800	\$4,800
8600.175	Surface Equipment Rental & Services		\$4,500	\$4,500
IFC Total:			\$47,300	\$47,300
8650.222	Instrumentation & Meters		\$23,000	\$23,000
8650.223	SCADA & Communications		\$32,000	\$32,000
8650.224	Electrial Installation & Power Generation		\$90,000	\$90,000
8650.229	Prod & SWD Facility Inst.		\$66,000	\$66,000
8650.230	Compressor, Dehy, Line Heater		\$27,000	\$27,000
8650.231	Separator, Heater Treater, FWKO		\$79,000	\$79,000
8650.232	Tanks, Walkways & Stairs		\$150,000	\$150,000
8650.233	Flowline & Gethering Lines		\$5,000	\$5,000
8650.234	Surface Pump & LACTs		\$12,500	\$12,500
8650.235	Miscellaneous Non-Controllable - Pipe, Valves & Fittings		\$150,000	\$150,000
TFC Total:			\$634,500	\$634,500
Completion Total:			\$2,020,500	\$2,020,500
			Drilling & Completion Total:	\$3,488,030
Net %:			TBD	Net Total:
				#VALUE!

Approved by:

Signature

Steward Energy II, LLC _____

Date: _____

This AFE is an estimate only and non-operator, by execution of same, commits to pay its proportionate share of actual cost incurred.

Account #	Cost Breakdown	Drilling	Completion Cost	Total	
8300.114	Consulting Services & Contract Supervision		\$52,000	\$52,000	
8300.120	Vacuum & Pump Truck		\$6,000	\$6,000	
8300.122	Material Transportation		\$13,000	\$13,000	
8300.126	Fuel		\$42,000	\$42,000	
8300.131	Chemicals - Downhole Treating		\$3,500	\$3,500	
8300.142	Trailer Rental, Camp & Catering		\$3,000	\$3,000	
8300.143	Well Control - BOP, Isolation Assy		\$45,000	\$45,000	
8300.146	Completion/Workover Rig		\$31,450	\$31,450	
8300.148	Reverse Unit		\$16,000	\$16,000	
8300.149	Bits, Mills & Reamers		\$3,500	\$3,500	
8300.164	Wireline & Perforating		\$58,000	\$58,000	
8300.170	Water Purchase & Transfer		\$145,250	\$145,250	
8300.171	Stimulation - Frac, Acid, Gravel Pack		\$500,000	\$500,000	
8300.175	Surface Equipment Rental & Services		\$36,000	\$36,000	
8300.176	Downhole Equipment Rental & Services		\$21,000	\$21,000	
8300.179	Elect & Generator R&M		\$21,000	\$21,000	
ICC Total:			\$996,700	\$996,700	
8350.205	Wellhead Equipment, Flow Tee & Meter Run		\$12,000	\$12,000	
8350.206	Tubing		\$25,000	\$25,000	
8350.211	Electric Submersible Pumps		\$262,500	\$225,500	
8350.213	Frac Plugs, Bridge Plus, Packers, Tubing Anchors		\$19,000	\$19,000	
8350.221	Surface VSD, Transformer, POC & Associated Equipment		\$21,000	\$20,000	
8350.234	Surface Pump & LACT's		\$2,500	\$2,500	
TCC Total:			\$342,000	\$342,000	
8600.100	Land, Surveying, & Legal		\$10,000	\$10,000	
8600.103	Road, Pad Location & Pit Building		\$13,000	\$13,000	
8600.111	Company Supervision		\$12,500	\$12,500	
8600.120	Vacuum & Pump Truck		\$2,500	\$2,500	
8600.122	Material Transportation		\$4,800	\$4,800	
8600.175	Surface Equipment Rental & Services		\$4,500	\$4,500	
IFC Total:			\$47,300	\$47,300	
8650.222	Instrumentation & Meters		\$23,000	\$23,000	
8650.223	SCADA & Communications		\$32,000	\$32,000	
8650.224	Electrical Installation & Power Generation		\$90,000	\$90,000	
8650.229	Prod & SWD Facility Inst.		\$66,000	\$66,000	
8650.230	Compressor, Dehy, Line Heater		\$27,000	\$27,000	
8650.231	Separator, Heater Treater, FWKO		\$79,000	\$79,000	
8650.232	Tanks, Walkways & Stairs		\$150,000	\$150,000	
8650.233	Flowline & Gathering Lines		\$5,000	\$5,000	
8650.234	Surface Pump & LACTs		\$12,500	\$12,500	
8650.235	Miscellaneous Non-Controllable - Pipe, Valves & Fittings		\$150,000	\$150,000	
TFC Total:			\$634,500	\$634,500	
Completion Total:			\$2,020,500	\$2,020,500	
			Drilling & Completion Total:	\$3,488,030	
Net %:			0.000804%	Net Total:	\$28

Approved by:

Signature

Alma L. Tisher and
husband, Kelly B. Tisher:

Date:

This AFE is an estimate only and non-operator, by execution of same, commits to pay its proportionate share of actual cost incurred.

Chronology of contact with locatable uncommitted interest

- November 2017 – Steward Energy II, LLC begins to acquire oil and gas leases from the unleased mineral owners. There were originally 120 unleased mineral owners located in Tracts A and B.
- January 4, 2022 – Steward Energy II, LLC sends the Gray Matter Fee #2H well proposals to the uncommitted owners via certified U.S. Mail.
- February 7, 2022 – Steward Energy II, LLC has received five (5) executed election letters from uncommitted owners who chose to participate in the drilling and completion of the Gray Matter Fee #2H.

Steward Energy
II, LLC
Case No. 22570
Exhibit A-5



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

February 4, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22570 - Application of Steward Energy II, LLC for Compulsory Pooling, Lea 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 **March 3, 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/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

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

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

Steward Energy II, LLC
Case No. 22570
Exhibit A-6

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 3337 2030

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 \$ _____

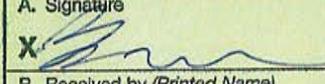
Total Postage and Fees \$ _____

Sent To Donna Marie Allen
 Street and 306 W. Shawnee St.
 Tahlequah, OK 74464
 City, State, _____

Postmark FEB 4 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Donna Marie Allen 306 W. Shawnee St. Tahlequah, OK 74464</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2030</p>	<p>9590 9402 5760 0003 2681 77</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

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

OFFICIAL USE

7021 0350 0001 3337 1880

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 AMS Minerals, LLC
 Street and Apt. 3034 Austin Street
 Corpus Christi, TX 78404
 City, State, ZIP+4® _____

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

SANTA FE, NM 87501
FEB 4 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Sam Ruiz</i></p> <p>B. Received by (Printed Name) <i>Sam Ruiz</i></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>AMS Minerals, LLC 3034 Austin Street Corpus Christi, TX 78404</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1880</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0365 6347

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 Auvenshine Children's Testamentary Trust
 Street and Apt c/o Cathie Cone McCown
 P.O. Box 5658
 City, State, ZIP Dripping Springs, TX 78620

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Teresa Quirk</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Teresa Quirk</i> C. Date of Delivery <i>2/14/22</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>Auvenshine Children's Testamentary Trust c/o Cathie Cone McCown P.O. Box 5658 Dripping Springs, TX 78620</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 6347</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>Barcode: 9590 9402 5760 0003 2709 96</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

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

OFFICIAL USE

Certified Mail Fee \$

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

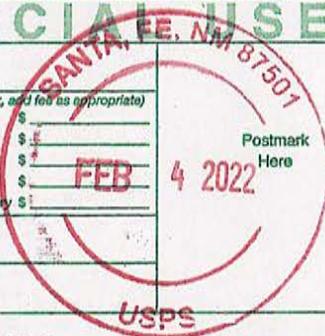
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To

Roy G. Barton, Jr.
1919 North Turner Street
Hobbs, NM 88240

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9037 See Reverse for Instructions

7021 0350 0001 3337 2283

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:

Roy G. Barton, Jr.
1919 North Turner Street
Hobbs, NM 88240



2. Article Number (Transfer from service label)

7021 0350 0001 3337 2283

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X D-D 16 C19 Agent Addressee

B. Received by (Printed Name) BARTON

C. Date of Delivery 2-7-22

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

If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

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

7021 0950 0002 0365 6361

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Estate of Nancy M. Brown

Street and c/o Jessica Hyde Brown

4401 Windward Circle

City, State, Dallas, TX 75287

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

SANTA FE, NM 87501
FEB 4 2022
Postmark Here
USPS

INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
NTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7021 0950 0002 0365 6361



AWK

Estate of Nancy M. Brown
c/o Jessica Hyde Brown
4401 Windward Circle
Dallas, TX 75287

WXLK FEB FEB 1 0002/27/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206868 *0268-04883-04-4

4/

.. 9304129812520315

7530 02-000-9047

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

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

OFFICIAL USE

SANTA FE, NM 87507

FEB 4 2022

Postmark Here

USPS

7021 0950 0002 0365 6378

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Estate of Nancy M. Brown

Street and, c/o John J. Vollet, III

4345 Westside Drive

City, State, Dallas, TX 75205

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>John J. Vollet</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>John J. Vollet</i> <i>2/9/2022</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of Nancy M. Brown c/o John J. Vollet, III 4345 Westside Drive 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 checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0365 6378</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>

7021 0350 0001 3337 1989

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
 Connie Gausa Clark
 14 Collier Road
 Scituate, MA 02066

City, State, ZIP+4® _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 2/11/22</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>Connie Gausa Clark 14 Collier Road Scituate, MA 02066</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1989</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 2207

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
Kenneth G. Cone
P.O. Box 507
Dripping Springs, TX 78620

City, State, & ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-0047 See Reverse for Instructions

SANTA FE, NM 87501
Postmark Here
FEB 4 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Teresa Quick</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>TERESA QUICK</i></p> <p>C. Date of Delivery <i>2/14/22</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>Kenneth G. Cone P.O. Box 507 Dripping Springs, TX 78620</p>	
<p>2. Article Number (Transfer from service label) 7021 0350 0001 3337 2207</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>9590 9402 6746 1074 2522 53</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Randy Lee Cone
 Street and P.O. Box 23104
 Anchorage, AK 99523
 City, State

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

7021 0950 0002 0365 6316

SAINT FE, NM 87501
 FEB 4 2022
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Randy Lee Cone 2/7/22</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>Randy Lee Cone P.O. Box 23104 Anchorage, AK 99523</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise</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 (Over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 6316</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

7021 0950 0002 0365 6354

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 A/Currie Smith, Inc. Money Purchase Pension Plan

3602 South Washington Street

City, State, ZIP+4® Amarillo, TX 79110

Postmark Here
FEB 4 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Smith</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Currie Smith, Inc. Money Purchase Pension Plan 3602 South Washington Street Amarillo, TX 79110</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 6354</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 1958

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
 Bobby Lane Currie
 4006 Montague Drive
 Amarillo, TX 79109

City, State, & ZIP+4®

Postmark Here
FEB 4 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bobby Lane Currie</u></p> <p>C. Date of Delivery <u>2-7</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>Bobby Lane Currie 4006 Montague Drive Amarillo, TX 79109</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1958</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Registered Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 5760 0003 2680 92</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 2016

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 \$ _____

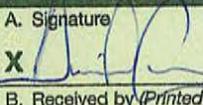
Postage \$ _____

Total Postage and Fees \$ _____

Sent To David Hugh Currie, II
 Street and Apt 1216 South Travis
 City, State, Zip Amarillo, TX 79102

Postmark: AMARILLO, TX 79101 FEB 4 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>David Hugh Currie, II 1216 South Travis Amarillo, TX 79102</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2016</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 2054

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

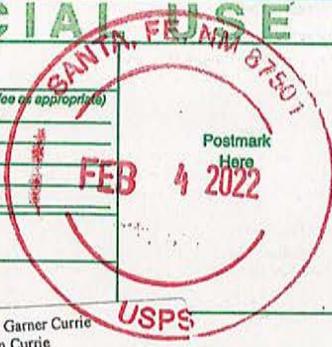
Postage \$

Total Postage and Fees \$

Sent To Estate of Genevieve Garner Currie
c/o Billie Samberson Currie
3427 Tripp Ave.
Amarillo, TX 79121

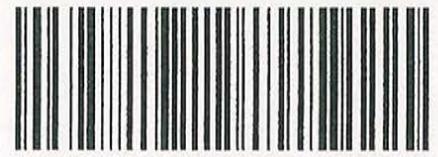
City, State, ZIP+4

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



CERTIFIED MAIL®

INKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7021 0350 0001 3337 2054



WLF

Estate of Genevieve Garner Currie
c/o Billie Samberson Currie
3427 Tripp Ave.
Amarillo, TX 79121

NIXIE 750 FEB 1 0002/20/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504206868 *0258-04839-04-4

1. 9 14 19 24 29 34 39 44 49 54 59 64 69 74 79 84 89 94 99

7501376098240000

7021 0350 0001 3337 2214

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 A1 Kimberly Kathleen Currie
 4006 Montague Dr.
 Amarillo, TX 79109
 City, State, Z

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

SANTA FE, NM 87501
 FEB 4 2022
 11576

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kimberly Currie</p> <p>C. Date of Delivery 27</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>Kimberly Kathleen Currie 4006 Montague Dr. Amarillo, TX 79109</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2522 60</p> <p>7021 0350 0001 3337 2214</p>	
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

7021 0350 0001 3337 1903

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 Benjamin Blaine Danley
 Street and Apt. 38090 Mary's River Road
 Blodgett, OR 97326
 City, State, ZIP _____

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

SANTA FE, NM 87501
 FEB 4 2022
 USPS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Benjamin Blaine Danley
 38090 Mary's River Road
 Blodgett, OR 97326

9590 9402 5760 0003 2680 47

2. Article Number (Transfer from service label)
 7021 0350 0001 3337 1903

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Ben Danley* Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7021 0350 0001 3337 2115

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. Helen M. Danley Family Trust
c/o Sun Trust Bank, Trustee
P.O. Box 4655, MC-252

City, State, Zip Atlanta, GA 30302

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Helen M. Danley Family Trust c/o Sun Trust Bank, Trustee P.O. Box 4655, MC-252 Atlanta, GA 30302</p>	
<p>9590 9402 6746 1074 2521 61</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2115</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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

7021 0350 0001 3337 2337

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and City, State William Ellis Danley, Jr.
 871 B Street
 Ashland, OR 97520

Postmark: SANTA FE, NM 87501, FEB 4 2022, USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>W. Ellis Danley</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>William E Danley</i> C. Date of Delivery <i>2/8/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>William Ellis Danley, Jr. 871 B Street Ashland, OR 97520</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2337</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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

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

OFFICIAL USE

SANTA FE, NM 87501
FEB 4 2022
Postmark Here
US 3

7021 0350 0001 3337 2276

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	
Robert Edward Eckels, Jr., LLC	
Street and	P.O. Box 1093
Cedaredge, CO 81413	
City, State, &	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Laurel Eckels</i></p> <p>B. Received by (Printed Name) <i>Laurel Eckels</i></p> <p>C. Date of Delivery</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Robert Edward Eckels, Jr., LLC P.O. Box 1093 Cedaredge, CO 81413</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																
<p style="text-align: center;">  9590 9402 5760 0003 2708 97 </p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0350 0001 3337 2276</p>	<p style="text-align: center; font-size: 1.5em; color: green;">OFFICIAL USE</p> <p style="text-align: center; font-size: 1.5em; color: red;">SANTA FE, NM 87501 FEB 8 2022 Postmark Here US 3</p>																
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0350 0001 3337 2139

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, Jamie Marie Fleetwood
5834 Cheena Drive
Houston, TX 77096
City, State, _____

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



CERTIFIED MAIL®

NKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
TA FE, NEW MEXICO 87504



7021 0350 0001 3337 2139



Jamie Marie Fleetwood
5834 Cheena Drive
Houston, TX 77096

871 NFE 1 820I0002/04/22
FORWARD TIME EXP RTN TO SEND
FLEETWOOD
9719 SLATE FIELD DR
HOUSTON TX 77064-7632

RETURN TO SENDER

4/2/22

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 Jason Christopher Fleetwood
2288 James St.
Montrose, CO 81401

City, State, Zi.

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

7021 0350 0001 3337 2153



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Jason Fleetwood</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Jason Fleetwood C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>11016 B 6450</p>
<p>1. Article Addressed to:</p> <p>Jason Christopher Fleetwood 2288 James St. Montrose, CO 81401</p> <p>9590 9402 6746 1074 2522 08</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2153</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 2238

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 \$

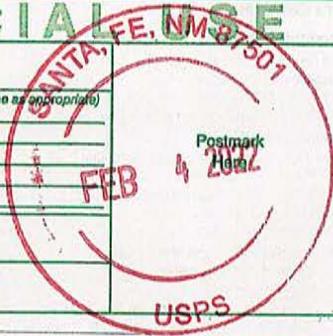
Total Postage and Fees \$

Sent To

Street and A1 Marcie Marie Fleetwood
35520 CR 21
Severance, CO 80550

City, State, Z

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



CERTIFIED MAIL®

HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7021 0350 0001 3337 2238



Marcie Marie Fleetwood
35520 CR 21
Severance, CO 80550

1 9323820788566902

805504206868
8750412068

NIXLE 202 FEB 1 0007/10/

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504206868 *0268-04852-04

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

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

OFFICIAL USE



7021 0350 0001 3337 2092

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Ap Gerry Gausa
20 Ellwood Street
City, State, Zi Glen Cove, NY 11542

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Gerry Gausa 20 Ellwood Street Glen Cove, NY 11542</p> </div> <div style="text-align: center; margin: 5px 0;">  9590 9402 6746 1074 2521 47 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0350 0001 3337 2092</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X Covid 19</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </p>
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®.

7021 0350 0001 3337 2085

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 Gary Lynn Gourley
Street and Apt. 2810 West 23rd Street
City, State, Zip Roswell, NM 88201

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:

Gary Lynn Gourley
2810 West 23rd Street
Roswell, NM 88201



9590 9402 5760 0003 2682 21

2. Article Number (Transfer from service label)
7021 0350 0001 3337 2085

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Gary Lynn Gourley*

Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

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

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

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

OFFICIAL USE

7021 0350 0001 3337 2108

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Postage and Fees	\$

Sent To	Harle, Inc.
Street and A1	7625 SW Middle Greens Rd.
City, State, Z	Wilsonville, OR 97070



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:

Harle, Inc.
7625 SW Middle Greens Rd.
Wilsonville, OR 97070



9590 9402 6746 1074 2521 54

2. Article Number (Transfer from service label)

7021 0350 0001 3337 2108

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David S. Hoyle* Agent Addressee

B. Received by (Printed Name) *David S. Hoyle*

C. Date of Delivery *2/3/22*

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

3. Service Type

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

Domestic Return Receipt

7021 0950 0002 0365 6392

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 if appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Street and City, State
William Wallace Hufford, III
c/o Elizabeth J. Hufford
3501 Fairmont Dr.
Odessa, TX 79762

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



CERTIFIED MAIL®

KLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
A FE, NEW MEXICO 87504



7021 0950 0002 0365 6392



[Handwritten signature]

William Wallace Hufford, III
c/o Elizabeth J. Hufford
3501 Fairmont Dr.
Odessa, TX 79762

NIXIE 799 FE 1 0002/14/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504206868 *0268-04867-04-41

87504206868

[Handwritten initials]

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 \$

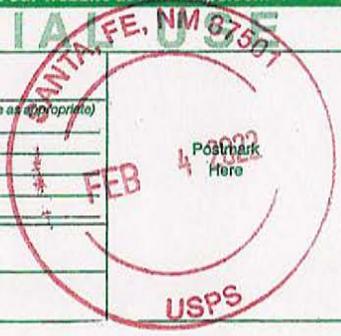
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
 Street and: Kingsland Family Trust
 c/o Delores Maxine Kingsland, Ttee.
 8815 Golden Ridge Road
 City, State, Lakeside, CA 92040



7021 0350 0001 3337 2221

PS Form 3800, April 2015 PSN 7530-02-000-0047 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:

Kingsland Family Trust
 c/o Delores Maxine Kingsland, Ttee.
 8815 Golden Ridge Road
 Lakeside, CA 92040

9590 9402 6746 1074 2522 77

2. Article Number (Transfer from service label)

7021 0350 0001 3337 2221

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J. Kingsland* Agent
 Addressee

B. Received by (Printed Name)
 Covid 19 (057) TWS

C. Date of Delivery
 2/7/22

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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
 \$ _____

Total Postage and Fees
 \$ _____

Sent To Estate of Courtney Bushrod Kingsland
 Street and A 8815 Golden Ridge Road
 Lakeside, CA 92040
 City, State, & ZIP _____

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

7021 0350 0001 3337 2009

SAN F. NM 87501
 FEB 4 2022
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> T. Kingsland <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Covid 19 007-TNS C. Date of Delivery 2/7/22</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>Estate of Courtney Bushrod Kingsland 8815 Golden Ridge Road Lakeside, CA 92040</p> <p>9590 9402 5760 0003 2681 46</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2009</p>	<p>Domestic Return Receipt</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

7021 0350 0001 3337 1996

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To Courtney B. Kingsland Trust
Street and Ap c/o Delores Maxine Kingsland, Suc. Trustee
8815 Golden Ridge Road
City, State, Zi Lakeside, CA 92040

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x T. Kingsland <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Covid 19 cost TM</p> <p>C. Date of Delivery 2/7/22</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>Courtney B. Kingsland Trust c/o Delores Maxine Kingsland, Suc. Trustee 8815 Golden Ridge Road Lakeside, CA 92040</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1996</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 1965

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 Cathie Cone McCown
Street and Apt. # P.O. Box 658
Dripping Springs, TX 78620
City, State, ZIP+4® _____

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

Postmark Here
SANTA FE, NM 87501
FEB 4 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Cathie Cone McCown P.O. Box 658 Dripping Springs, TX 78620</p> <p>9590 9402 5760 0003 2681 08</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1965</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Teresa Quick</i></p> <p>B. Received by (Printed Name) <i>Teresa Quick</i></p> <p>C. Date of Delivery <i>2/14/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2015 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

7021 0350 0001 3337 2252

Certified Mail Fee \$	
Extra Services & Fees (check box, add fees appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt Meridian 102, LP c/o Providence Energy, Ltd., AIF 16400 North Dallas Parkway, #400 City, State, Zip Dallas, TX 75248	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 2/8/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Meridian 102, LP c/o Providence Energy, Ltd., AIF 16400 North Dallas Parkway, #400 Dallas, TX 75248</p> <div style="text-align: center;"> 9590 9402 5760 0003 2682 52 </div>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0350 0001 3337 2252</p>	<p>Domestic Return Receipt</p>																

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

7021 0350 0001 3337 2160

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

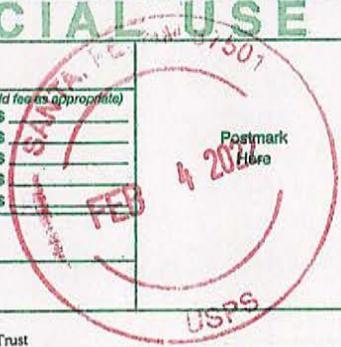
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and City, State: Jeane Watkins Miller Trust
c/o Jeane Watkins Miller, Trustee
4741 Alta Rica Drive
La Mesa, CA 91941

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>2/7/22</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>Jeane Watkins Miller Trust c/o Jeane Watkins Miller, Trustee 4741 Alta Rica Drive La Mesa, CA 91941</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 3337 2160</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 2269

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

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

Sent To: Michael Harrison Moore
 P.O. Box 51570
 Street and Apt. No: Midland, TX 79710-1570
 City, State, ZIP+4: _____

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

Postmark Here
 SANTA FE, NM 87501
 FEB 4 2022
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Sam Larson</i></p> <p>B. Received by (Printed Name) <i>Sam Larson</i></p> <p>C. Date of Delivery <i>2-11-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Michael Harrison Moore P.O. Box 51570 Midland, TX 79710-1570</p> <p>9590 9402 5760 0003 2682 69</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2269</p>	
PS Form 3811, July 2015 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 fees appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

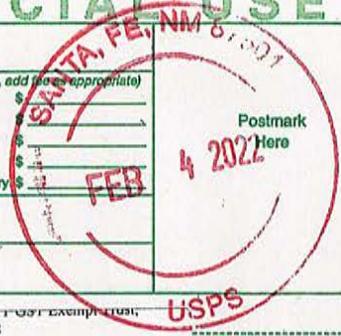
Postage \$

Total Postage and Fees \$

Sent To Ryan Moore SSMTT GST Exempt Trust, restated 12/22/2008
 Street and # c/o Ryan Moore, Trustee
 P.O. Box 471458
 City, State, Ft. Worth, TX 76147

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

7021 0350 0001 3337 2290



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Amy Flores</u></p> <p>C. Date of Delivery <u>2-14-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Ryan Moore SSMTT GST Exempt Trust, restated 12/22/2008 c/o Ryan Moore, Trustee P.O. Box 471458 Ft. Worth, TX 76147</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2290</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 2306

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 Ryan Moore SSMTT Non-Exempt Trust, restated 12/22/2008

Street and Ap c/o Ryan Moore, Trustee

City, State, Zi P.O. Box 471458
Ft. Worth, TX 76147

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Amy Flores</u> C. Date of Delivery <u>2-14-22</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>Ryan Moore SSMTT Non-Exempt Trust, restated 12/22/2008 c/o Ryan Moore, Trustee P.O. Box 471458 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 type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 2306</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0350 0001 3337 2023

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. 1 Donald Bruce Sewell
 1507 East 9th Street
 Okmulgee, OK 74447

City, State, ZIP+4 _____

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X Hannah Summers</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Donald Sewell 02-11-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Donald Bruce Sewell 1507 East 9th Street Okmulgee, OK 74447</p> <p>9590 9402 5760 0003 2681 60</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise</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 3337 2023</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 1972

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
 3602 South Washington
 Amarillo, TX 79110

Street and Apt. No., or PO Box #

City, State, ZIP+4®

Postmark Here
 FEB 4 2022

Clara C. Smith and Allen C. Smith Trust
 Agreement dated 12/6/1971
 c/o Allen C. Smith & Charles A. Wolflin,
 Trustees

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Smith</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Clara C. Smith and Allen C. Smith Trust Agreement dated 12/6/1971 c/o Allen C. Smith & Charles A. Wolflin, Trustees 3602 South Washington Amarillo, TX 79110</p> <p>9590 9402 5760 0003 2681 15</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7021 0350 0001 3337 1972</p>	<p>Domestic Return Receipt</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

7021 0350 0001 3337 1934

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 or P.O. Box: Billy Glen Spradlin
 29 Rim Road
 City, State: Kilgore, TX 75662

Postmark: **SANTA FE, NM 87501**
FEB 4 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X Spradlin</p> <p>B. Received by (Printed Name) ASCTCIS 29 22 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>Billy Glen Spradlin 29 Rim Road Kilgore, TX 75662</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Return Receipt for Merchandise</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 3337 1934</p>	<p>Domestic Return Receipt</p>

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

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

OFFICIAL USE

7021 0350 0001 3337 1866

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Alma L. Tisher and Kelly B. Tisher

Street and 8025 S. Santa Fe Drive

Littleton, CO 80120

City, State, ZIP+4®

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

SANTA FE, NM 87501
 FEB 4 2022
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C19</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Alma L. Tisher and Kelly B. Tisher 8025 S. Santa Fe Drive Littleton, CO 80120</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0350 0001 3337 1866</p>	
<p>9590 9402 5760 0003 2680 09</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0350 0001 3337 2078

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 A/E: Estate of J.W. Wallrich
c/o Helen Le Tourneau, AIF
300 Edmund

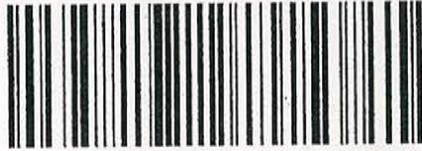
City, State, ZIP+4®: St. Paul, MN 55105

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



CERTIFIED MAIL®

ANKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504



7021 0350 0001 3337 2078



ANK

Estate of J.W. Wallrich
c/o Helen Le Tourneau, AIF
300 Edmund
St. Paul, MN 55105

NIXIE 553 FE 1 0002/10/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206868 *0268-04878-04-

ANK
87504>2068
5510581707 0019

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

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

OFFICIAL USE

7021 0350 0001 3337 2191

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 \$ _____	 Postmark Here
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Judith Ann Wells & Larry V. Wells, JTWROS Street and 9401 South Broadway Avenue City, State, Oklahoma City, OK 73139	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Larry V. Wells</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Larry V. Wells</i></p> <p>C. Date of Delivery <i>2/8/22</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 style="text-align: center;">Judith Ann Wells & Larry V. Wells, JTWROS 9401 South Broadway Avenue Oklahoma City, OK 73139</p> <div style="text-align: center;">  9590 9402 6746 1074 2522 46 </div>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <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) 7021 0350 0001 3337 2191</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

Page 64 of 72
Received by OCD: 3/1/2022 11:05:23 AM
Released to Imaging: 3/1/2022 11:07:00 AM

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 Jessica Hyde Brown
4401 Windward Circle
Dallas, TX 75287

City, State, ZIP+4

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



7021 0950 0002 0365 6365

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. Estate of Nancy M. Brown
c/o Barbara Brown Thowson
1142 Paseo Lucido, #68
City, State, ZIP+4 Rancho Bernardo, CA 92128

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 \$

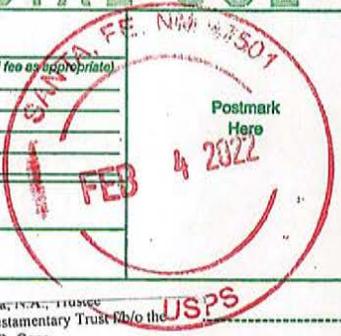
Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. Kathleen Cone Testamentary Trust
Children of Tom R. Cone
P.O. Box 3499
City, State, ZIP+4 Tulsa, OK 74101

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



7021 0350 0001 3337 2047

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. Estate of Dr. John L. Cobb
4412 17th Street
City, State, ZIP+4 Lubbock, TX 79416

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 \$

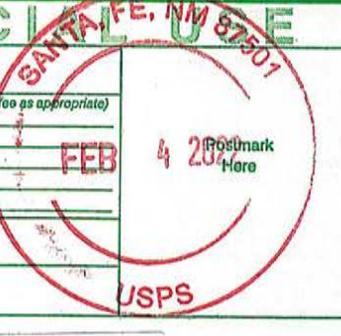
Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. Billie Samberson Currie
3427 Tripp Ave.
City, State, ZIP+4 Amarillo, TX 79121

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



7021 0350 0001 3337 1910

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. Billie Samberson Currie
P.O. Box 30342
City, State, ZIP+4 Amarillo, TX 79120

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		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Bob Hugh Currie P.O. Box 1299 Canyon, TX 79015	
Street and Apt. No.		
City, State, ZIP+4		

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

7021 0350 0001 3337 2122

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		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	James David Currie P.O. Box 30342 Amarillo, TX 79120	
Street and Apt. No.		
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		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Estate of Genevieve Garner Currie c/o Billie Samberson Currie P.O. Box 30342 Amarillo, TX 79120	
Street and Apt. No.		
City, State, ZIP+4		

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

7021 0350 0001 3337 2320

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		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Susan Michelle Currie 6907 Cloud Crest Drive Amarillo, TX 79124	
Street and Apt. No.		
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		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Estate of H.G. Denman 2615 22nd Street Lubbock, TX 79410	
Street and Apt. No.		
City, State, ZIP+4		

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

7021 0350 0001 3337 2146

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		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	Jan C. Dotson-Ice P.O. Box 7366 Covington, WA 98042	
Street and Apt. No.		
City, State, ZIP+4		

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

Page 66 of 72
Received by OCD: 3/1/2022 11:05:23 AM
Released to Imaging: 3/1/2022 11:07:00 AM

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 John Fulton Hufford
5519 San Saba Avenue
Midland, TX 79707
City, State, Zip

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



7021 0950 0002 0365 6323

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 \$

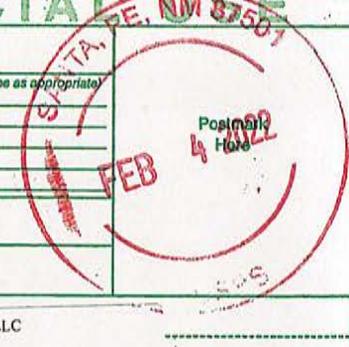
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Apt LFN Cone Properties, LLC
P.O. Box 41809
Austin, TX 78704
City, State, Zip

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 \$

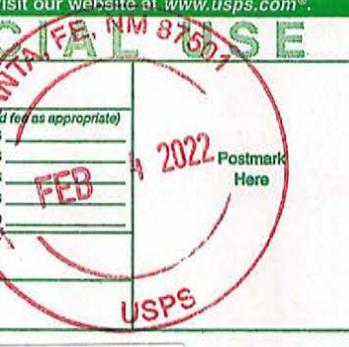
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
Street and Apt McAlpin-Galloway Minerals, LLC
3560 Preakness Circle
College Station, TX 77845
City, State, Zip

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



7021 0350 0001 3337 2313

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 Stephen Dale Sewell
c/o Jessica Sewell
6021 130th Street, Unit C
Lubbock, TX 79424
City, State, Zip

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 Barbara Brown Thowsen
1142 Paseo Lucido, #68
Rancho Bernardo, CA 92128
City, State, Zip

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



7021 0350 0001 3337 1859

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 Alma L. Tisher and Kelly B. Tisher
1225 S. Downing St
Denver, CO 80210
City, State, Zip

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



7021 0350 0001 3337 1873

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 _____ Alma L. Tisher and Kelly B. Tisher
P.O. Box 533
Littleton, CO 80160

City, State, ZIP _____

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

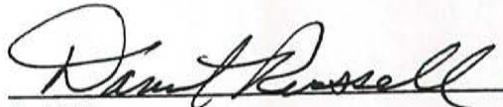


Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

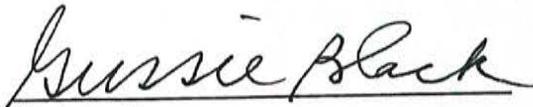
I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
February 08, 2022
and ending with the issue dated
February 08, 2022.



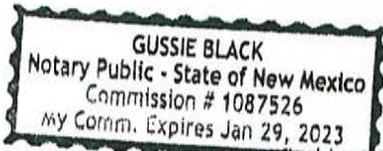
Publisher

Sworn and subscribed to before me this
8th day of February 2022.



Business Manager

My commission expires
January 29, 2023
(Seal)



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 February 8, 2022

This is to notify all interested parties, including Alma L. Tisher; Kelly B. Tisher; AMS Minerals, LLC; Barbara Brown Thowsen; Benjamin Blaine Danley; Billie Samberson Currie; Billy Glen Spradlin; Bob Hugh Currie; Bobby Lane Currie; Cathie Cone McCown; Clara C. Smith and Allen C. Smith Trust Agreement; Connie Gausa Clark; Courtney B. Kingsland Trust; Estate of Courtney Bushrod Kingsland; David Hugh Currie, II; Donald Bruce Sewell; Donna Marie Allen; Estate of Dr. John L. Cobb; Estate of Genevieve Garner Currie; Estate of H.G. Denman; Estate of J.W. Wallrich; Estate of Lucille Watkins; Estate of Mary Frances Phillips; Gary Lynn Gourley; Gerry Gausa, Harle, Inc.; Helen M. Danley Family Trust; James David Currie; Jamie Marie Fleetwood; Jan C. Dotson-Ice; Jason Christopher Fleetwood; Jeanne Watkins Miller Trust; Jessica Hyde Brown; John Fulton Hufford; Judith Ann Wells; Larry V. Wells; Kenneth G. Cone; Kimberly Kathleen Currie; Kingsland Family Trust; Marcie Marie Fleetwood; McAlpin-Gallaway Minerals, LLC; Meridian 102, LP; Michael Harrison Moore; Robert Edward Eckels, Jr., LLC; Roy G. Barton, Jr.; Ryan Moore SSMTT GST Exempt Trust; Ryan Moore SSMTT Non-Exempt Trust; Stephen Dale Sewell; Susan Michelle Currie; William Ellis Danley, Jr.; Randy Lee Cone, LFN Cone Properties, LLC; Kathleen Cone Testamentary Trust f/b/o the children of Tom R. Cone; Auvenshine Children's Testamentary Trust; Currie Smith, Inc. Money Purchase Pension Plan; Estate of Nancy M. Brown; William Wallace Hufford, III. and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Steward Energy II, LLC (Case No. 22570). 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 March 3, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the docket for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests within the San Andres formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the E/2 of Section 28, Township 13 South, Range 38 East, Lea County, New Mexico ("Unit"). The Unit will be dedicated to the Gray Matter Fee #2H well ("Well") to be horizontally drilled from a surface hole location in the SE/4SE/4 (Unit P) of Section 21 to a bottom hole location in the SE/4SE/4 (Unit P) of Section 28. The completed interval of the Well will be within 330' of the line separating the W/2E/2 and E/2E/2 of Section 28 to allow for the formation of a 320-acre standard horizontal spacing unit. The completed interval of the Well will be orthodox. 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 13.5 miles Southeast of Tatum, New Mexico.
#37301

02107475

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

00263582

Steward Energy II, LLC
Case No. 22570
Exhibit A-7

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

APPLICATION OF STEWARD ENERGY II,
LLC FOR COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO

CASE NO. 22570

**SELF-AFFIRMED STATEMENT
OF SHANE SEALS**

1. I am a geologist at Steward Energy II, LLC ("Steward") 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 San Andres formation. The approximate wellbore path for the proposed **Gray Matter Fee #2H** well ("Well") is represented by a light green dashed line. Existing producing wells in the targeted interval are represented by thin, light blue solid lines.

4. **Exhibit B-1** also contains a subsea structure map for the top of the Pi Marker in the San Andres formation that is representative of the targeted interval within the formation. The data points are indicated by red circles. The approximate wellbore path for the Well is depicted by a light green dashed line. The map demonstrates the formation is relatively flat with a subtle dip to the south. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

5. **Exhibit B-1** 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-2** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-1**. 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 slightly dominant stress regime that yields a 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 Steward'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.

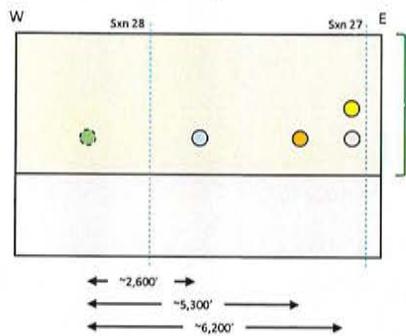

Shane Seals

2/28/2022
Date

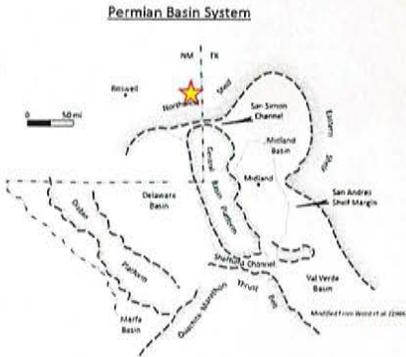
Gun Barrel

(Not to scale - Refer to map for orientation)

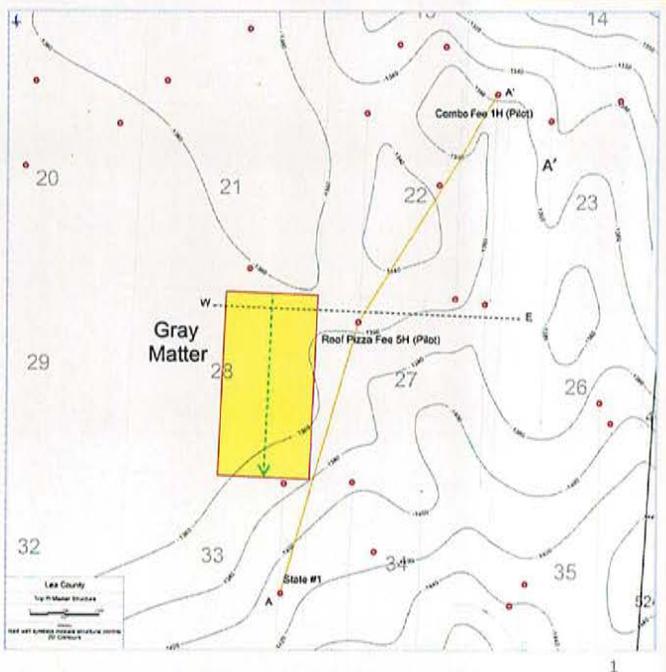
Steward Energy II, LLC
Case No. 22570
Exhibit B-1



- Proposed Gray Matter Fee #2H
- Roof Pizza Fee #5H (sxn 27) (Steward Energy)
- Combo Fee #2H (sxn 22) (Steward Energy)
- Combo Fee #1H (sxn 22) (Steward Energy)
- Salamanca State #1H (sxn 27) (Steward Energy)



- Top San Andres PI Marker Present
- Steward Energy (Gray Matter) Acreage
- Proposed Gray Matter Fee 2H (Arrow towards BHL)
- Producing Horizontal San Andres Well (Well Symbol at BHL)
- 20' Contour Interval
- 0 ft 2,000 ft
- Gun Barrel
- Cross Section



Steward Energy II, LLC
Case No. 22570
Exhibit B-2

