

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

**APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING AND
OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.**

CASE NOS. 22693-22694

EXHIBIT INDEX

Compulsory Pooling Checklist for Case No. 22693

Compulsory Pooling Checklist for Case No. 22694

| | |
|-----------|--|
| Exhibit A | Self-Affirmed Statement of Mark Hadjik |
| A-1 | Application & Proposed Notice of Hearing |
| A-2 | C102s for Wells |
| A-3 | Plat of Tracts, Ownership Interests, Additional Uncommitted Interests to be Pooled |
| A-4 | Sample Well Proposal Letter and AFEs |
| A-5 | Chronology of Contact |
| Exhibit B | Self-Affirmed Statement of David DaGian for Case No. 22693 |
| B-1 | Regional Locator Map |
| B-2 | Cross-Section Locator Map |
| B-3 | Third Bone Spring – Structure Map |
| B-4 | Structural Cross-Section |
| B-5 | Stratigraphic Cross-Section |
| B-6 | Gun Barrel Development Plan |

- Exhibit C Self-Affirmed Statement of David DaGian for Case No. 22694
 - C-1 Regional Locator Map
 - C-2 Cross-Section Locator Map
 - C-3 Third Bone Spring – Structure Map
 - C-4 Structural Cross-Section
 - C-5 Stratigraphic Cross-Section
 - C-6 Gun Barrel Development Plan

- Exhibit D Affidavit of Dana S. Hardy
 - D-1 Sample Notice Letter
 - D-2 Chart of Notice
 - D-3 Certified Mail Receipts
 - D-4 Affidavits of Publication for March 18, 2022, April 6, 2022, and May 4, 2022

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

| | |
|--|---|
| Case No.: | 22693 |
| Hearing Date: | 5/19/2022 |
| Applicant | Colgate Operating, LLC |
| Designated Operator & OGRID | 371449 |
| Applicant's Counsel | Hinkle Shanor LLP |
| Case Title | Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico |
| Entries of Appearance/Intervenors | N/A |
| Well Family | Uluru |
| Formation/Pool | |
| Formation Name(s) or Vertical Extent | Bone Spring |
| Primary Product (Oil or Gas) | Oil |
| Pooling this vertical extent | Bone Spring |
| Pool Name and Pool Code | Winchester; Bone Spring (65010) |
| 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 | Laydown |
| Description: TRS/County | N/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe | Yes |
| Other Situations | |
| Depth Severance: Y/N. If yes, description | The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which is dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,673' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). |
| Proximity Tracts: If yes, description | No |
| Proximity Defining Well: if yes, description | N/A |
| 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 | Uluru 35 Fed State Com 131H (API # pending) SHL: 2522' FNL, 340' FEL (Unit H) of Section 34, T19S-R28E BHL: 990' FNL & 10' FEL (Unit A) of Section 36, T19S-R28E Completion Target: Bone Spring (Approximately 8662' TVD) Completion status: Standard |
| Horizontal Well First and Last Take Points | Exhibit A-2 |
| Completion Target (Formation, TVD and MD) | Exhibit A-4 |
| AFE Capex and Operating Costs | |
| Drilling Supervision/Month \$ | 8,000 |
| Production Supervision/Month \$ | 800 |
| Justification for Supervision Costs | Exhibit A |

| | |
|--|-------------------|
| 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 D-6 |
| Proof of Published Notice of Hearing (10 days before hearing) | Exhibit D-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 | Exhibit A-4 |
| 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 | Exhibit B-6 |
| Well Orientation (with rationale) | Exhibit B |
| Target Formation | Exhibit B |
| HSU Cross Section | Exhibit B-5 |
| 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-3 |
| Cross Section Location Map (including wells) | Exhibit B-2 |
| Cross Section (including Landing Zone) | Exhibit B-5 |
| Additional Information | |
| CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate. | |
| Printed Name (Attorney or Party Representative): | Dana S. Hardy |
| Signed Name (Attorney or Party Representative): | /s/ Dana S. Hardy |
| Date: | 5/17/2022 |

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

| | |
|--|---|
| Case No.: | 22694 |
| Hearing Date: | 5/19/2022 |
| Applicant | Colgate Operating, LLC |
| Designated Operator & OGRID | 371449 |
| Applicant's Counsel | Hinkle Shanor LLP |
| Case Title | Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico |
| Entries of Appearance/Intervenors | N/A |
| Well Family | Uluru |
| Formation/Pool | |
| Formation Name(s) or Vertical Extent | Bone Spring |
| Primary Product (Oil or Gas) | Oil |
| Pooling this vertical extent | Bone Spring |
| Pool Name and Pool Code | Winchester; Bone Spring (65010) |
| 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 | Laydown |
| Description: TRS/County | S/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico |
| Standard Horizontal Well Spacing Unit (Y/N), If No, describe | Yes |
| Other Situations | |
| Depth Severance: Y/N. If yes, description | The Unit will partially overlap with the spacing unit for the Winchester 36 HE State 1H well (API No. 30-015-41747) which is dedicated to the S/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,673' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). |
| Proximity Tracts: If yes, description | No |
| Proximity Defining Well: if yes, description | N/A |
| 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 | Uluru 35 Fed State Com 132H (API # pending) SHL: 2547' FNL, 340' FEL (Unit H) of Section 34, T19S-R28E BHL: 2310' FNL & 10' FEL (Unit H) of Section 36, T19S-R28E Completion Target: Bone Spring (Approximately 8662' TVD) Completion status: Standard |
| Horizontal Well First and Last Take Points | Exhibit A-2 |
| Completion Target (Formation, TVD and MD) | Exhibit A-4 |
| AFE Capex and Operating Costs | |
| Drilling Supervision/Month \$ | 8,000 |
| Production Supervision/Month \$ | 800 |
| Justification for Supervision Costs | Exhibit A |

| | |
|--|-------------------|
| 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 D-2, D-4 |
| Proof of Published Notice of Hearing (10 days before hearing) | Exhibit D-6 |
| 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 | Exhibit A-4 |
| 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 C |
| Spacing Unit Schematic | Exhibit C-1 |
| Gunbarrel/Lateral Trajectory Schematic | Exhibit C-6 |
| Well Orientation (with rationale) | Exhibit C |
| Target Formation | Exhibit C |
| HSU Cross Section | Exhibit C-5 |
| 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 C-1 |
| Well Bore Location Map | Exhibit C-1 |
| Structure Contour Map - Subsea Depth | Exhibit C-3 |
| Cross Section Location Map (including wells) | Exhibit C-2 |
| Cross Section (including Landing Zone) | Exhibit C-5 |
| 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): | /s/ Dana S. Hardy |
| Date: | 5/17/2022 |

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

APPLICATIONS OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING AND
OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NOS. 22693 - 22694

SELF-AFFIRMED STATEMENT
OF MARK HAJDIK

1. I am a landman at Colgate Operating, LLC (“Colgate”) 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 land matters were accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced cases. Copies of Colgate’s applications and proposed hearing notices are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in these cases indicated opposition to these matters proceeding by affidavit, therefore I do not expect any opposition at hearing.

4. In **Case No. 22693**:

- a. Colgate applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Winchester; Bone Spring Pool (Code 65010) in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,673’ to the base of the Bone Spring formation at a depth of approximately 8,822’ underlying the N/2 N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

- b. The Unit will be dedicated to the Uluru 35 Fed State Com 131H well, which will be horizontally drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 34 to a bottom hole location in the NE/4 NE/4 of Section 36.
 - c. The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which will be dedicated to the N/2 N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,673' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399).
5. **In Case No. 22694:**
- a. Colgate applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Winchester Bone Spring Pool (Code 65010) in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,673' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the S/2 N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit").
 - b. The Unit will be dedicated to the Uluru 35 Fed State Com 132H well, which will be horizontally drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 34 to a bottom hole location in the SE/4 NE/4 (Unit H) of Section 36.
 - c. The Unit will partially overlap with the spacing unit for the Winchester 36 HE State 1H well (API No. 30-015-41747) which is dedicated to the S/2 N/2 of Section 36

in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,673' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399).

6. The completed intervals of the Wells will be orthodox.
7. **Exhibit A-2** contains the C-102s for the Wells.
8. **Exhibit A-3** contains plats identifying ownership by tract in the Units. This exhibit also includes any applicable lease numbers, unit recapitulations, and the interests Colgate seeks to pool highlighted in yellow. It also identifies any unlocatable parties.
9. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Wells. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
10. Colgate has conducted a diligent search of all county public records including phone directories and computer databases.
11. In my opinion, Colgate made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.
12. Colgate requests overhead and administrative rates of \$8,000 per month while the Wells are being drilled and \$800 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Colgate and other operators in the vicinity.

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

14. In my opinion, the granting of Colgate's applications would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

15. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony in paragraphs 1 through 14 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.



Mark Hajdik

5/11/22
Date

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

APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING AND
OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22693

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763’ to the base of the Bone Spring formation at a depth of approximately 8,822’ underlying the N/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Uluru 35 Fed State Com 131H** well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 36.
3. The completed interval of the Well will be orthodox.
4. The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which is dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation.
5. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763’ MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822’ MD as observed on the Dero Federal #3 well log (API 3001530399).

Colgate Operating LLC
Case Nos 22693-22694
Exhibit A-1

6. 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 interest owners.

7. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

8. 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 April 7, 2022, and that after notice and hearing, the Division enter an order:

- A. Approving an overlapping 320-acre horizontal spacing unit in the Third Bone Spring interval of the Bone Spring formation;
- B. Pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation underlying 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

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

mrodriguez@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Colgate Operating, LLC

Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico. Applicant applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the N/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 131H well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 36. The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which is dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). 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 12 miles northeast of Carlsbad, New Mexico.

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

APPLICATION OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING AND
OVERLAPPING SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NO. 22694

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763’ to the base of the Bone Spring formation at a depth of approximately 8,822’ underlying the S/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Uluru 35 Fed State Com 132H** well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the SE/4NE/4 (Unit H) of Section 36.
3. The completed interval of the Well will be orthodox.
4. The Unit will partially overlap with the spacing unit for the Winchester 36 HE State 1H well (API No. 30-015-41747) which is dedicated to the S/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation.
5. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763’ MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822’ MD as observed on the Dero Federal #3 well log (API 3001530399).

6. 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 interest owners.

7. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

8. 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 April 7, 2022, and that after notice and hearing, the Division enter an order:

- A. Approving an overlapping 320-acre horizontal spacing unit in the Third Bone Spring interval of the Bone Spring formation;
- B. Pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation underlying 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

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

mrodriguez@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Colgate Operating, LLC

Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico. Applicant applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the S/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 132H well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the SE/4NE/4 (Unit H) of Section 36. The Unit will partially overlap with the spacing unit for the Winchester 36 HE State 1H well (API No. 30-015-41747) which is dedicated to the S/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). 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 12 miles northeast of Carlsbad, New Mexico.

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | | | | |
|------------------------|--|--|--|--------------------|------------------------------|
| 1 API Number | | 2 Pool Code | | 3 Pool Name | |
| 4 Property Code | | 5 Property Name ULURU 35 FED STATE COM | | | 6 Well Number 132H |
| 7 OGRID No. | | 8 Operator Name COLGATE ENERGY LLC | | | 9 Elevation 3311' |

10 Surface Location

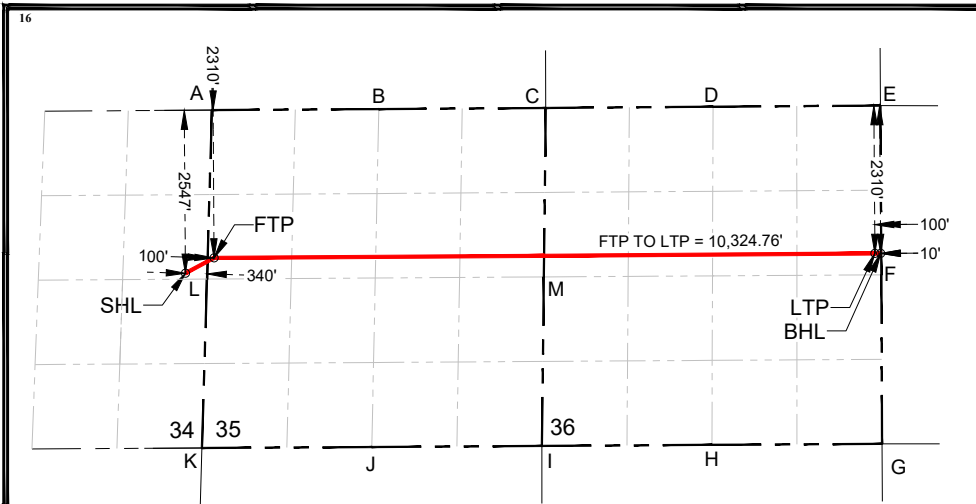
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| H | 34 | 19-S | 28-E | | 2547' | NORTH | 340' | EAST | EDDY |

11 Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| H | 36 | 19-S | 28-E | | 2310' | NORTH | 10' | EAST | EDDY |

| | | | |
|---------------------------|---------------------------|------------------------------|---------------------|
| 12 Dedicated Acres | 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.



SURFACE HOLE LOCATION (SHL)
NEW MEXICO EAST - NAD 83
X=595570.41 LAT.= 32.61752543° N
Y=588431.48 LONG.= 104.15719107° W
NEW MEXICO EAST - NAD 27
X=554390.40 LAT.= 32.61740811° N
Y=588369.72 LONG.= -104.15668363° W
2547' FNL, 340' FEL - SECTION 34

FIRST TAKE POINT (FTP)
NEW MEXICO EAST - NAD 83
X=596017.22 LAT.= 32.61818261° N
Y=588671.31 LONG.= 104.15573858° W
NEW MEXICO EAST - NAD 27
X=554837.21 LAT.= 32.61806529° N
Y=588609.54 LONG.= -104.15523116° W
2310' FNL, 100' FWL - SECTION 35

LAST TAKE POINT (LTP)
NEW MEXICO EAST - NAD 83
X=606341.75 LAT.= 32.61832218° N
Y=588740.97 LONG.= 104.12220518° W
NEW MEXICO EAST - NAD 27
X=565161.73 LAT.= 32.61820451° N
Y=588679.11 LONG.= -104.12169859° W
2310' FNL, 100' FEL - SECTION 36

BOTTOM HOLE LOCATION (BHL)
NEW MEXICO EAST - NAD 83
X=606431.75 LAT.= 32.61832345° N
Y=588741.61 LONG.= 104.12191288° W
NEW MEXICO EAST - NAD 27
X=565251.72 LAT.= 32.61820577° N
Y=588679.75 LONG.= -104.12140629° W
2310' FNL, 10' FEL - SECTION 36

- CORNER DATA**
NEW MEXICO EAST - NAD 83
- A. FOUND IRON PIPE W/ BRASS CAP
N:590981.15' E:595983.74'
 - B. FOUND BENT IRON PIPE W/ BRASS CAP
N:590996.87' E:598590.76'
 - C. FOUND BENT IRON PIPE
N:591014.52' E:601198.97'
 - D. FOUND BENT IRON PIPE W/ BRASS CAP
N:591033.50' E:603813.10'
 - E. FOUND IRON PIPE W/ BRASS CAP
N:591051.64' E:606427.41'
 - F. FOUND IRON PIPE W/ BRASS CAP
N:588406.86' E:606443.83'
 - G. FOUND IRON PIPE W/ BRASS CAP
N:585767.43' E:606452.80'
 - H. FOUND IRON PIPE W/ BRASS CAP
N:585750.61' E:603795.52'
 - I. FOUND IRON PIPE W/ BRASS CAP
N:585733.82' E:601140.05'
 - J. FOUND IRON PIPE W/ BRASS CAP
N:585717.65' E:598482.29'
 - K. FOUND IRON PIPE W/ BRASS CAP
N:585701.20' E:59828.61'
 - L. FOUND IRON PIPE W/ BRASS CAP
N:588340.39' E:595907.65'
 - M. FOUND IRON PIPE W/ BRASS CAP
N:588374.63' E:601169.66'

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 _____

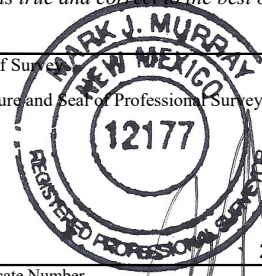
E-mail Address _____

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 _____

Colgate Operating LLC
Case Nos 22693-22694
Exhibit A-2

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|--|--|-----------------------------|
| 1 API Number | 2 Pool Code | 3 Pool Name |
| 4 Property Code | 5 Property Name ULURU 35 FED STATE COM | |
| 6 Well Number 131H | 7 OGRID No. | |
| 8 Operator Name COLGATE ENERGY LLC | | 9 Elevation 3311' |

10 Surface Location

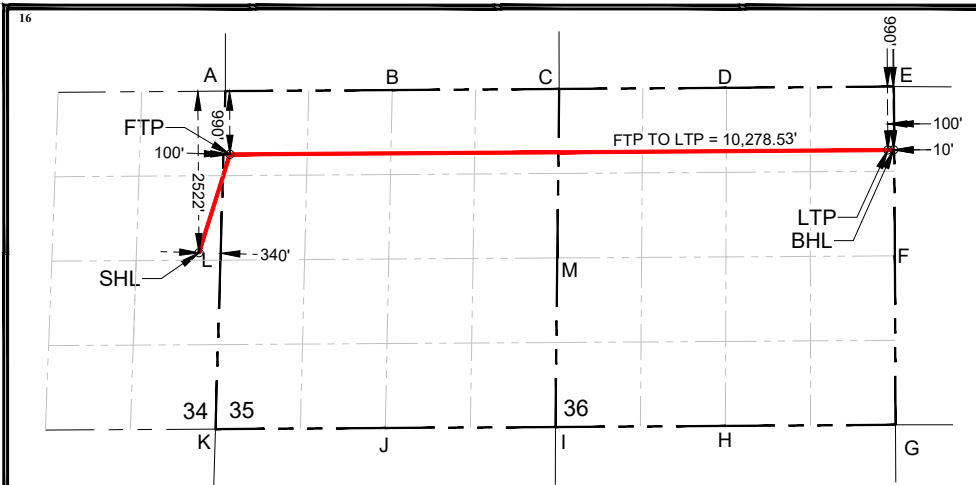
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| H | 34 | 19-S | 28-E | | 2522' | NORTH | 340' | EAST | EDDY |

11 Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| A | 36 | 19-S | 28-E | | 990' | NORTH | 10' | EAST | EDDY |

| | | | |
|---------------------------|---------------------------|------------------------------|---------------------|
| 12 Dedicated Acres | 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 _____

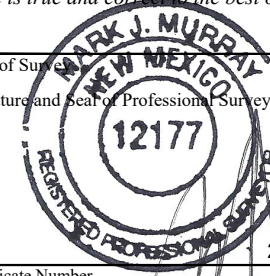
18 SURVEYOR CERTIFICATION

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 _____



- CORNER DATA
NEW MEXICO EAST - NAD 83
- A. - FOUND IRON PIPE W/ BRASS CAP
N:590981.15' E:595983.74'
 - B. - FOUND BENT IRON PIPE W/ BRASS CAP
N:590996.87' E:598590.76'
 - C. - FOUND BENT IRON PIPE
N:591014.52' E:601198.97'
 - D. - FOUND BENT IRON PIPE W/ BRASS CAP
N:591033.50' E:603813.10'
 - E. - FOUND IRON PIPE W/ BRASS CAP
N:591051.64' E:606427.41'
 - F. - FOUND IRON PIPE W/ BRASS CAP
N:588406.86' E:606443.83'
 - G. - FOUND IRON PIPE W/ BRASS CAP
N:585767.43' E:606452.80'
 - H. - FOUND IRON PIPE W/ BRASS CAP
N:585750.61' E:603795.52'
 - I. - FOUND IRON PIPE W/ BRASS CAP
N:585733.82' E:601140.05'
 - J. - FOUND IRON PIPE W/ BRASS CAP
N:585717.65' E:598482.29'
 - K. - FOUND IRON PIPE W/ BRASS CAP
N:585701.20' E:595828.61'
 - L. - FOUND IRON PIPE W/ BRASS CAP
N:588340.39' E:595907.65'
 - M. - FOUND IRON PIPE W/ BRASS CAP
N:588374.63' E:601169.66'

SURFACE HOLE LOCATION (SHL)
NEW MEXICO EAST - NAD 83
X=595571.18 LAT.= 32.61759411° N
Y=588456.47 LONG.= 104.15718843° W
NEW MEXICO EAST - NAD 27
X=554391.17 LAT.= 32.61747680° N
Y=588394.70 LONG.= -104.15668100° W
2522' FNL, 340' FEL - SECTION 34

FIRST TAKE POINT (FTP)
NEW MEXICO EAST - NAD 83
X=596055.27 LAT.= 32.62181144° N
Y=589991.57 LONG.= 104.15560785° W
NEW MEXICO EAST - NAD 27
X=554875.28 LAT.= 32.62169415° N
Y=589929.76 LONG.= -104.15510034° W
990' FNL, 100' FWL - SECTION 35

LAST TAKE POINT (LTP)
NEW MEXICO EAST - NAD 83
X=606333.56 LAT.= 32.62195046° N
Y=590060.94 LONG.= 104.1222328° W
NEW MEXICO EAST - NAD 27
X=565153.56 LAT.= 32.62183282° N
Y=589999.06 LONG.= -104.12171658° W
990' FNL, 100' FEL - SECTION 36

BOTTOM HOLE LOCATION (BHL)
NEW MEXICO EAST - NAD 83
X=606423.56 LAT.= 32.62195173° N
Y=590061.58 LONG.= 104.12193096° W
NEW MEXICO EAST - NAD 27
X=565243.56 LAT.= 32.62183408° N
Y=589999.70 LONG.= -104.12142427° W
990' FNL, 10' FEL - SECTION 36

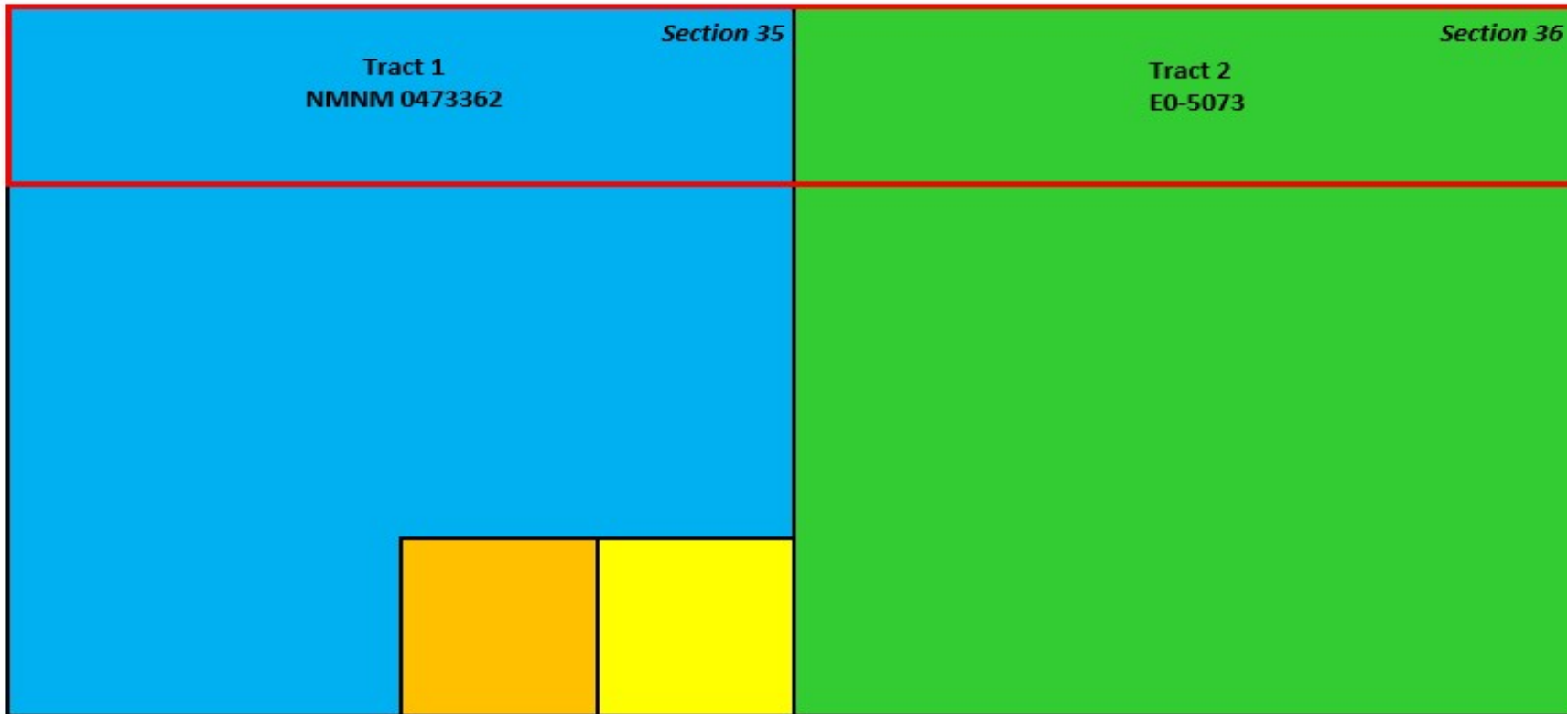
| ULURU 35 FED STATE COM 131H (N/2N/2 Sec 35 & 36 Bone Spring) Case No. 22693 | | | | |
|--|----------|---------|----------|---------------------|
| WI OWNER | WI | Net Ac | Tract No | FORCE POOL INTEREST |
| Colgate Production, LLC | 78.9063% | 252.5 | 1, 2 | Operator |
| Dome Petroleum Corp. | 6.8676% | 21.9762 | 1 | Yes |
| Dorchester Exploration, Inc. | 4.3915% | 14.0527 | 1 | Yes |
| Kedco Management Corporation | 2.1710% | 6.94728 | 1 | Yes |
| Ensource, Inc. | 1.9280% | 6.16971 | 1 | Yes |
| E. Dwyane Hamilton | 1.1719% | 3.75 | 1 | Yes |
| Myrlene Mannschreck Dillon | 1.1719% | 3.75 | 1 | Yes |
| John S. Ross, Jr. | 0.7678% | 2.45701 | 1 | Yes |
| J. W. Davis | 0.6718% | 2.14987 | 1 | Yes |
| Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992 | 0.6718% | 2.14987 | 1 | Yes |
| Paul Umbarger and Zofia Umbarger | 0.3565% | 1.14074 | 1 | Yes |
| Galkay, a joint venture | 0.2331% | 0.74587 | 1 | Yes |
| Bill Ferguson (Unlocatable) | 0.1598% | 0.51149 | 1 | Yes |
| John G. Rocovich, Jr. | 0.0703% | 0.22501 | 1 | No |
| Estate of John R. Kline, Deceased (Unlocatable) | 0.0699% | 0.22378 | 1 | Yes |
| Robert H. Kriebel | 0.0699% | 0.22376 | 1 | Yes |
| Virginia B. Dean, Clinton H. Dean, Jr., and Robert Russell Dean, Co-Trustees of the Virginia B. Dean Martial Deduction Trust | 0.0001% | 0.00032 | 1 | Yes |
| Gerald L. Michard | 0.0400% | 0.12787 | 1 | Yes |
| William L. Hilliard | 0.0400% | 0.12786 | 1 | Yes |
| Reeves County Systems, Inc. | 0.0300% | 0.09589 | 1 | Yes |
| Sombreo Associates (Unlocatable) | 0.0300% | 0.09589 | 1 | Yes |
| Ted J. Werts (Unlocatable) | 0.0200% | 0.06395 | 1 | Yes |
| Douglas C. Cranmer | 0.0200% | 0.06394 | 1 | Yes |
| Lillie Costanzo, Trust for the benefit of Brian Balliet | 0.0200% | 0.06394 | 1 | Yes |
| Mary L. Kline | 0.0200% | 0.06394 | 1 | Yes |
| Russell B. Cranmer | 0.0200% | 0.06394 | 1 | Yes |

Colgate Operating LLC
Case Nos 22693-22694
Exhibit A-3

| | | | | |
|---|---------|---------|---|-----|
| Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust | 0.0200% | 0.06394 | 1 | Yes |
| Robert G. Ettelson | 0.0200% | 0.06394 | 1 | Yes |
| James Kenneth Garrett | 0.0103% | 0.03291 | 1 | Yes |
| Joyce Eline Garrett | 0.0103% | 0.03291 | 1 | Yes |
| Carl Joseph Garrett, Executor of the Estate of Jasper Ben Garrett, Jr. | 0.0051% | 0.01645 | 1 | Yes |
| Connie Gale Becker | 0.0051% | 0.01645 | 1 | Yes |
| Donna Marie Studer, Administrator of the Estate of Genevieve Studer | 0.0051% | 0.01645 | 1 | Yes |
| Ginger Lee Meyers | 0.0051% | 0.01645 | 1 | Yes |
| | 100% | 320 | | |

| Lessee of Record | WI | Net Ac | Tract No | FORCE POOL INTEREST |
|-------------------------|------|--------|----------|---------------------|
| Estate of DW Underwood | None | None | 1 | Yes |
| Estate of JC Williamson | None | None | 1 | Yes |
| Oxy USA Inc. | None | None | 1 | Yes |
| Mewbourne Oil Company | None | None | 2 | Yes |

Uluru 35 Fed State Com Tract Details



| ORRI Owners |
|---|
| Colgate Royalties, LP |
| Duane D. Anderson, as his separate property |
| Mark and Paula McClellan, husband and wife |
| Ross and Kandace McClellan, husband and wife |
| Frank J. Pisor, Jr., as his separate property |

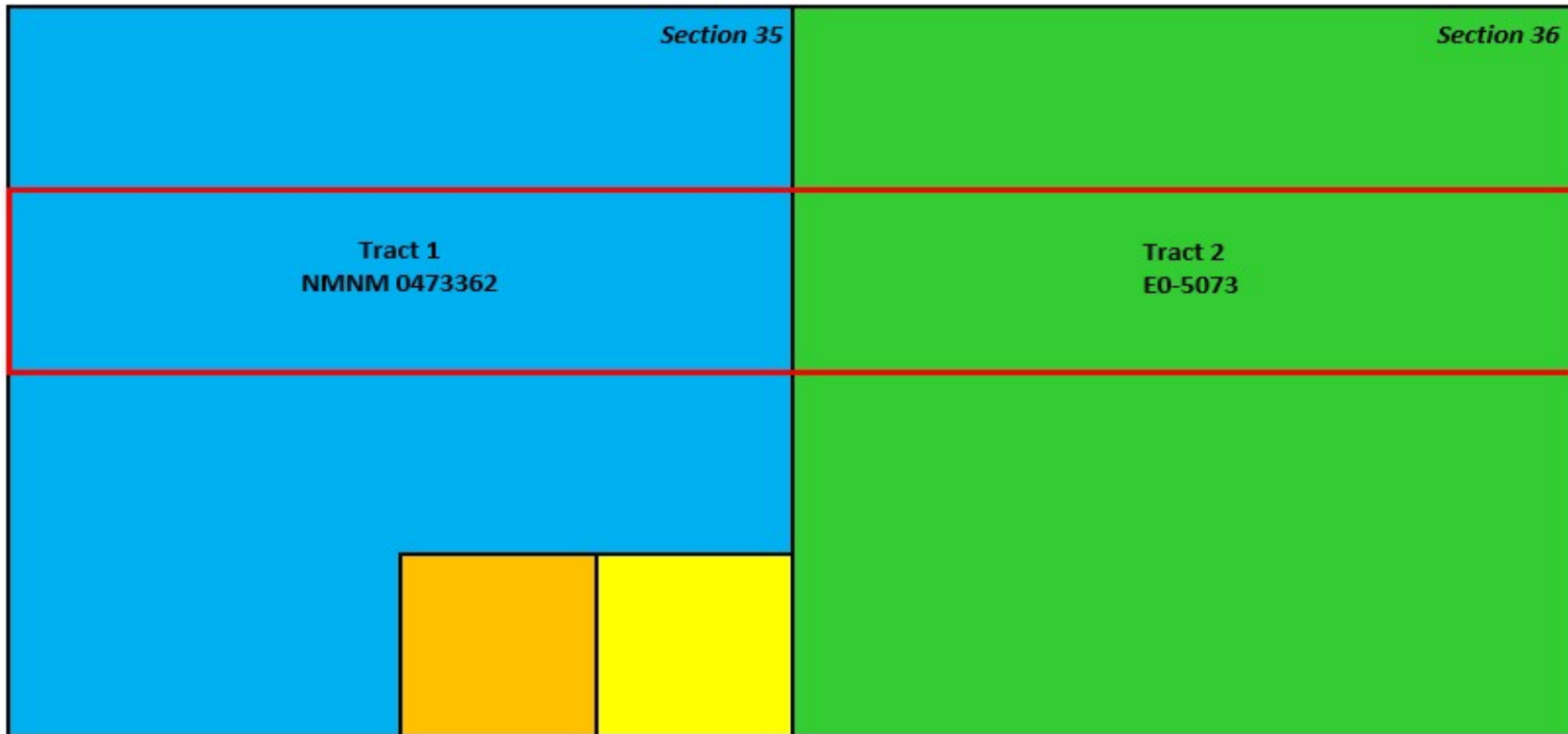
| |
|---|
| D. Lloyd Henderson |
| George W. Strake, Jr., marital status unknown |
| SMAC Oil Limited Partnership |
| CMP Viva LP |
| Catherine F. Sweeney, separate property |
| BCRK, an Oklahoma Limited Partnership |

| ULURU 35 FED STATE COM 132H (S/2N/2 Sec 35 & 36 Bone Spring) Case No. 22694 | | | | |
|--|-----------|---------------|-----------------|----------------------------|
| WI OWNER | WI | Net Ac | Tract No | FORCE POOL INTEREST |
| Colgate Production, LLC | 78.9063% | 252.5 | 1, 2 | Operator |
| Dome Petroleum Corp. | 6.8676% | 21.9762 | 1 | Yes |
| Dorchester Exploration, Inc. | 4.3915% | 14.0527 | 1 | Yes |
| Kedco Management Corporation | 2.1710% | 6.94728 | 1 | Yes |
| Ensource, Inc. | 1.9280% | 6.16971 | 1 | Yes |
| E. Dwyane Hamilton | 1.1719% | 3.75 | 1 | Yes |
| Myrlene Mannschreck Dillon | 1.1719% | 3.75 | 1 | Yes |
| John S. Ross, Jr. | 0.7678% | 2.45701 | 1 | Yes |
| J. W. Davis | 0.6718% | 2.14987 | 1 | Yes |
| Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992 | 0.6718% | 2.14987 | 1 | Yes |
| Paul Umbarger and Zofia Umbarger | 0.3565% | 1.14074 | 1 | Yes |
| Galkay, a joint venture | 0.2331% | 0.74587 | 1 | Yes |
| Bill Ferguson (Unlocatable) | 0.1598% | 0.51149 | 1 | Yes |
| John G. Rocovich, Jr. | 0.0703% | 0.22501 | 1 | No |
| Estate of John R. Kline, Deceased (Unlocatable) | 0.0699% | 0.22378 | 1 | Yes |
| Robert H. Krieble | 0.0699% | 0.22376 | 1 | Yes |
| Virginia B. Dean, Clinton H. Dean, Jr., and Robert Russell Dean, Co-Trustees of the Virginia B. Dean Martial Deduction Trust | 0.0001% | 0.00032 | 1 | Yes |
| Gerald L. Michard | 0.0400% | 0.12787 | 1 | Yes |
| William L. Hilliard | 0.0400% | 0.12786 | 1 | Yes |
| Reeves County Systems, Inc. | 0.0300% | 0.09589 | 1 | Yes |
| Sombreo Associates (Unlocatable) | 0.0300% | 0.09589 | 1 | Yes |
| Ted J. Werts (Unlocatable) | 0.0200% | 0.06395 | 1 | Yes |
| Douglas C. Cranmer | 0.0200% | 0.06394 | 1 | Yes |
| Lillie Costanzo, Trust for the benefit of Brian Balliet | 0.0200% | 0.06394 | 1 | Yes |
| Mary L. Kline | 0.0200% | 0.06394 | 1 | Yes |
| Russell B. Cranmer | 0.0200% | 0.06394 | 1 | Yes |

| | | | | |
|---|---------|---------|---|-----|
| Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust | 0.0200% | 0.06394 | 1 | Yes |
| Robert G. Ettelson | 0.0200% | 0.06394 | 1 | Yes |
| James Kenneth Garrett | 0.0103% | 0.03291 | 1 | Yes |
| Joyce Eline Garrett | 0.0103% | 0.03291 | 1 | Yes |
| Carl Joseph Garrett, Executor of the Estate of Jasper Ben Garrett, Jr. | 0.0051% | 0.01645 | 1 | Yes |
| Connie Gale Becker | 0.0051% | 0.01645 | 1 | Yes |
| Donna Marie Studer, Administrator of the Estate of Genevieve Studer | 0.0051% | 0.01645 | 1 | Yes |
| Ginger Lee Meyers | 0.0051% | 0.01645 | 1 | Yes |
| | 100% | 320 | | |

| Lessee of Record | WI | Net Ac | Tract No | FORCE POOL INTEREST |
|-------------------------|------|--------|----------|---------------------|
| Estate of DW Underwood | None | None | 1 | Yes |
| Estate of JC Williamson | None | None | 1 | Yes |
| Oxy USA Inc. | None | None | 1 | Yes |
| Mewbourne Oil Company | None | None | 2 | Yes |

Uluru 35 Fed State Com Tract Details



| ORRI Owners |
|---|
| Colgate Royalties, LP |
| Duane D. Anderson, as his separate property |
| Mark and Paula McClellan, husband and wife |
| Ross and Kandace McClellan, husband and wife |
| Frank J. Pisor, Jr., as his separate property |

| |
|---|
| D. Lloyd Henderson |
| George W. Strake, Jr., marital status unknown |
| SMAC Oil Limited Partnership |
| CMP Viva LP |
| Catherine F. Sweeney, separate property |
| BCRK, an Oklahoma Limited Partnership |



February 4, 2022

Via Certified Mail

Dome Petroleum Corp.
ATTN: Outside Operated JV
PO Box 940970
Houston, TX 77094

RE: Uluru 35 Fed State Com – Well Proposals
Section 35: All, Section 36: All, T19S-R28E, Bone Spring and Wolfcamp Formation
Eddy County, New Mexico

To Whom It May Concern:

Colgate Operating, LLC, as operator for Colgate Production, LLC (“Colgate”), hereby proposes the drilling and completion of the following eleven (11) wells, the Uluru 35 Fed State Com 121H, 122H, 123H, 124H, 131H, 132H, 133H, 134H, 201H, 202H, & 203H at the following approximate locations within Township 19 South, Range 28 East:

1. Uluru 35 Fed State Com 121H

SHL: At a legal location in the NW/4NW/4 of Section 35
BHL: 10' FEL & 370' FNL of Section 35
FTP: 100' FWL & 370' FNL of Section 35
LTP: 100' FEL & 370' FNL of Section 35
TVD: 7,524'
TMD: Approximately 12,809'
Proration Unit: N2N2 of Section 35
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

2. Uluru 35 Fed State Com 122H

SHL: At a legal location in the NW/4NW/4 of Section 35
BHL: 10' FEL & 1,889' FNL of Section 35
FTP: 100' FWL & 1,889' FNL of Section 35
LTP: 100' FEL & 1,889' FNL of Section 35
TVD: 7,524'
TMD: Approximately 12,809'
Proration Unit: S2N2 of Section 35
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

300 N. Marienfeld St., Suite 1000, Midland, Texas 79701
P: (432) 695-4222 | F: (432) 695-4063
www.ColgateEnergy.com

Colgate Operating LLC
Case Nos 22693-22694
Exhibit A-4

Uluru 35 Fed State Com Well Proposal

- 3. Uluru 35 Fed State Com 123H**
SHL: At a legal location in the SE/4 of Section 35
BHL: 10' FEL & 2,032' FSL of Section 35
FTP: 100' FWL & 2,032' FSL of Section 35
LTP: 100' FEL & 2,032' FSL of Section 35
TVD: 7,509'
TMD: Approximately 12,794'
Proration Unit: N2S2 of Section 35
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE
- 4. Uluru 35 Fed State Com 124H**
SHL: At a legal location in the SE/4 of Section 35
BHL: 10' FEL & 330' FSL of Section 36
FTP: 100' FWL & 330' FSL of Section 35
LTP: 100' FEL & 330' FSL of Section 36
TVD: 7,509'
TMD: Approximately 17,794'
Proration Unit: S2S2 of Sections 35 & 36
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE
- 5. Uluru 35 Fed State Com 131H**
SHL: At a legal location the E/2E/2 of Section 34
BHL: 10' FEL & 990' FNL of Section 36
FTP: 100' FWL & 990' FNL of Section 35
LTP: 100' FEL & 990' FNL of Section 36
TVD: 8,662'
TMD: Approximately 18,947'
Proration Unit: N2N2 of Sections 35 & 36
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE
- 6. Uluru 35 Fed State Com 132H**
SHL: At a legal location the E/2E/2 of Section 34
BHL: 10' FEL & 2,310' FNL of Section 36
FTP: 100' FWL & 2,310' FNL of Section 35
LTP: 100' FEL & 2,310' FNL of Section 36
TVD: 8,662'
TMD: Approximately 18,947'
Proration Unit: S2N2 of Sections 35 & 36
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE
- 7. Uluru 35 Fed State Com 133H**
SHL: At a legal location the E/2E/2 of Section 34
BHL: 10' FEL & 1,650' FSL of Section 36
FTP: 100' FWL & 1,650' FSL of Section 35
LTP: 100' FEL & 1,650' FSL of Section 36
TVD: 8,647'
TMD: Approximately 18,932'
Proration Unit: N2S2 of Sections 35 & 36
Targeted Interval: 3rd Bone Spring

Uluru 35 Fed State Com Well Proposal

Total Cost: See attached AFE

8. Uluru 35 Fed State Com 134H

SHL: At a legal location in the SE/4SE/4 of Section 34

BHL: 10' FEL & 330' FSL of Section 36

FTP: 100' FWL & 330' FSL of Section 35

LTP: 100' FEL & 330' FSL of Section 36

TVD: 8,647'

TMD: Approximately 18,932'

Proration Unit: S2S2 of Sections 35 & 36

Targeted Interval: 3rd Bone Spring

Total Cost: See attached AFE

9. Uluru 35 Fed State Com 201H

SHL: At a legal location in the NW/4NW/4 of Section 35

BHL: 10' FEL & 1,650' FNL of Section 36

FTP: 100' FWL & 1,650' FNL of Section 35

LTP: 100' FEL & 1,650' FNL of Section 36

TVD: 8,929'

TMD: Approximately 19,214'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

10. Uluru 35 Fed State Com 202H

SHL: At a legal location in the SE/4 of Section 35

BHL: 10' FEL & 2,310' FSL of Section 36

FTP: 100' FWL & 2,310' FSL of Section 35

LTP: 100' FEL & 2,310' FSL of Section 36

TVD: 8,929'

TMD: Approximately 19,214'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

11. Uluru 35 Fed State Com 203H

SHL: At a legal location in the SE/4SE/4 of Section 34

BHL: 10' FEL & 990' FSL of Section 36

FTP: 100' FWL & 990' FSL of Section 35

LTP: 100' FEL & 990' FSL of Section 36

TVD: 8,914'

TMD: Approximately 19,199'

Targeted Interval: Wolfcamp XY

Total Cost: See attached AFE

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. Colgate is proposing to drill these wells under the modified terms of the 1989 AAPL Operating Agreement and a form of said Operating Agreement is available upon request. The Operating Agreement has the following general provisions:

- 100%/300%/300% non-consent provisions
- \$8,000/\$800 drilling and producing rates
- Colgate Operating, LLC named as Operator

Uluru 35 Fed State Com Well Proposal

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the previously proposed AFE, and your geologic well requirements.

In the interest of time, should we not reach an agreement within thirty (30) days of the date of your receipt of this letter, Colgate will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well. If you do not wish to participate, Colgate would be interested in acquiring your interest in the subject lands which is subject to further negotiation.

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.357.3886 or by email at mhajdik@colgateenergy.com.

Respectfully,



Mark Hajdik
Senior Staff Landman
Enclosures

Uluru 35 Fed State Com Well Proposal

| Well Elections: <i>(Please indicate your responses in the spaces below)</i> | | |
|---|----------------------|---------------------------------|
| Well(s) | Elect to Participate | Elect to <u>NOT</u> Participate |
| Uluru 35 Fed State Com 121H | | |
| Uluru 35 Fed State Com 122H | | |
| Uluru 35 Fed State Com 123H | | |
| Uluru 35 Fed State Com 124H | | |
| Uluru 35 Fed State Com 131H | | |
| Uluru 35 Fed State Com 132H | | |
| Uluru 35 Fed State Com 133H | | |
| Uluru 35 Fed State Com 134H | | |
| Uluru 35 Fed State Com 201H | | |
| Uluru 35 Fed State Com 202H | | |
| Uluru 35 Fed State Com 203H | | |

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

| | | | |
|------------------|---|------------------|-------------------------|
| DATE: | 2/4/2022 | AFE NO.: | 0 |
| WELL NAME: | Uluru 35 Fed Com 121H | FIELD: | Winchester; BONE SPRING |
| LOCATION: | Section 35, Block T19S-R28E | MD/TVD: | 12809' MD / 7524' TVD |
| COUNTY/STATE: | Eddy County, New Mexico | LATERAL LENGTH: | 5,000 |
| Colgate WI: | | DRILLING DAYS: | 11.1 |
| GEOLOGIC TARGET: | SBSG | COMPLETION DAYS: | 12.8 |
| REMARKS: | Drill a horizontal 2nd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost | | |

| INTANGIBLE COSTS | DRILLING COSTS | COMPLETION COSTS | PRODUCTION COSTS | TOTAL COSTS |
|-------------------------------------|------------------|------------------|------------------|------------------|
| 1 Land / Legal / Regulatory | \$ 42,500 | \$ - | \$ - | \$ 42,500 |
| 2 Location, Surveys & Damages | 204,739 | 13,000 | 25,000 | 242,739 |
| 4 Freight / Transportation | 34,270 | 26,500 | - | 60,770 |
| 5 Rental - Surface Equipment | 55,224 | 117,100 | 13,700 | 186,024 |
| 6 Rental - Downhole Equipment | 145,281 | 15,000 | - | 160,281 |
| 7 Rental - Living Quarters | 25,712 | 36,700 | - | 62,412 |
| 10 Directional Drilling, Surveys | 225,581 | - | - | 225,581 |
| 11 Drilling | 360,681 | - | - | 360,681 |
| 12 Drill Bits | 72,080 | - | - | 72,080 |
| 13 Fuel & Power | 81,567 | 145,000 | - | 226,567 |
| 14 Cementing & Float Equip | 149,460 | - | - | 149,460 |
| 15 Completion Unit, Swab, CTU | - | - | 26,000 | - |
| 16 Perforating, Wireline, Slickline | - | 142,950 | 9,000 | 151,950 |
| 17 High Pressure Pump Truck | - | 29,500 | - | 29,500 |
| 18 Completion Unit, Swab, CTU | - | 41,000 | - | 41,000 |
| 20 Mud Circulation System | 50,554 | - | - | 50,554 |
| 21 Mud Logging | 7,099 | - | - | 7,099 |
| 22 Logging/ Formation Evaluation | 2,282 | 6,000 | - | 8,282 |
| 23 Mud & Chemicals | 147,836 | 145,483 | - | 293,319 |
| 24 Water | 31,270 | 221,000 | - | 252,270 |
| 25 Stimulation | - | 241,575 | - | 241,575 |
| 26 Stimulation Flowback & Disp | - | 89,000 | - | 89,000 |
| 28 Mud / Wastewater Disposal | 138,945 | 38,000 | - | 176,945 |
| 30 Rig Supervision / Engineering | 49,398 | 71,700 | 9,800 | 130,898 |
| 32 Drig & Completion Overhead | 4,500 | - | - | 4,500 |
| 35 Labor | 103,986 | 35,000 | 20,000 | 158,986 |
| 54 Proppant | - | 282,500 | - | 282,500 |
| 95 Insurance | 6,790 | - | - | 6,790 |
| 97 Contingency | - | 7,247 | 8,850 | 16,097 |
| 99 Plugging & Abandonment | - | - | - | - |
| TOTAL INTANGIBLES > | 1,939,756 | 1,704,255 | 112,350 | 3,730,361 |

| TANGIBLE COSTS | DRILLING COSTS | COMPLETION COSTS | PRODUCTION COSTS | TOTAL COSTS |
|-------------------------------------|------------------|------------------|------------------|------------------|
| 60 Surface Casing | \$ 21,818 | \$ - | \$ - | \$ 21,818 |
| 61 Intermediate Casing | 126,995 | - | - | 126,995 |
| 62 Drilling Liner | - | - | - | - |
| 63 Production Casing | 319,991 | - | - | 319,991 |
| 64 Production Liner | - | - | - | - |
| 65 Tubing | - | - | 55,000 | 55,000 |
| 66 Wellhead | 46,640 | - | 59,100 | 105,740 |
| 67 Packers, Liner Hangers | 10,600 | - | 4,500 | 15,100 |
| 68 Tanks | - | - | - | - |
| 69 Production Vessels | - | - | 84,000 | 84,000 |
| 70 Flow Lines | - | - | 24,800 | 24,800 |
| 71 Rod string | - | - | - | - |
| 72 Artificial Lift Equipment | - | - | 88,000 | 88,000 |
| 73 Compressor | - | - | - | - |
| 74 Installation Costs | - | - | 34,000 | 34,000 |
| 75 Surface Pumps | - | - | 5,000 | 5,000 |
| 76 Downhole Pumps | - | - | - | - |
| 77 Measurement & Meter Installation | - | - | 12,500 | 12,500 |
| 78 Gas Conditioning / Dehydration | - | - | - | - |
| 79 Interconnecting Facility Piping | - | - | 15,400 | 15,400 |
| 80 Gathering / Bulk Lines | - | - | - | - |
| 81 Valves, Dumps, Controllers | - | - | 40,000 | 40,000 |
| 82 Tank / Facility Containment | - | - | - | - |
| 83 Flare Stack | - | - | - | - |
| 84 Electrical / Grounding | - | - | 90,900 | 90,900 |
| 85 Communications / SCADA | - | - | 15,000 | 15,000 |
| 86 Instrumentation / Safety | - | - | - | - |
| TOTAL TANGIBLES > | 526,044 | 0 | 528,200 | 1,054,244 |
| TOTAL COSTS > | 2,465,800 | 1,704,255 | 640,550 | 4,784,605 |
| | \$ 493 | \$ 341 | | \$ 957 |

PREPARED BY Colgate Energy:

Drilling Engineer: SS/RM/IS
 Completions Engineer: BA/ML
 Production Engineer: Levi Harris

Colgate Energy APPROVAL:

Co-CEO: WH
 Co-CEO: JW
 VP - Operations: CRM
 VP - Land & Legal: BC
 VP - Geosciences: SO

NON OPERATING PARTNER APPROVAL:

Company Name: _____ Working Interest (%): _____ Tax ID: _____
 Signed by: _____ Date: _____
 Title: _____ Approval: Yes No (mark one)

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, custative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

| | | | |
|------------------|---|------------------|-------------------------|
| DATE: | 2/4/2022 | AFE NO.: | 0 |
| WELL NAME: | Uluru 35 Fed Com 122H | FIELD: | Winchester; BONE SPRING |
| LOCATION: | Section 35, Block T19S-R28E | MD/TVD: | 12809' MD / 7524' TVD |
| COUNTY/STATE: | Eddy County, New Mexico | LATERAL LENGTH: | 5,000 |
| Colgate WI: | | DRILLING DAYS: | 11.1 |
| GEOLOGIC TARGET: | SBSG | COMPLETION DAYS: | 12.8 |
| REMARKS: | Drill a horizontal 2nd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost | | |

| INTANGIBLE COSTS | DRILLING COSTS | COMPLETION COSTS | PRODUCTION COSTS | TOTAL COSTS |
|-------------------------------------|------------------|------------------|------------------|------------------|
| 1 Land / Legal / Regulatory | \$ 42,500 | \$ - | \$ - | \$ 42,500 |
| 2 Location, Surveys & Damages | 204,739 | 13,000 | 25,000 | 242,739 |
| 4 Freight / Transportation | 34,270 | 26,500 | - | 60,770 |
| 5 Rental - Surface Equipment | 55,224 | 117,100 | 13,700 | 186,024 |
| 6 Rental - Downhole Equipment | 145,281 | 15,000 | - | 160,281 |
| 7 Rental - Living Quarters | 25,712 | 36,700 | - | 62,412 |
| 10 Directional Drilling, Surveys | 225,581 | - | - | 225,581 |
| 11 Drilling | 360,681 | - | - | 360,681 |
| 12 Drill Bits | 72,080 | - | - | 72,080 |
| 13 Fuel & Power | 81,567 | 145,000 | - | 226,567 |
| 14 Cementing & Float Equip | 149,460 | - | - | 149,460 |
| 15 Completion Unit, Swab, CTU | - | - | 26,000 | - |
| 16 Perforating, Wireline, Slickline | - | 142,950 | 9,000 | 151,950 |
| 17 High Pressure Pump Truck | - | 29,500 | - | 29,500 |
| 18 Completion Unit, Swab, CTU | - | 41,000 | - | 41,000 |
| 20 Mud Circulation System | 50,554 | - | - | 50,554 |
| 21 Mud Logging | 7,099 | - | - | 7,099 |
| 22 Logging/ Formation Evaluation | 2,282 | 6,000 | - | 8,282 |
| 23 Mud & Chemicals | 147,836 | 145,483 | - | 293,319 |
| 24 Water | 31,270 | 221,000 | - | 252,270 |
| 25 Stimulation | - | 241,575 | - | 241,575 |
| 26 Stimulation Flowback & Disp | - | 89,000 | - | 89,000 |
| 28 Mud / Wastewater Disposal | 138,945 | 38,000 | - | 176,945 |
| 30 Rig Supervision / Engineering | 49,398 | 71,700 | 9,800 | 130,898 |
| 32 Drig & Completion Overhead | 4,500 | - | - | 4,500 |
| 35 Labor | 103,986 | 35,000 | 20,000 | 158,986 |
| 54 Proppant | - | 282,500 | - | 282,500 |
| 95 Insurance | 6,790 | - | - | 6,790 |
| 97 Contingency | - | 7,247 | 8,850 | 16,097 |
| 99 Plugging & Abandonment | - | - | - | - |
| TOTAL INTANGIBLES > | 1,939,756 | 1,704,255 | 112,350 | 3,730,361 |

| TANGIBLE COSTS | DRILLING COSTS | COMPLETION COSTS | PRODUCTION COSTS | TOTAL COSTS |
|-------------------------------------|------------------|------------------|------------------|------------------|
| 60 Surface Casing | \$ 21,818 | \$ - | \$ - | \$ 21,818 |
| 61 Intermediate Casing | 126,995 | - | - | 126,995 |
| 62 Drilling Liner | - | - | - | - |
| 63 Production Casing | 319,991 | - | - | 319,991 |
| 64 Production Liner | - | - | - | - |
| 65 Tubing | - | - | 55,000 | 55,000 |
| 66 Wellhead | 46,640 | - | 59,100 | 105,740 |
| 67 Packers, Liner Hangers | 10,600 | - | 4,500 | 15,100 |
| 68 Tanks | - | - | - | - |
| 69 Production Vessels | - | - | 84,000 | 84,000 |
| 70 Flow Lines | - | - | 24,800 | 24,800 |
| 71 Rod string | - | - | - | - |
| 72 Artificial Lift Equipment | - | - | 88,000 | 88,000 |
| 73 Compressor | - | - | - | - |
| 74 Installation Costs | - | - | 34,000 | 34,000 |
| 75 Surface Pumps | - | - | 5,000 | 5,000 |
| 76 Downhole Pumps | - | - | - | - |
| 77 Measurement & Meter Installation | - | - | 12,500 | 12,500 |
| 78 Gas Conditioning / Dehydration | - | - | - | - |
| 79 Interconnecting Facility Piping | - | - | 15,400 | 15,400 |
| 80 Gathering / Bulk Lines | - | - | - | - |
| 81 Valves, Dumps, Controllers | - | - | 40,000 | 40,000 |
| 82 Tank / Facility Containment | - | - | - | - |
| 83 Flare Stack | - | - | - | - |
| 84 Electrical / Grounding | - | - | 90,900 | 90,900 |
| 85 Communications / SCADA | - | - | 15,000 | 15,000 |
| 86 Instrumentation / Safety | - | - | - | - |
| TOTAL TANGIBLES > | 526,044 | 0 | 528,200 | 1,054,244 |
| TOTAL COSTS > | 2,465,800 | 1,704,255 | 640,550 | 4,784,605 |
| | \$ 493 | \$ 341 | | \$ 957 |

PREPARED BY Colgate Energy:

Drilling Engineer: SS/RM/IS
 Completions Engineer: BA/ML
 Production Engineer: Levi Harris

Colgate Energy APPROVAL:

Co-CEO: WH
 Co-CEO: JW
 VP - Operations: CRM
 VP - Land & Legal: BC
 VP - Geosciences: SO

NON OPERATING PARTNER APPROVAL:

Company Name: _____ Working Interest (%): _____ Tax ID: _____
 Signed by: _____ Date: _____
 Title: _____ Approval: Yes No (mark one)

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, custative, regulatory, leakage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

Colgate Energy

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

| | | | |
|------------------|---|------------------|-------------------------|
| DATE: | 2/4/2022 | AFE NO.: | 0 |
| WELL NAME: | Uluru 35 Fed Com 123H | FIELD: | Winchester; BONE SPRING |
| LOCATION: | Section 35, Block T19S-R28E | MD/TVD: | 12754' MD / 7509' TVD |
| COUNTY/STATE: | Eddy County, New Mexico | LATERAL LENGTH: | 5,000 |
| Colgate WI: | | DRILLING DAYS: | 11.1 |
| GEOLOGIC TARGET: | SBSG | COMPLETION DAYS: | 12.8 |
| REMARKS: | Drill a horizontal 2nd BS well and complete. AFE includes drilling, completions, flowback and Initial AL install cost | | |

| INTANGIBLE COSTS | DRILLING COSTS | COMPLETION COSTS | PRODUCTION COSTS | TOTAL COSTS |
|-------------------------------------|------------------|------------------|------------------|------------------|
| 1 Land / Legal / Regulatory | \$ 42,500 | \$ - | \$ - | \$ 42,500 |
| 2 Location, Surveys & Damages | 204,739 | 13,000 | 25,000 | 242,739 |
| 4 Freight / Transportation | 34,270 | 26,500 | - | 60,770 |
| 5 Rental - Surface Equipment | 55,224 | 117,100 | 13,700 | 186,024 |
| 6 Rental - Downhole Equipment | 145,281 | 15,000 | - | 160,281 |
| 7 Rental - Living Quarters | 25,712 | 36,700 | - | 62,412 |
| 10 Directional Drilling, Surveys | 225,581 | - | - | 225,581 |
| 11 Drilling | 360,681 | - | - | 360,681 |
| 12 Drill Bits | 72,080 | - | - | 72,080 |
| 13 Fuel & Power | 81,567 | 145,000 | - | 226,567 |
| 14 Cementing & Float Equip | 149,460 | - | - | 149,460 |
| 15 Completion Unit, Swab, CTU | - | - | 26,000 | - |
| 16 Perforating, Wireline, Slickline | - | 142,950 | 9,000 | 151,950 |
| 17 High Pressure Pump Truck | - | 29,500 | - | 29,500 |
| 18 Completion Unit, Swab, CTU | - | 41,000 | - | 41,000 |
| 20 Mud Circulation System | 50,554 | - | - | 50,554 |
| 21 Mud Logging | 7,099 | - | - | 7,099 |
| 22 Logging / Formation Evaluation | 2,282 | 6,000 | - | 8,282 |
| 23 Mud & Chemicals | 147,836 | 145,483 | - | 293,319 |
| 24 Water | 31,270 | 221,000 | - | 252,270 |
| 25 Stimulation | - | 241,575 | - | 241,575 |
| 26 Stimulation Flowback & Disp | - | 89,000 | - | 89,000 |
| 28 Mud / Wastewater Disposal | 138,945 | 38,000 | - | 176,945 |
| 30 Rig Supervision / Engineering | 49,398 | 71,700 | 9,800 | 130,898 |
| 32 Drig & Completion Overhead | 4,500 | - | - | 4,500 |
| 35 Labor | 103,986 | 35,000 | 20,000 | 158,986 |
| 54 Proppant | - | 282,500 | - | 282,500 |
| 95 Insurance | 6,790 | - | - | 6,790 |
| 97 Contingency | - | 7,247 | 8,850 | 16,097 |
| 99 Plugging & Abandonment | - | - | - | - |
| TOTAL INTANGIBLES > | 1,939,756 | 1,704,255 | 112,350 | 3,730,361 |

| TANGIBLE COSTS | DRILLING COSTS | COMPLETION COSTS | PRODUCTION COSTS | TOTAL COSTS |
|-------------------------------------|------------------|------------------|------------------|------------------|
| 60 Surface Casing | \$ 21,818 | \$ - | \$ - | \$ 21,818 |
| 61 Intermediate Casing | 126,995 | - | - | 126,995 |
| 62 Drilling Liner | - | - | - | - |
| 63 Production Casing | 319,991 | - | - | 319,991 |
| 64 Production Liner | - | - | - | - |
| 65 Tubing | - | - | 55,000 | 55,000 |
| 66 Wellhead | 46,640 | - | 59,100 | 105,740 |
| 67 Packers, Liner Hangers | 10,600 | - | 4,500 | 15,100 |
| 68 Tanks | - | - | - | - |
| 69 Production Vessels | - | - | 84,000 | 84,000 |
| 70 Flow Lines | - | - | 24,800 | 24,800 |
| 71 Rod string | - | - | - | - |
| 72 Artificial Lift Equipment | - | - | 88,000 | 88,000 |
| 73 Compressor | - | - | - | - |
| 74 Installation Costs | - | - | 34,000 | 34,000 |
| 75 Surface Pumps | - | - | 5,000 | 5,000 |
| 76 Downhole Pumps | - | - | - | - |
| 77 Measurement & Meter Installation | - | - | 12,500 | 12,500 |
| 78 Gas Conditioning / Dehydration | - | - | - | - |
| 79 Interconnecting Facility Piping | - | - | 15,400 | 15,400 |
| 80 Gathering / Bulk Lines | - | - | - | - |
| 81 Valves, Dumps, Controllers | - | - | 40,000 | 40,000 |
| 82 Tank / Facility Containment | - | - | - | - |
| 83 Flare Stack | - | - | - | - |
| 84 Electrical / Grounding | - | - | 90,900 | 90,900 |
| 85 Communications / SCADA | - | - | 15,000 | 15,000 |
| 86 Instrumentation / Safety | - | - | - | - |
| TOTAL TANGIBLES > | 526,044 | 0 | 528,200 | 1,054,244 |
| TOTAL COSTS > | 2,465,800 | 1,704,255 | 640,550 | 4,784,605 |
| | \$ 493 | \$ 341 | | \$ 957 |

PREPARED BY Colgate Energy:

| | |
|-----------------------|-------------|
| Drilling Engineer: | SS/RM/IS |
| Completions Engineer: | BA/ML |
| Production Engineer: | Levi Harris |

Colgate Energy APPROVAL:

| | | | | | |
|-------------------|----|------------------|----|-----------------|-----|
| Co-CEO | WH | Co-CEO | JW | VP - Operations | CRM |
| VP - Land & Legal | BC | VP - Geosciences | SO | | |

NON OPERATING PARTNER APPROVAL:

| | | |
|---------------|---|---------|
| Company Name: | Working Interest (%): | Tax ID: |
| Signed by: | Date: | |
| Title: | Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No (mark one) | |

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including, legal, custative, regulatory, leakage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

Uluru 35 Communication Timeline

February 2, 2022 – Initial proposals sent for the Uluru 35 Wells

February 2022 – The following actions were taken for bad delivery or unknown parties

- Throughout the month of February non deliverable proposals were resent to additional addresses
- Colgate utilized a number of resources to locate parties or new addresses
 - Employed land brokers to research online and county records
 - Utilized idiCore which is an subscription based online investigative search tool to locate last known addresses and other information about parties
 - Searched obituaries to identify possible heirs to send notice to
 - Searched Secretary of State website for details regarding entities that had bad delivery or were not locatable

February 2022 – Galkay elected to non consent the proposals. Responded to several inquires via email and telephone, but no further response from the WI owners once their initial questions were answered.

April 2022 – Several parties as noted to not force pool have signed JOAs and are prepared to participate. Ellie and Kenneth Garrett have agreed to sell, we are currently finalizing their purchase.

February 2022 to present – A number of parties have not responded to the proposals that were received and several parties were completely unlocatable.

Colgate Operating, LLC
Case No. 22693-22604
Exhibit A-5

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

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

CASE NO. 22693

**SELF-AFFIRMED STATEMENT
OF DAVID DAGIAN**

1. I am a geologist at Colgate Operating, LLC (“Colgate”) 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 regional locator map that identifies the Uluru project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of these applications.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore path for the proposed **Uluru 35 Fed State Com 131H** well (“Well”) targeting the Third Bone Spring (TBSG) is represented by the dashed line. Existing producing wells in the Third Bone Spring (TBSG) intervals and are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section well names and a black line in proximity to the proposed well.

5. **Exhibit B-3** is Third Bone Spring (TBSG) Structure map on the top of the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the

approximate wellbore path for the **Uluru 35 Fed State Com 131H** proposed TBSG well with a red dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** identifies two wells penetrating the targeted interval I used to construct a structural cross-section from A to A'. The structural cross section from west to east shows the regional dip to the East-Southeast for both the SBSG and the TBSG. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The target zone for the proposed well is the Third Bone Spring formation, which is consistent across the units. The approximate well-path for the proposed well is indicated by dashed line to be drilled from west to east across the units.

7. **Exhibit B-5** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit B-4**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zone for the Well is labeled on the exhibit. The approximate well-path for the proposed well is indicated by dashed line to be drilled from west to east across the units. This cross-section demonstrates the target interval is continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the **Uluru 35 Fed State Com 131H** well in the Third Bone Spring formation.

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

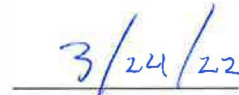
10. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Well.

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

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

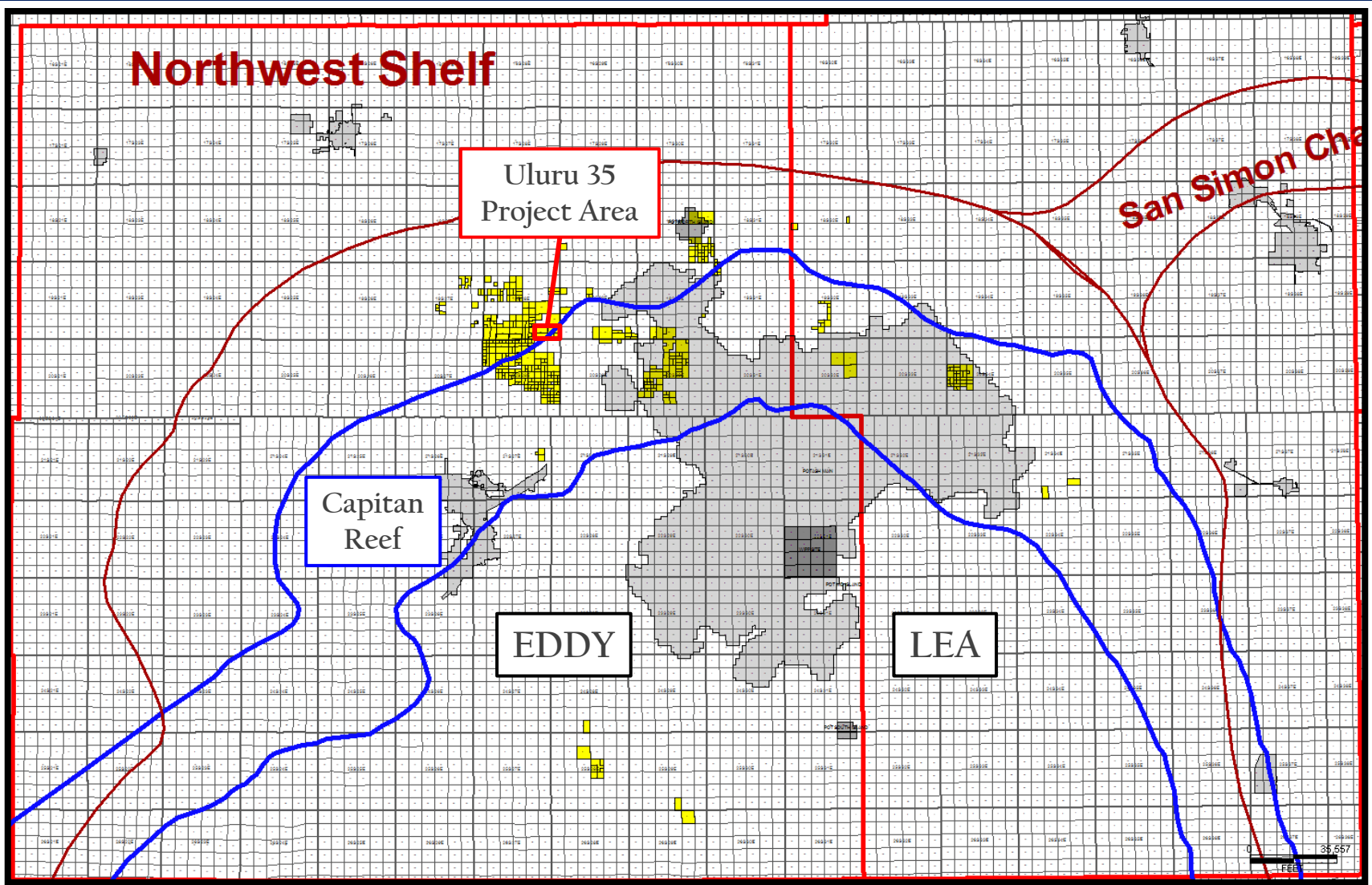
13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 12 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.


David DaGian


Date



Compulsory Pooling Hearing – Case No. 22693
Geology Exhibits
Uluru 35 Fed State Com 131H
4/7/2022



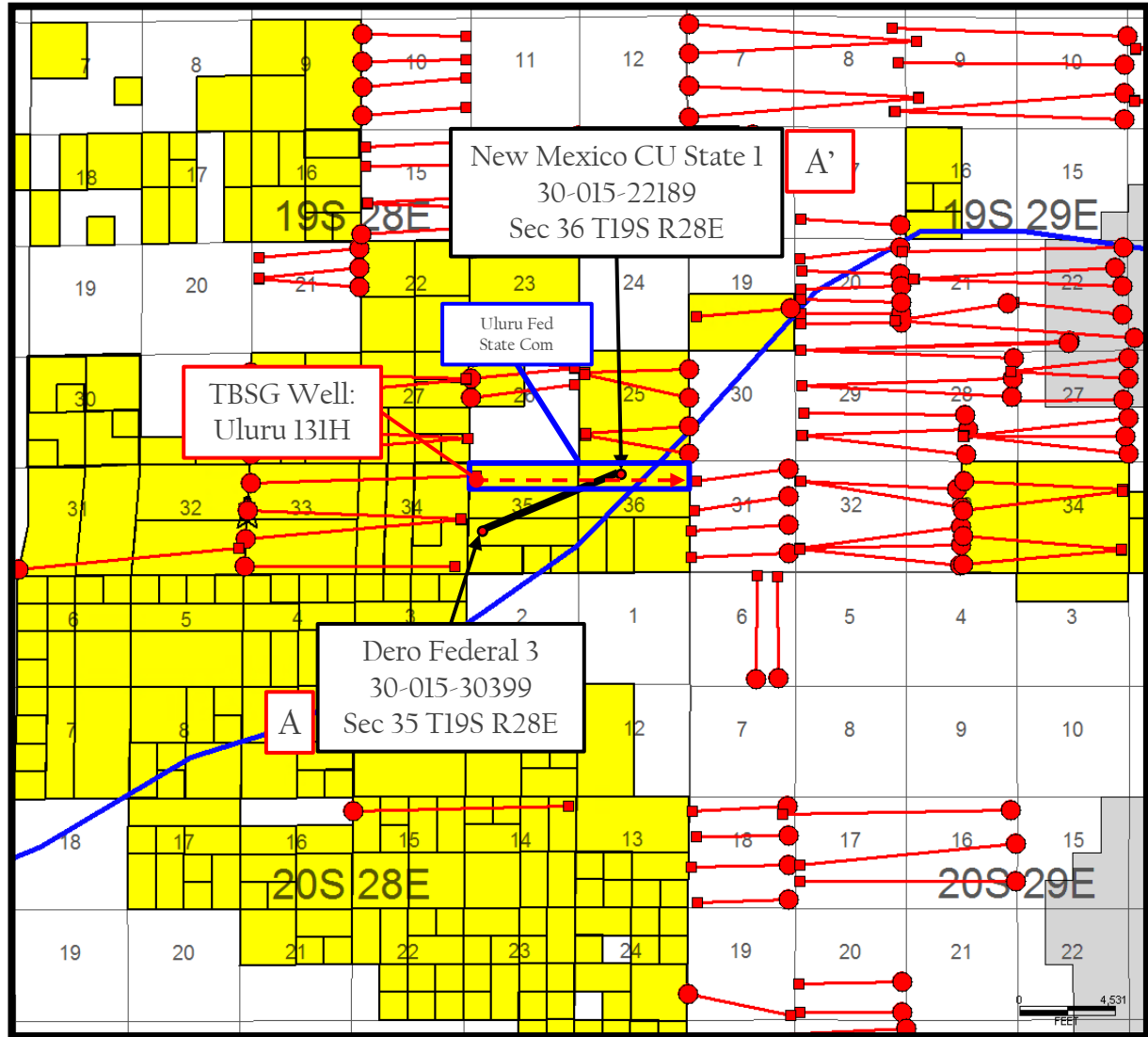
Colgate Energy

Cross Section Locator Map

Uluru 35 Fed State Com 131H

Colgate Operating, LLC
Case Nos. 22693-22694
Exhibit B-2

Exhibit B-2



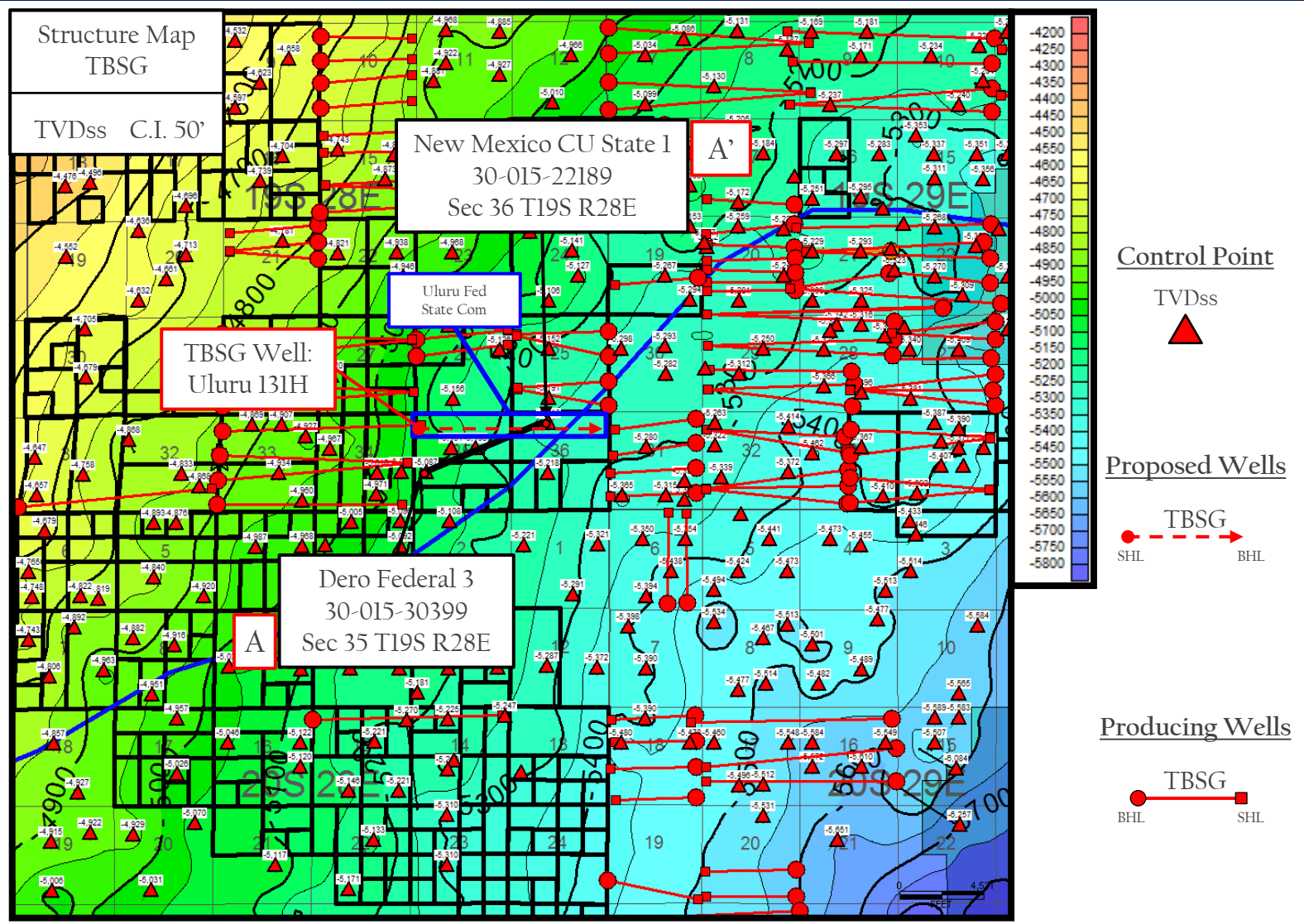
Proposed Wells

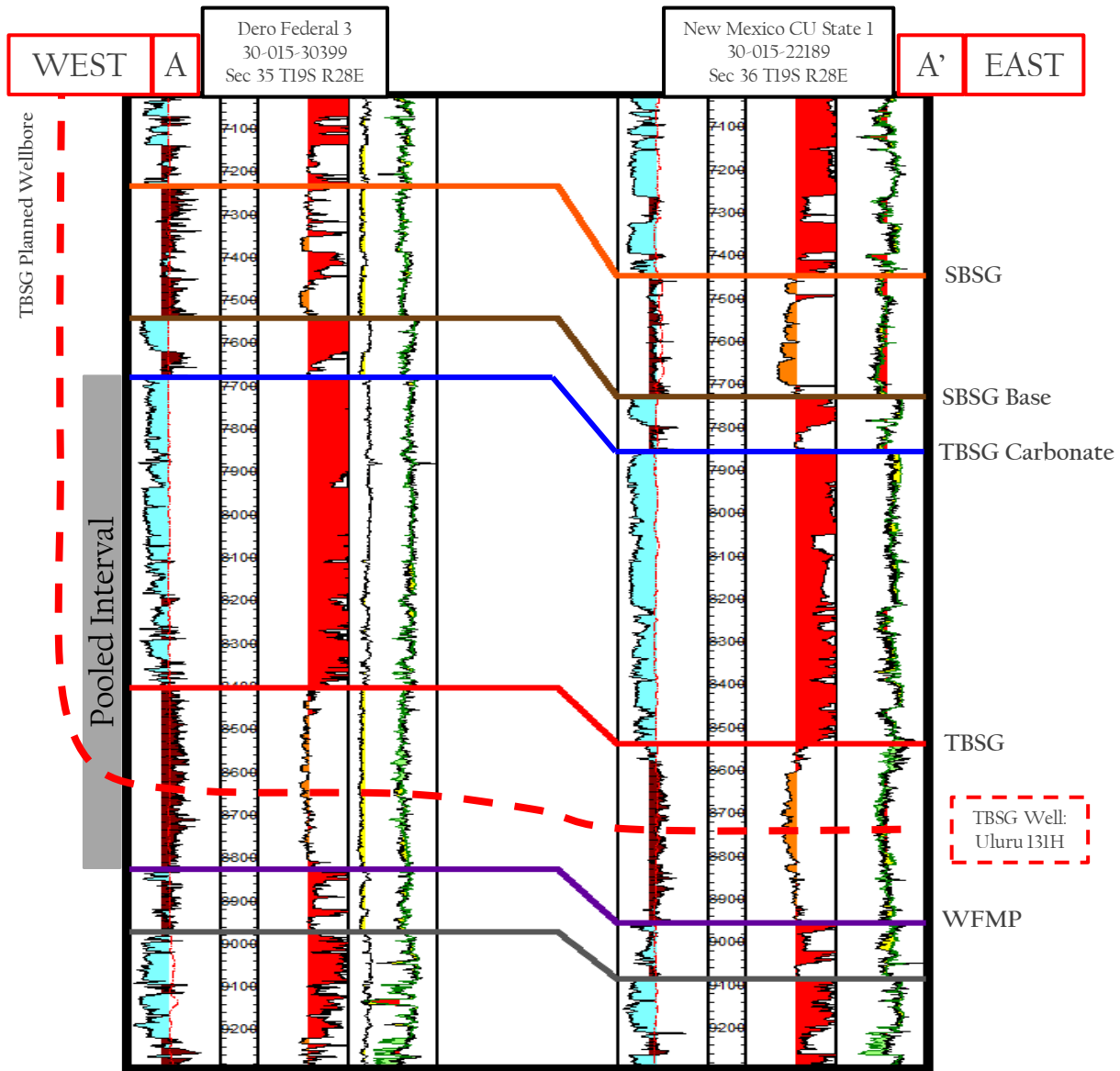


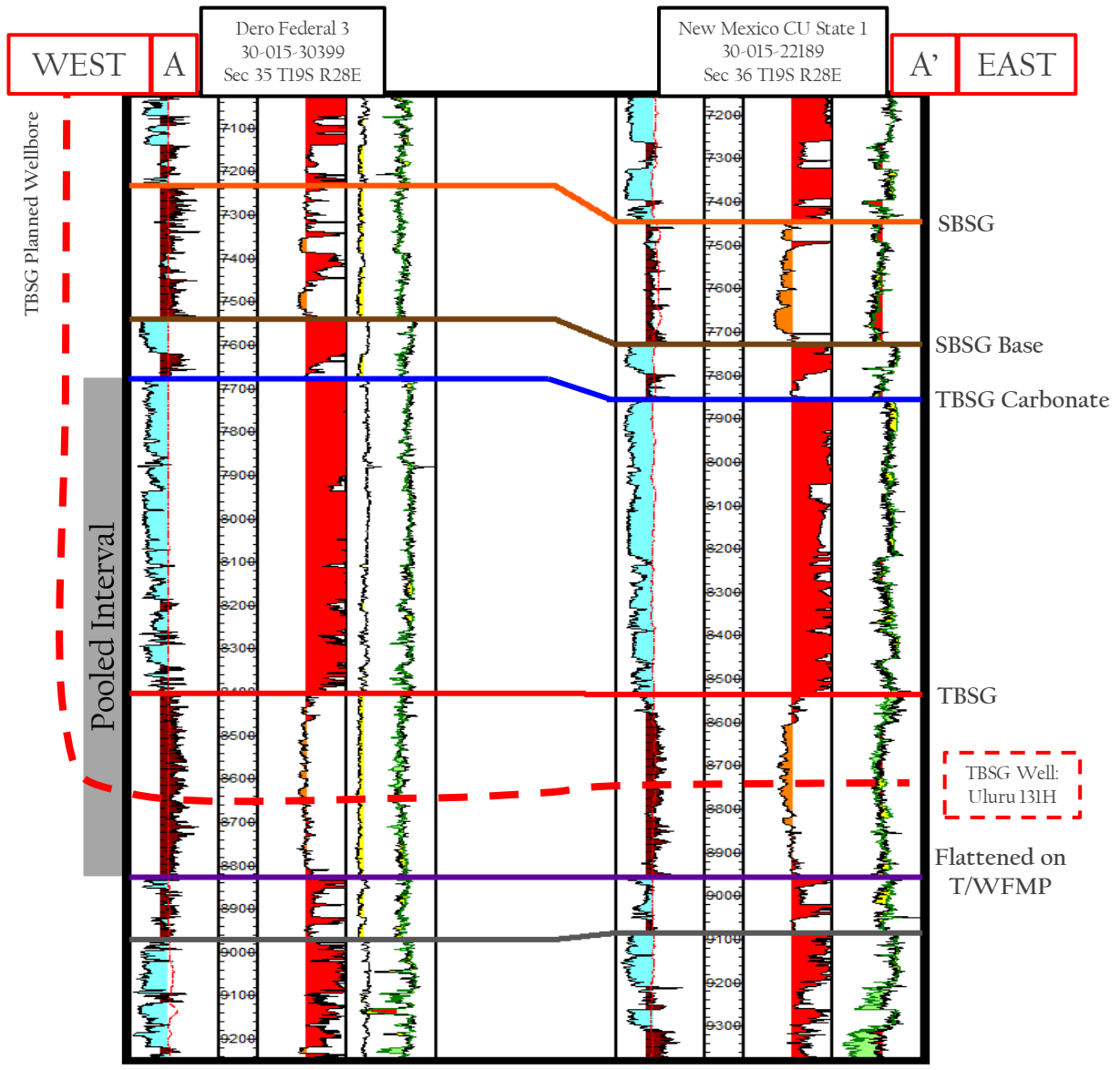
Producing Wells

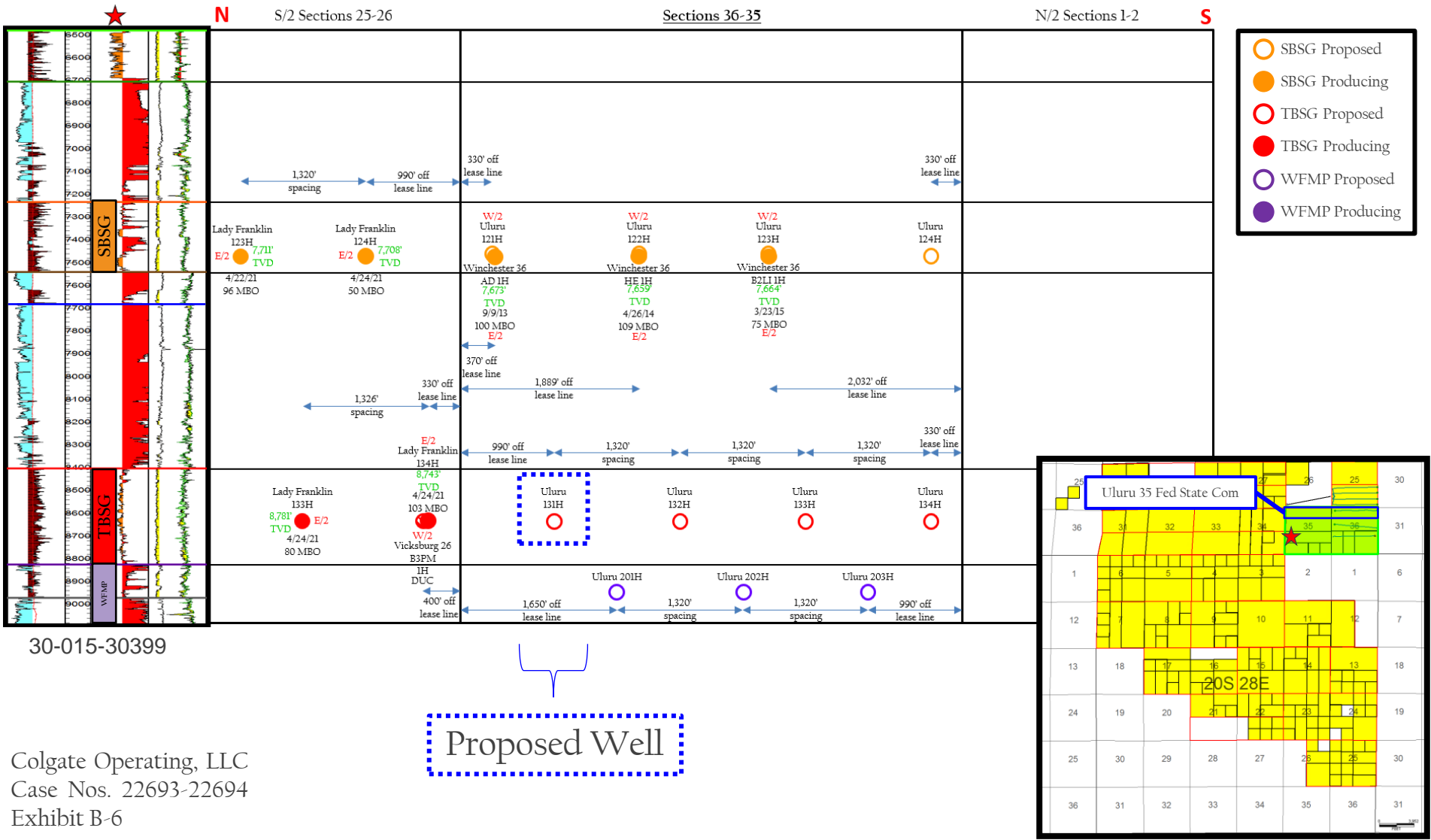


Colgate Energy









30-015-30399

Colgate Operating, LLC
Case Nos. 22693-22694
Exhibit B-6

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

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

CASE NO. 22694

SELF-AFFIRMED STATEMENT
OF DAVID DAGIAN

1. I am a geologist at Colgate Operating, LLC (“Colgate”) 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 C-1** is a regional locator map that identifies the Uluru project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of these applications.

4. **Exhibit C-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore path for the proposed **Uluru 35 Fed State Com 132H** well (“Well”) targeting the Third Bone Spring (TBSG) is represented by the dashed line. Existing producing wells in the Third Bone Spring (TBSG) intervals and are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section well names and a black line in proximity to the proposed well.

5. **Exhibit C-3** is Third Bone Spring (TBSG) Structure map on the top of the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the

Colgate Operating, LLC
Case Nos. 22693-22694
Exhibit C

approximate wellbore path for the **Uluru 35 Fed State Com 132H** proposed TBSG well with a red dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit C-4** identifies two wells penetrating the targeted interval I used to construct a structural cross-section from A to A'. The structural cross section from west to east shows the regional dip to the East-Southeast for both the SBSG and the TBSG. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area. The target zone for the proposed well is the Third Bone Spring formation, which is consistent across the units. The approximate well-path for the proposed well is indicated by dashed line to be drilled from west to east across the units.

7. **Exhibit C-5** is a stratigraphic cross-section from A to A' using the representative wells identified on **Exhibit C-4**. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from west to east and is hung on the top of the Wolfcamp formation. The proposed landing zone for the Well is labeled on the exhibit. The approximate well-path for the proposed well is indicated by dashed line to be drilled from west to east across the units. This cross-section demonstrates the target interval is continuous across the Unit.

8. **Exhibit C-6** is a gun barrel diagram that shows the **Uluru 35 Fed State Com 132H** well in the Third Bone Spring formation.

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

10. 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.

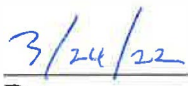
11. In my opinion, the granting of Colgate's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

13. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 12 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.



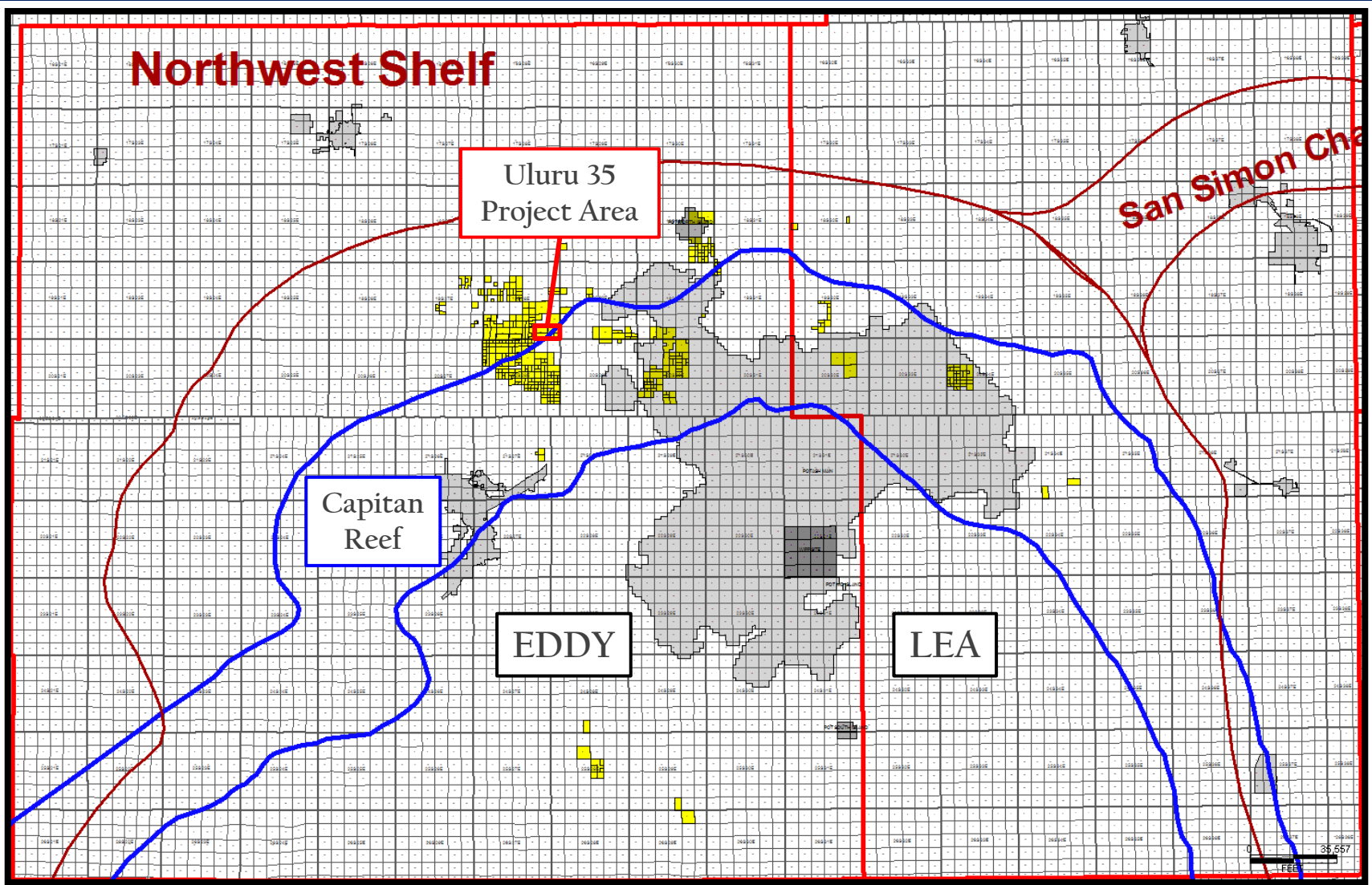
David DaGian



Date



Compulsory Pooling Hearing – Case No. 22694
Geology Exhibits
Uluru 35 Fed State Com 132H
4/7/2022

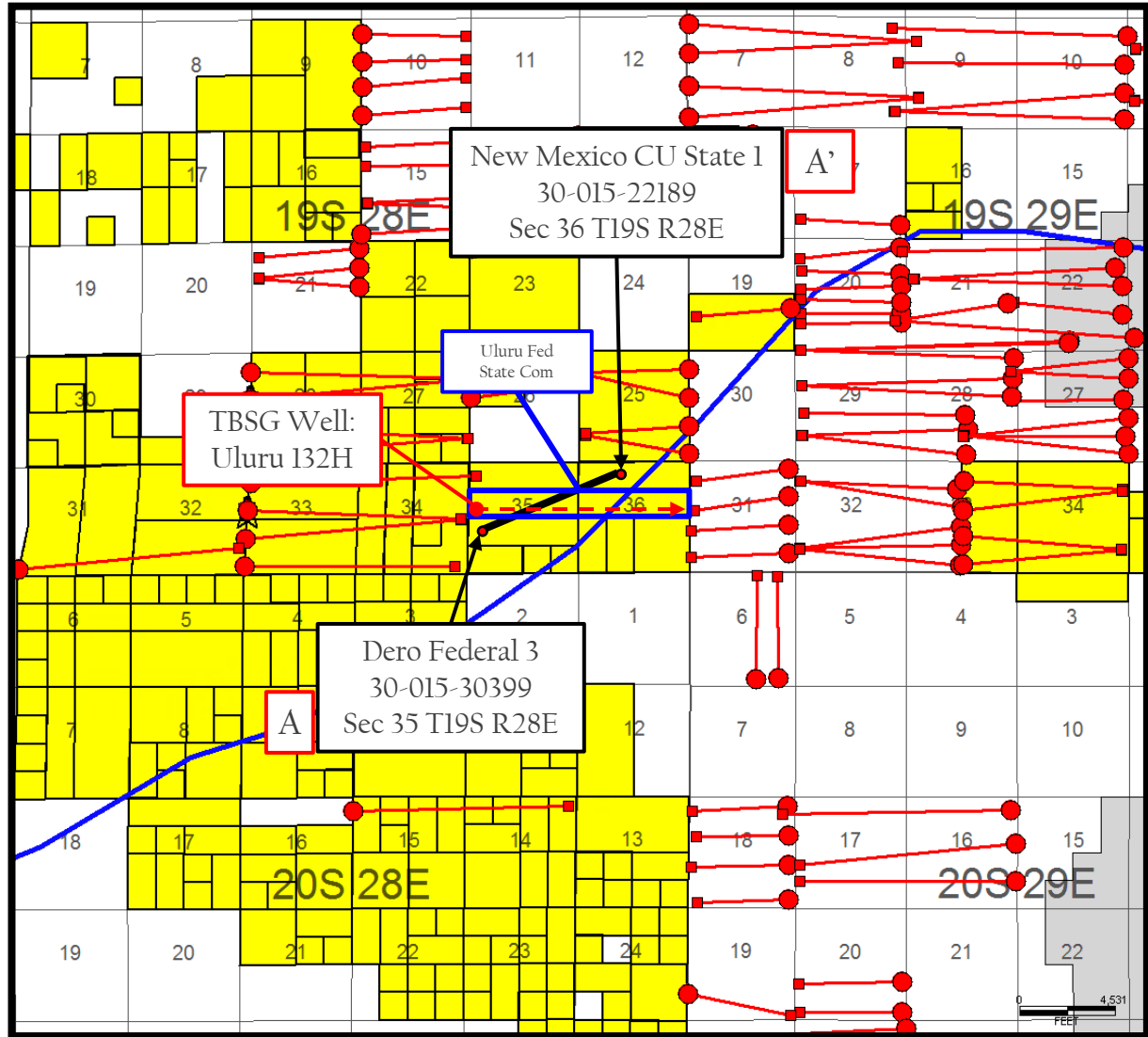


 Colgate Energy

Cross Section Locator Map

Uluru 35 Fed State Com 132H

Colgate Operating, LLC
Case Nos. 22693-22694
Exhibit C-2



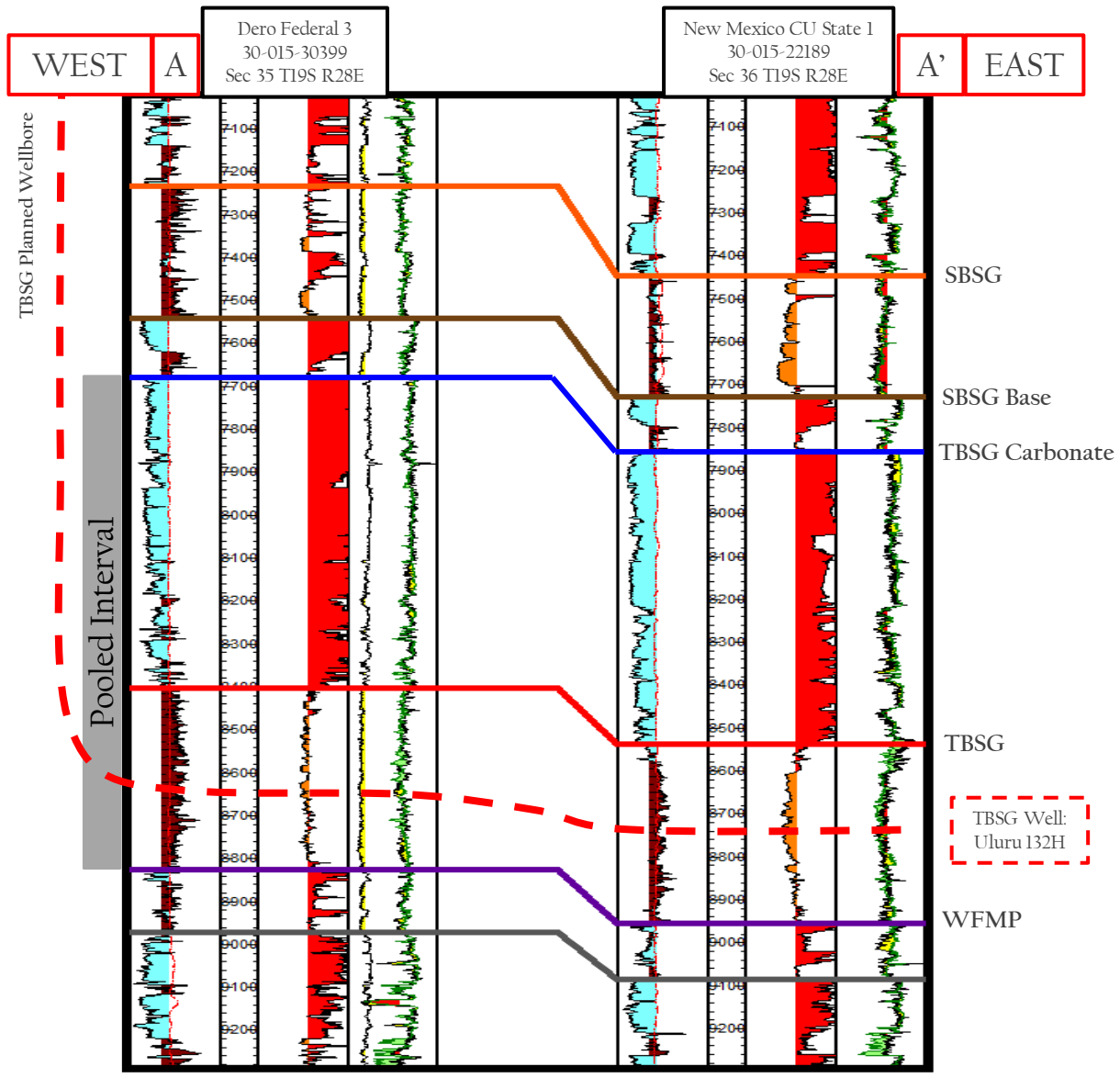
Proposed Wells



Producing Wells



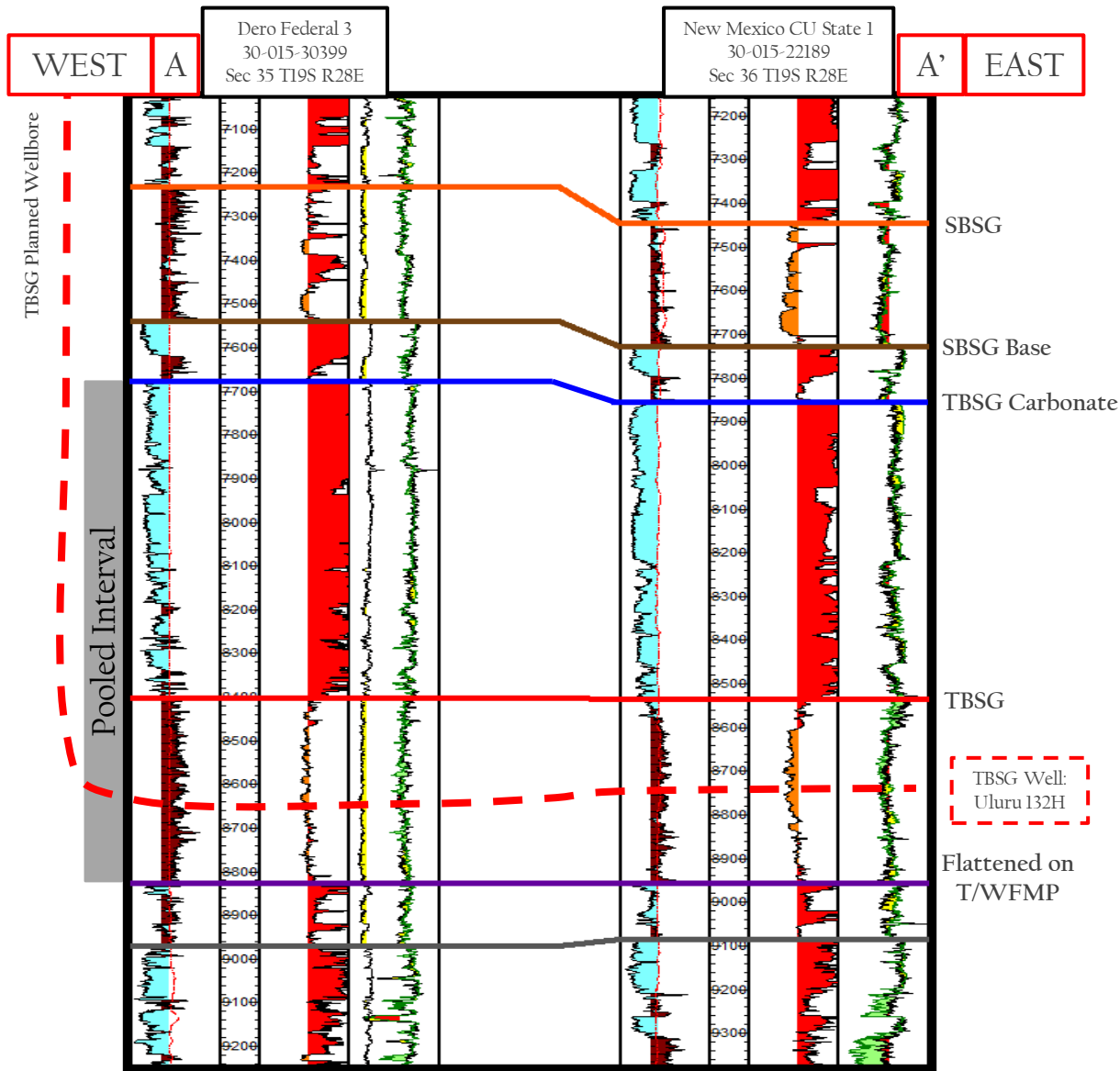
Colgate Energy

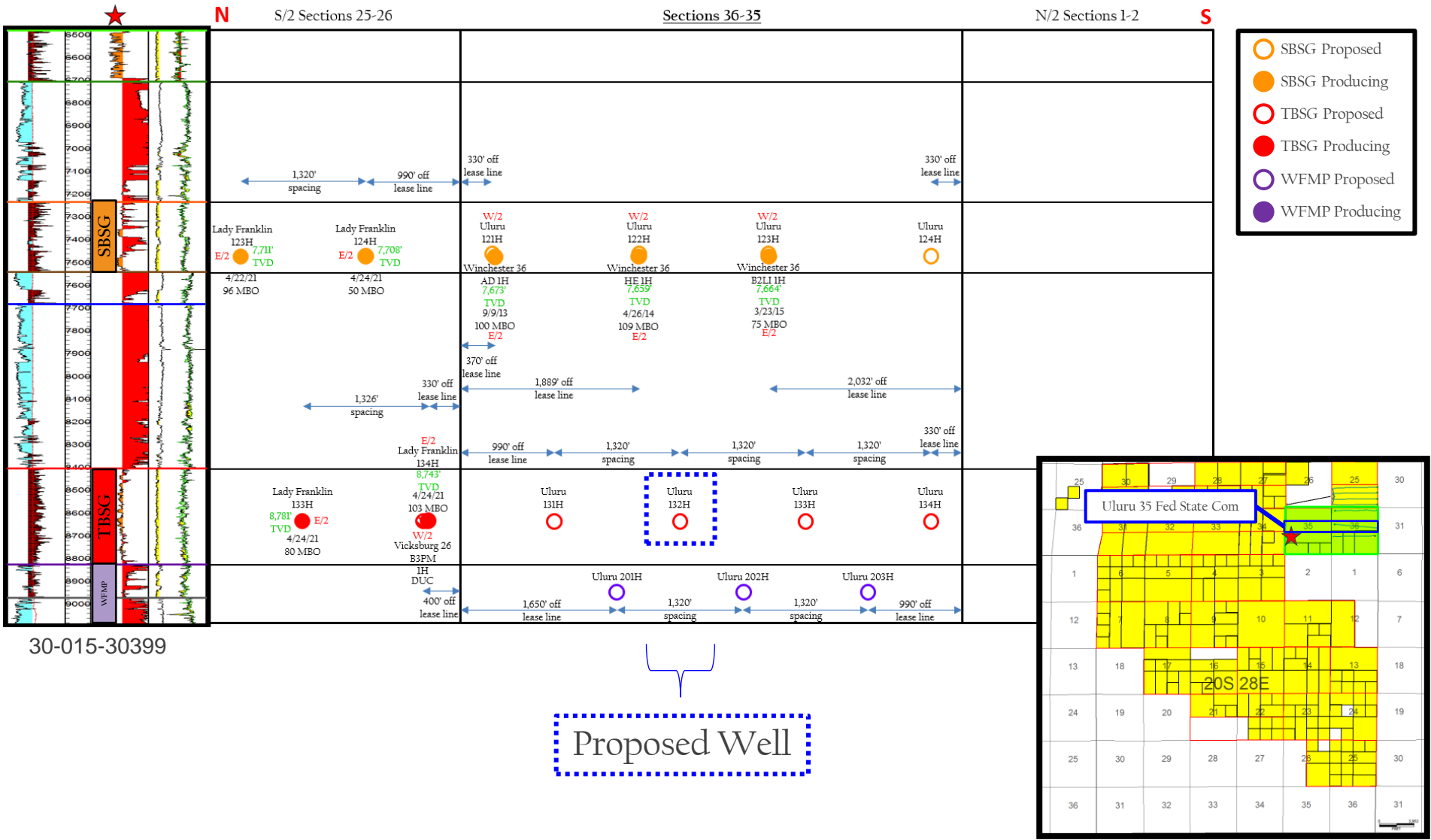


Stratigraphic Cross Section A-A'

Uluru 35 Fed State Com

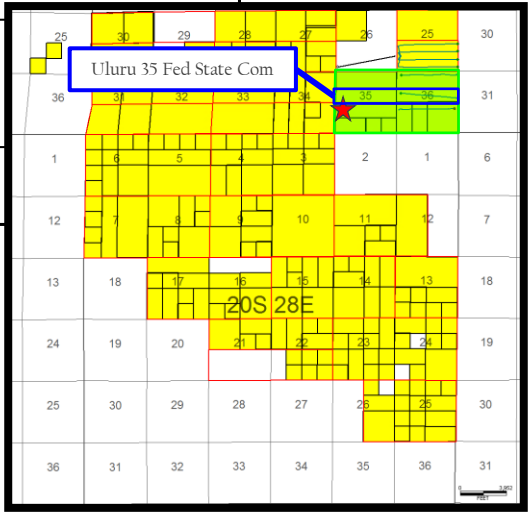
Colgate Operating, LLC
Case Nos. 22693-22694
Exhibit C-5





30-015-30399

Proposed Well



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

APPLICATIONS OF COLGATE OPERATING,
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NOS. 22693 - 22694

SELF-AFFIRMED STATEMENT OF
DANA S. HARDY

1. I am attorney in fact and authorized representative of Colgate Operating LLC, the Applicant herein.

2. I am familiar with the Notice Letter attached as **Exhibit D-1** and caused the Notice Letter to be sent to the parties set out in the chart attached as **Exhibit D-2**.

3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit D-2.

4. Exhibit D-2 also provides the date each Notice Letter was sent and the date each return was received.

5. Copies of the certified mail green cards and white slips are attached as **Exhibit D-3** as supporting documentation for proof of mailing and the information provided on Exhibit D-2.

6. On March 18, 2022, April 6, 2022, and May 4, 2022, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit D-4**.

/s/ Dana S. Hardy
Dana S. Hardy

May 16, 2022
Date

Colgate Operating, LLC
Case No. 22693 - 22694
Exhibit D



hinklelawfirm.com

HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068
SANTA FE, NEW MEXICO 87504
505-982-4554 (FAX) 505-982-8623

RECEIVED
MAR 11 2022

BY: WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

March 10, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES SUBJECT TO NOTICE OF OVERLAPPING SPACING UNIT

Re: Case No. 22694 - Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 7, 2022** beginning at 8:15 a.m. The Unit identified in the application will partially overlap with a spacing unit for the Winchester 36 HE State 1H well (API No. 30-015-41747) which is dedicated to the S/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://www.wapps.emnrd.state.nm.us/oed/oedpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Colgate Operating LLC
Case Nos. 22693-22694
Exhibit D-1

Enclosure

PO BOX 10
ROSWELL, NEW MEXICO 88202
575-822-6510
(FAX) 575-623-9332

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



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

April 1, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE

Re: Case Nos. 22693, 22695, 22694, 22692, 22691, 22690, 22689, 22671, 22670, 22669 - Applications of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



hinklelawfirm.com

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

March 10, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22694 - Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 7, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



hinklelawfirm.com

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

April 1, 2022

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22694 - Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



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

April 28, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO POOLING

Re: Case Nos. 22669, 22689, 22690, 22693, 22694 - Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **May 19, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

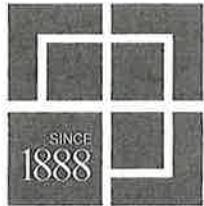
Dana S. Hardy

Enclosure

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

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



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068

SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

RECEIVED
MAR 11 2022

BY:
WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

March 10, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES SUBJECT TO NOTICE OF OVERLAPPING SPACING UNIT

Re: Case No. 22693 - Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 7, 2022** beginning at 8:15 a.m. The Unit identified in the application will partially overlap with a spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation.

During the COVID-19 Public Health Emergency, state buildings are closed to the public and hearings will be conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 19.15.4.13.B, a party who intends to present evidence at the hearing shall file a pre-hearing statement and serve copies on other parties, or the attorneys of parties who are represented by counsel, at least four business days in advance of a scheduled hearing, but in no event later than 5:00 p.m. mountain time, on the Thursday preceding the scheduled hearing date. The statement must be filed at the Division's Santa Fe office or submitted through the OCD E-Permitting system (<https://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy _____

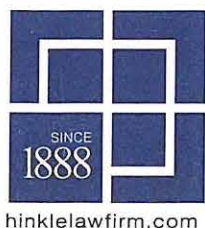
Dana S. Hardy

Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



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

April 1, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE

Re: Case Nos. 22693, 22695, 22694, 22692, 22691, 22690, 22689, 22671, 22670, 22669 - Applications of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure



hinklelawfirm.com

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

March 10, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22693 - Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 7, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



hinklelawfirm.com

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

April 1, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22693 - Application of Colgate Operating, LLC for Compulsory Pooling and Overlapping Spacing Unit, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 21, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

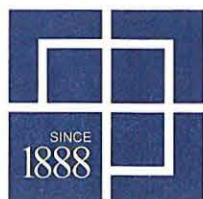
Dana S. Hardy

Enclosure

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

PO BOX 1720
ARTESIA, NEW MEXICO 88210
575-622-6510
(FAX) 575-746-6316

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



hinklelawfirm.com

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

April 28, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTERESTED PARTIES SUBJECT TO POOLING

Re: Case Nos. 22669, 22689, 22690, 22693, 22694 - Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **May 19, 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://wwwapps.emnrd.state.nm.us/ocd/ocdpermitting/>) and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing. Please do not hesitate to contact Mark Hajdik at 432-257-3886 or mhajdik@colgateenergy.com if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

| PARTY | NOTICE LETTER SENT | RETURN RECEIVED |
|--|---------------------------|--|
| Duane D. Anderson <u>(Deceased)</u> | | |
| Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210 | 04/01/22 | 04/08/11 |
| Baber Well Servicing Co. PO Box 1772 Hobbs, NM 88241 | 04/01/22 | 04/11/22 |
| Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701 | 04/01/22 | 04/11/22 |
| BCRK 2004 Wyckham Place Norman, OK 73072 | 04/01/22 | 04/11/22 |
| CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002 | 04/01/22 | 04/11/22 |
| Estate of J.M. Dunbar & Amanda P. Dunbar Attn: Neil Dunbar 724 Ridgeside Dr Golden, CO 80401 | 04/01/22 | 04/11/22 |
| Virginia K. Edelson 25 Seminole Circle West Hartford, CT 06117 | 04/01/22 | No return received, USPS status: Addressee Unknown – Returned to Sender on 4/7/22 |
| Sylvia K. Gibbs 1801 LaVaca Austin, TX 78701 | 04/01/22 | 04/26/22 – Return to sender – Unable to forward |

Colgate Operating LLC
Case Nos. 22693-22694
Exhibit D-2

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

| | | |
|--|----------|--|
| D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654 | 04/01/22 | 04/11/22 |
| Sharron Wolfenbarger Jones 8207 NE Ward Rd Vancouver, WA 98682 | 04/01/22 | 04/26/22 Return to sender – not deliverable as addressed |
| John D. Keslar Box 13 Oxford, NE 68967 | 04/01/22 | 04/25/22 |
| Karl F. Koch 14140 Bruan Rd Golden, CO 80401 | 04/01/22 | No return received, USPS status: In transit to next facility 5/15/22 |
| Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507 | 04/01/22 | 04/04/22 |
| Mark and Paula McClellan 601 Tierra Berrenda Dr Roswell, NM 88201 | 4/29/22 | Return to Sender – Unable to Forward 5/11/22 |
| Ross and Kandace McClellan 105W 3 rd St Ste 316 Roswell, NM 88202 | 4/29/22 | 5/6/22 |
| Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650 | 04/01/22 | 4/18/22 |
| Estate of Gisella Olivero 6050 N. Marks, #137 Fresno, CA 93711 | 04/01/22 | No return received, USPS status: In transit to next facility 4/7/22 |
| Frank J. Pisor, Jr. 11126 S Orange Ave Fresno, CA 93725 | 04/01/22 | 04/26/22 Return to sender – unclaimed |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-ORRIs

| | | |
|--|----------|--|
| SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253 | 04/01/22 | 4/18/22 |
| Bill Smithton 3415 Lakside Lane Woodward, OK 73801 | 04/01/22 | No return received, USPS status: in transit to destination 4/16/22 |
| George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002 | 04/01/22 | 04/11/22 |
| Catherine F. Sweeney P.O. Box 8248 Santa Fe, NM 87504 | 04/01/22 | 04/26/22 return to sender – not deliverable as addressed |
| Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763 | 04/01/22 | 04/08/22 |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

| PARTY | NOTICE LETTER SENT | RETURN RECEIVED |
|--|---------------------------|---|
| Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225 | 03/10/22 | 03/18/22 |
| Beaird Mineral Interests, LP Attn: Vicki Osborn 5121 McKinney Avenue Dallas, TX 75025 | 03/10/22 | 04/04/22-returned as refused-unable to forward |
| Connie Gale Becker 16715 E 80 th St., N. Owasso, OK 74055 | 4/29/22 | No return received, USPS status: in transit to next facility 5/9/22 |
| J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor, Remainder to JM Bryan Oil, LLC P.O. Box 33349 Fort Worth, TX 76162 | 03/10/22 | 03/18/22 |
| Cheron Oil & Gas Company P.O. Box 1722 Tulsa, OK 74101 | 03/10/22 | 03/18/22 |
| Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015 | 03/10/22 | 03/16/22 |
| Lillie Costanzo Trust fbo Brian Balliet 325 Russet Run Pittsboro, NC 27312 | 03/10/22 | No return received, USPS status: Delivered to Agent for Final Delivery 3/14/22 |
| Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust 202 North Gateway Circle Wichita, KS 67230 | 03/10/22 | No return received, USPS status: in transit to next facility 3/16/22 |
| Douglas C. Cranmer 202 North Gateway Circle Wichita, KS 67230 | 03/10/22 | No return received, USPS status: in transit to next facility 3/16/22 |
| Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002 | 03/10/22 | 03/18/22 |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

| | | |
|--|----------|--|
| Trustees of the Alice G. Davis Trust 299 West 31 st Street, Cottage 473 Sea Island, GA 31561 | 03/10/22 | 03/16/22 |
| J.W. Davis 299 West 31 st Street, Cottage 473 Sea Island, GA 31561 | 03/10/22 | 03/16/22 |
| Clinton H. Dean, Jr. 4212 O'Keefe El Paso, TX 79902 | 03/10/22 | 03/31/22- Return to sender - unable to forward |
| Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902 | 03/14/22 | 03/18/22 |
| Michael C. Dean 13306 Onion Creek Drive Manchaca, TX 78652 | 03/10/22 | 03/16/22 |
| Robert R. Dean 22747 Estacado San Antonio, TX 78216 | 03/10/22 | 03/16/22 |
| Virginia B. Dean 22747 Estacado San Antonio, TX 78216 | 03/10/22 | 03/16/22 |
| Virginia B. Dean Estate 6006 Balcones, #32 El Paso, TX 79912 | 03/14/22 | 03/18/22 |
| Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 22747 Estacado El Paso, TX 79912 | 03/10/22 | 03/16/22 |
| Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 6006 Balcones, #32 El Paso, TX 79912 | 03/14/22 | 03/18/22 |
| Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834 | 03/10/22 | 04/07/22 |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

| | | |
|---|----------|---|
| Dome Petroleum Corp. Attn: Outside Operated JV P.O. Box 940970 Houston, TX 77094 | 03/10/22 | No return received, USPS status: Delivered PO Box 3/15/22 |
| Dorchester Exploration Inc. P.O. Box 4391 Houston, TX 77210 | 03/10/22 | 03/31/22-Return to sender - not at location |
| Dorsar Investment Company 4855 N. Mesa St., Unit 120 El Paso, TX 79912 | 03/10/22 | 03/16/22 |
| Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002 | 03/10/22 | 03/16/22 |
| Robert G. Ettelson 2650 Lakeview Avenue Chicago, IL 60614 | 03/10/22 | 03/31/22-returned as undeliverable (passed away on 3/15/22) |
| Bill Ferguson 2700 Liberty Tower Oklahoma City, OK 73102 | 03/10/22 | 04/04/22 – Return to sender - unable to forward |
| Galkay, a joint venture 2 Graylyn Place Winston-Salem, NC 27106 | 03/10/22 | No return received, USPS status: Delivered to agent for final delivery 3/15/22 |
| Carl Joseph Garrett 237 Simmons Dr. Hurst, TX 76053 | 4/29/22 | No return received, USPS status: Delivered, left w/ individual 5/2/22 |
| James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906 | 03/10/22 | 03/21/22 |
| Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104 | 03/10/22 | 03/16/22 |
| Estate of E. Dwayne Hamilton 1497 CR 141 Coleman, TX 76834 | 03/10/22 | 4/25/22 |
| Harvard Exploration Company 200 E. 2 nd Street Roswell, NM 88201 | 03/10/22 | 3/14/22 – returned with no signature |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

| | | |
|--|----------|--|
| William L. Hilliard 313 E. Loma Alta Dr. Altadena, CA 91001 | 03/10/22 | No return received. USPS status: Delivered, left with individual 3/15/22 |
| Kedco Management 100 S. Main, #300 Hardage Center Wichita, KS 67202 | 03/10/22 | 03/31/22- Return to sender -no such number |
| Mary L. Kline 2638 Burton St. SE Grand Rapids, MI 49546 | 03/10/22 | 03/18/22 |
| Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371 | 03/10/22 | 03/21/22 |
| John B. Meaders 2908 Corby Drive Plano, TX 75025 | 03/10/22 | 03/21/22 |
| Ginger Lee Meyers 1305 North Hudson Ave, Apt 509 Oklahoma, OK 73103 | 4/29/22 | No return received. USPS status: Notice left, no authorized recipient available. 05/02/22 |
| Gerald L. Michard 11015 East 63 rd Street South Derby, KS 67037 | 03/10/22 | Return to sender, not deliverable as addressed, unable to forward |
| Mallory L. Miller, Jr. 4617 117 th Street Lubbock, TX 79424 | 03/10/22 | 03/16/22 |
| Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180 | 03/10/22 | 03/16/22 |
| Paul Burke Miller 1201 E. Main St., #125 Round Rock, TX 78664 | 03/10/22 | 04/18/22 Return to sender – Unclaimed |
| Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710 | 03/10/22 | 03/21/22 |
| Richard Lyons Moore 2006 Trust P.O. Box 94077 Southlake, TX 76092 | 03/10/22 | No return received. USPS status: Picked up at Post Office 3/22/22 |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-WORKING INTERESTS

| | | |
|--|----------|--|
| | | |
| Pregler Oil Company, LLC 110 W. 7 th St., Ste. 720 Tulsa, OK 74119-1117 | 03/10/22 | 03/16/22 |
| Reeves County Systems, Inc. P.O. Box 152 Odessa, TX 79760-0152 | 03/10/22 | 03/18/22 |
| John G. Rocovich, Jr. P.O. Box 13606 Roanoke, VA 24034 | 03/10/22 | 03/18/22 |
| John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205 | 03/10/22 | 03/16/22 |
| Sombrero Associates 1 Chase Manhattan Plaza New York, NY 10005 | 03/10/22 | No return received. USPS status: item is being returned to sender for insufficient address. 03/21/22 |
| Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771 | 03/10/22 | 03/18/22 |
| Donna Marie Studer, Admin, Estate of Genevieve Studer 817 Jodie Drive Weatherford, TX 76087 | 4/29/22 | Return to sender. Forward time expired 5/11/22 |
| Paul Umbarger and Zofia Umbarger 10 Woodstock Ct. Hilton Head, SC 29928 | 03/10/22 | No return received. USPS status: Item in transit to the destination 05/15/22 |
| Ted J. Werts 426 Courtleigh St. Wichita, KS 67218 | 03/10/22 | 04/18/22 Return to sender - unclaimed |
| Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601 | 03/10/22 | 03/21/22 |

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

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

Case No. 22669-22671; 22689-95

NOTICE LETTERS-RECORD TITLE OWNERS

| PARTY | NOTICE LETTER SENT | RETURN RECEIVED |
|--|---------------------------|------------------------|
| Mewbourne Oil Company P.O. Box 7698 Tyler, TX 79701 | 04/01/22 | 4/11/22 |
| OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046 | 04/01/22 | 04/08/22 |
| Estate of D.W. Underwood 2320 Singletree Bend Georgetown, TX 78628 | 04/01/22 | 04/11/22 |
| Estate of J.C. Williamson P.O. Box 16 Midland, TX 79701 | 04/01/22 | 4/18/22 |

7021 0950 0002 0364 5969

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Virginia K. Edelson
25 Seminole Circle
West Hartford, CT 06117

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



7021 0950 0002 0364 6041

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Karl F. Koch
14140 Bruan Rd
Golden, CO 80401

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



7021 0950 0002 0367 2316

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Estate of Gisella Olivero
6050 N. Marks, #137
Fresno, CA 93711

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



7021 0950 0002 0364 6016

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Bill Smithton
3415 Lakside Lane
Woodward, OK 75801

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

SANTA FE, NM 87507

APR 01 2022

USPS

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 Harvey S. Apple and wife, Carolyn Apple

Street and Address 801 Mann Avenue

City, State, ZIP+4® Artesia, NM 88210

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|--|---|---|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Harvey S. Apple and wife, Carolyn Apple 801 Mann Avenue Artesia, NM 88210</p> <div style="text-align: center;">  9590 9402 5760 0003 2744 06 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2354</p> | <p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> | <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | |

7021 0950 0002 0364 6027

| | |
|---|--|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | |
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage and Fees \$ | |
| Sent To Street and Ap Baber Well Servicing Co PO Box 1772 Hobbs, NM 88241 City, State, Zi | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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>Lana Martinez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>LANA MARTINEZ</i></p> <p>C. Date of Delivery <i>4-4-22</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> |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Baber Well Servicing Co. PO Box 1772 Hobbs, NM 88241 </div> | |
|  9590 9402 5760 0003 2745 29 | 3. Service Type <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) |
| 2. Article Number (Transfer from service label) 7021 0950 0002 0364 6027 | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

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
APR 01 2022
USPS

7021 0950 0002 0364 5983

| | |
|--|---------------------|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |
| Sent To | |
| Estate of Maylon S. Baker | |
| Street and A | 2405 W. Indiana Ave |
| | Midland, TX 79701 |
| City, State, & | |

PS Form 3800, April 2015 PSN 7630-02-000-9047 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|---|---|---|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of Maylon S. Baker 2405 W. Indiana Ave Midland, TX 79701</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p style="text-align: center;"> 9590 9402 5760 0003 2744 82 </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0364 5983</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 checked="" type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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 checked="" type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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 checked="" type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

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. BCRK
2004 Wyckham Place
Norman, OK 73072
City, State, ZIP: _____

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

SANTA FE, NM 87501

APR 01 2022

USPS

7021 0950 0002 0367 2385

| 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 </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 4-4-22</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;">BCRK 2004 Wyckham Place Norman, OK 73072</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 style="text-align: center; font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2385</p> | <p style="text-align: center;">9590 9402 5760 0003 2744 37</p> |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | |

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

Postmark
APR 01 2022
SANTA FE, NM 87501
USPS

702J 0950 0002 0364 5945

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. CMP Viva LP
600 Travis St, Suite 7200
Houston, TX 77002
City, State, Zi _____

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">CMP Viva LP 600 Travis St, Suite 7200 Houston, TX 77002</p> <div style="text-align: center;">  9590 9402 5760 0003 2744 44 </div> <p>2. Article Number 70</p> | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 4/5/22</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>PS Form 3800, July 2013 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 RECEIPT

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

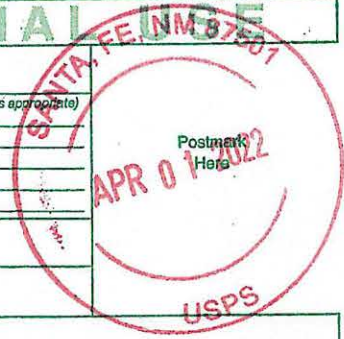
Sent To: Estate of J.M. Dunbar & Amanda P. Dunbar

Street and Apt.: Attn: Neil Dunbar

City, State, ZIP: 724 Ridgeside Dr
Golden, CO 80401

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

7021 0950 0002 0367 2347



| 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>Neil Dunbar</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>NEIL DUNBAR</i> <i>4/8/22</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>Estate of J.M. Dunbar & Amanda P. Dunbar Attn: Neil Dunbar 724 Ridgeside Dr Golden, CO 80401</p> | <div style="text-align: center;"> </div> |
| <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 2347</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |

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

Domestic Return Receipt

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

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

OFFICIAL USE

7021 0950 0002 0367 2330

| | |
|---|--|
| Certified Mail Fee \$ _____ | SAN ANTONIO, FE, NM 87501 Postmark Here APR 01 2022 USPS |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ _____ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ | |
| <input type="checkbox"/> Adult Signature Required \$ _____ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | |
| Postage \$ _____ | |
| Total Postage and Fees \$ _____ | |
| Sent To Street and Apt. N City, State, ZIP+4 | D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654 |

PS Form 3800, April 2015 PSN 7530-02-000-8047 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>D. Lloyd Henderson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>D. Lloyd Henderson</i> <i>4-9-22</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; font-size: 1.2em;">D. Lloyd Henderson 332 San Saba St. Meadowlake, TX 78654</p> | <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0367 2330</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

SANTA, FE, NM 87501

APR 01 2022

USPS

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 John D. Keslar

Street and Apt Box 13



City, State, Zip Oxford, NE 68967

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">John D. Keslar Box 13 536 Oxford, NE 68967</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Susan K. Keslar</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="margin-left: 20px;"><i>Susan K. Keslar</i> <i>4-18-22</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> |
|  9590 9402 5760 0003 2745 05 | <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 style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6003</p> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

| | |
|--|---|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i> | |
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____ | Postmark Here  |
| Sent To Heirs of George A. Lauck and wife, Street and, Molly Lauck 151 Vernal Dr. City, State, Alamo, CA 94507 | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |

7021 0950 0002 0367 2293

| 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. | A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: Heirs of George A. Lauck and wife, Molly Lauck 151 Vernal Dr. Alamo, CA 94507 | B. Received by (Printed Name) C. Date of Delivery STEPHEN LAUCK 4/5/22 |
| 2. Article Number (Transfer from service label) 7021 0950 0002 0367 2293 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 9590 9402 6746 1074 2395 44  | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 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 0950 0002 0366 0825

Certified Mail Fee \$

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

| | |
|--|----|
| <input type="checkbox"/> Return Receipt (hard copy) | \$ |
| <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
 Street **Ross and Kandace McClellan**
105W 3rd St Ste 316 Colg./Uluru-
 City, State **Roswell, NM 88202** ORRI

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

(Circular Postmark: SANTA FE, NM APR 29 2022)

USPS TRACKING#

HUBBOK TX 794

2 MAY 2022 PM 1 L

9590 9402 6746 1074 2452 86

United States Postal Service

RECEIVED

MAY -6 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

• Sender: Please print your name, address, and ZIP+4® in this box•

Everett Holmes
Hinkle Shanor, LLP
218 Montezuma Ave.
Santa Fe, NM 87504

Colgate/Uluru—ORRI

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

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

OFFICIAL USE

Postmark Here
APR 01 2022

USPS

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

7021 0950 0002 0367 2309

| | |
|--|---------------|
| Certified Mail Fee | |
| \$ _____ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |
| Postage | |
| \$ _____ | |
| Total Postage and Fees | |
| \$ _____ | |
| Sent To | |
| Estate of Gisella Olivero | |
| Street and A | P.O. Box 3372 |
| Pinnacle, CA 93650 | |
| City, State, ZIP+4® | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Gisella Olivero</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Gisella Olivero</i> <i>4/1/2022</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Estate of Gisella Olivero P.O. Box 3372 Pinnacle, CA 93650</p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 2309</p> | <p style="text-align: center;">9590 9402 6746 1074 2395 51</p> | | | | | | | | | | | | | | | | |
| <p>PS Form 3811, July 2020 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®.

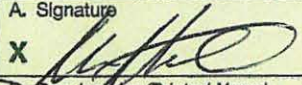
OFFICIAL USE

7021 0950 0002 0367 2378

| | |
|--|----------|
| 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 | |
| SMAC Oil Limited Partnership | |
| PO Box 4190 | |
| Scottsdale, AZ 85253 | |
| City, State, Z | |

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



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|---|--|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">SMAC Oil Limited Partnership PO Box 4190 Scottsdale, AZ 85253</p> <div style="text-align: center;">  9590 9402 5760 0003 2744 20 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 2378</p> | <p>A. Signature</p> <p>X </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Dorene DANIELS 4-13-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p>3. Service Type</p> <table style="width: 100%;"> <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>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p> | | | | | | | | | | | | | | | | | |

7021 0950 0002 0367 2361

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | |
|--|--|
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage \$ | |
| Total Postage and Fees \$ | |
| Sent To Street and Apt. George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002 City, State, ZIP | |
| 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) <u>George W. Strake, Jr.</u> C. Date of Delivery <u>4-15-22</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>George W. Strake, Jr. 712 Main St, Suite 3300 Houston, TX 77002</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 Hardcopy <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery</p> |
| <p>2. A</p> <p>7</p> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

7021 0950 0002 0364 6034

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 Ralph E. Williamson
 c/o Elizabeth Anne Williamson
 P.O. Box 50498
 Austin, TX 78763

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"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) William</p> <p>C. Date of Delivery 5/17/22</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>Estate of Ralph E. Williamson c/o Elizabeth Anne Williamson P.O. Box 50498 Austin, TX 78763</p> <p style="text-align: center;"> 9590 9402 5760 0003 2662 03 </p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> 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 0950 0002 0364 6034</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

7021 0950 0002 0366 0870

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 Gale Becker
 Street and **16715 E 80th St., N.**
 City, State, **Owasso, OK 74055** Colgate/Uluru

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

Postmark: SANTA FE, NM APR 29 2022

7021 0950 0002 0367 6154

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
 Douglas C. Cranmer
 Street and **202 North Gateway Circle**
 City, State, **Wichita, KS 67230**

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

Postmark: SANTA FE, NM MAR 10 2022

7021 0950 0002 0367 5935

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
 Dome Petroleum Corp.
 Street and **Attn: Outside Operated JV**
 City, State, **P.O. Box 940970 Houston, TX 77094**

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

Postmark: SANTA FE, NM MAR 10 2022

7021 0950 0002 0367 6147

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
 Lillie Costanzo Trust fbo Brian Balliet
 Street and **325 Russet Run**
 City, State, **Pittsboro, NC 27312**

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

Postmark: SANTA FE, NM MAR 10 2022

7021 0950 0002 0367 6178

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
 Douglas C. Cranmer and Russell B. Cranmer,
 Street and **Trustees of the Russell B. Cranmer Irrevocable Trust**
 City, State, **202 North Gateway Circle Wichita, KS 67230**

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

Postmark: SANTA FE, NM MAR 10 2022

7021 0950 0002 0367 6031

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
 Galkay, a joint venture
 Street and **2 Graylyn Place**
 City, State, **Winston-Salem, NC 27106**

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

Postmark: SANTA FE, NM MAR 10 2022

7021 0950 0002 0366 0863

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 **Carl Joseph Garett**

Street and Apt. No. **237 Simmons Dr.**

City, State, ZIP+4 **Hurst, TX 76053** Colgate/Uluru **NI**

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



7021 0950 0002 0367 6093

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 **William L. Hilliard**

Street and Apt. No. **313 E. Loma Alta Dr.**

City, State, ZIP **Altadena, CA 91001**

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



7021 0950 0002 0366 0849

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 **Ginger Lee Meyers**

Street and Apt. No. **1305 North Hudson Ave, Apt 509**

City, State, ZIP+4 **Oklahoma, OK 73103** Colgate/Uluru **WT**

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



7021 0950 0002 0367 0050

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 **Richard Lyons Moore 2006 Trust**

Street and Apt. No. **P.O. Box 94077**

City, State, ZIP **Southlake, TX 76092**

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



7021 0950 0002 0367 6109

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 **Sombrero Associates**

Street and Apt. No. **1 Chase Manhattan Plaza**

City, State, ZIP+4 **New York, NY 10005**

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



7021 0950 0002 0367 6024

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 **Paul Umbarger and Zofia Umbarger**

Street and Apt. No. **10 Woodstock Ct.**

City, State, ZIP **Hilton Head, SC 29928**

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

7021 0950 0002 0364 6058

| | |
|--|----|
| 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 | |
| Mewbourne Oil Company | |
| Street and P.O. Box 7698 | |
| Tyler, TX 75711 | |
| City, State | |

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>G. Argote 4-7-22</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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Mewbourne Oil Company P.O. Box 7698 Tyler, TX 75711</p> </div> | <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 style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6058</p> | <p style="text-align: center;">9590 9402 6746 1074 2479 90</p> |
| <p>PS Form 3811, July 2020 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

7021 0950 0002 0364 6065

| | |
|--|----|
| 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 | |
| OXY USA Inc. | |
| Street and, 5 Greenway Plaza, Suite 110 | |
| City, State, Houston, TX 77046 | |

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



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature</p> <p>X <i>CVIS</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>En Calles</i> C. Date of Delivery <i>4-4-22</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;">OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0364 6065</p> | <p>9590 9402 6746 1074 2480 03</p> |
| <p>PS Form 3811, July 2020 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 RECEIPT

SANTA FE, NM 87501
APR 01 2022
Postmark Here
USPS

7021 0950 0002 0364 6072

| | |
|--|---------------|
| 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 DW Underwood Street and A 2320 Singletree Bend City, State, Z Georgetown, TX 78628 | |

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) <i>[Signature]</i> C. Date of Delivery _____</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Estate of DW Underwood 2320 Singletree Bend Georgetown, TX 78628</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">  9590 9402 6746 1074 2479 76 </p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 6072 </p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |

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

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

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

OFFICIAL USE

7021 0950 0002 0364 6089

| | |
|--|----|
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |
| Sent To Estate of JC Williamson | |
| P.O. Box 16 | |
| Street and Midland, TX 79701 | |
| City, State, | |

Postmark Here
APR 01 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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Estate of JC Williamson P.O. Box 16 Midland, TX 79701</p> </div> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 6746 1074 2479 83</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 6089</p> | <p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

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

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

OFFICIAL USE

7021 0950 0002 0367 0077

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 Abbejane Masterson Bates
Street and Apt. 7433 Marquette Street
City, State, ZIP+4 Dallas, TX 75225

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

Postmark Here
MAR 10 2022
SANTA FE, NM 87501
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"/> <i>Lawrence Bates</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lawrence Bates</i> 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>Abbejane Masterson Bates 7433 Marquette Street Dallas, TX 75225</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</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 0950 0002 0367 0077</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> | <p>Domestic Return Receipt</p> |

PRESTON
MAR 15 2022
DALLAS TX 75225-9998

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

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

OFFICIAL USPS

MAR 10 2022
Postmark Here

USPS

7021 0950 0002 0367 6192

| | | |
|---|----|--|
| 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 J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor | | |
| Street and Apt. Remainder to JM Bryan Oil, LLC | | |
| P.O. Box 33349 | | |
| City, State, ZIP+4 Fort Worth TX 76162 | | |

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: J. Manly Bryan and wife Joanne L. Bryan, for the life of the survivor Remainder to JM Bryan Oil, LLC P.O. Box 33349 Fort Worth, TX 76162-3349</p> | <p>A. Signature X: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) J. Manly Bryan</p> <p>C. Date of Delivery 3/15/22</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> | | | | | | | | | | | | | | | | |
| 9590 9402 6746 1074 2398 27 | <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <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 0950 0002 0367 6192</p> | | | | | | | | | | | | | | | | | |

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

7021 0950 0002 0365 3193

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | |
|--|---|
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |
| Sent To | |
| Street and A | Chevron Oil & Gas Company P.O. Box 1722 Tulsa, OK 74101 |
| City, State, ZIP | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</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>Chevron Oil & Gas Company P.O. Box 1722 Tulsa, OK 74101</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2397 35</p> <p>7021 0950 0002 0365 3193</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

Postmark Here

MAR 14 2022

USPS

CANYON, TX, NM 87501

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

7021 0950 0002 0367 6208

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$


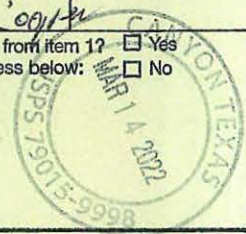
Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Charles Eugene Cooper Trust
Street and A/c P.O. Box 117
Canyon, TX 79015
City, State, Z

| 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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Charles Eugene Cooper Trust P.O. Box 117 Canyon, TX 79015</p> </div> <p style="text-align: center;">  9590 9402 6746 1074 2398 10 </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 6208</p> | <p>A. Signature</p> <p><i>x Charles E Cooper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Charles E Cooper</i> MAR 14 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: right; margin-top: 10px;">  </div> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

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
MAR 10 2022
USPS

7202 0950 0002 0367 6161

| | |
|--|----|
| 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 | |
| Russell B. Cranmer | |
| 707 N. Lake Crest Place | |
| Andover, KS 67002 | |
| City, State, Zi. | |

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|---|--|---|--|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Russell B. Cranmer 707 N. Lake Crest Place Andover, KS 67002</p> <div style="text-align: center;">  9590 9402 5760 0003 2718 25 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7202 0950 0002 0367 6161</p> | <p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="text-align: center; font-size: 1.2em;">Russell Cranmer</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>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) | | | | | | | | | | | | | | | | | |
| 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 0950 0002 0367 6017

| | | |
|--|----|--|
| 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 | | |
| Trustee(s) of the Alice G. Davis Trust | | |
| 299 West 31 st Street, Cottage 473 | | |
| Sea Island, GA 31561 | | |
| City, State, Zip | | |

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|---|--|---|--|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Trustee(s) of the Alice G. Davis Trust 299 West 31st Street, Cottage 473 Sea Island, GA 31561</p> <div style="text-align: center;">  9590 9402 5760 0003 2719 79 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0367 6017</p> | <p>A. Signature</p> <p>X <i>M. Soog</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

7021 0950 0002 0367 6000

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | |
|--|---|
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee | \$ _____ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |
| Postage | \$ _____ |
| Total Postage and Fees | \$ _____ |
| Sent To | |
| Street and Apt | J.W. Davis 299 West 31 st Street, Cottage 473 Sea Island, GA 31561 |
| City, State, Zip | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |



| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>M. Davis</i></p> | |
| <p>1. Article Addressed to:</p> <p>J.W. Davis 299 West 31st Street, Cottage 473 Sea Island, GA 31561</p> | | <p>B. Received by (Printed Name) C. Date of Delivery</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6000</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>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> | | | |
| 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 0950 0002 0367 2286


| | |
|--|---|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |
| Sent To | |
| Street or P.O. Box | Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902 |
| City, State, ZIP+4® | |

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

SANTA FE MAIN POST OFFICE

Postmark Here
MAR 14 2022

87501-9998

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|---|--|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Clinton H. Dean, Jr. 6006 Balcones, #32 El Paso, TX 79902</p> </div> <p style="text-align: center;">  9590 9402 5760 0003 2664 49 </p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 2286</p> | <p>A. Signature</p> <p>X SUSANNA PUENTES <input checked="" type="checkbox"/> Agent Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>P 3-16-22</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>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) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

7021 0950 0002 0365 3162

| | |
|--|--|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i> | |
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee \$ _____ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ _____ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ | |
| <input type="checkbox"/> Adult Signature Required \$ _____ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | |
| Postage \$ _____ | |
| Total Postage and Fees \$ _____ | |
| Sent To Michael C. Dean Street and A 13306 Onion Creek Drive Manchaca, TX 78652 City, State, & ZIP _____ | |
| 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. | A. Signature <input checked="" type="checkbox"/> |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Michael C. Dean 13306 Onion Creek Drive Manchaca, TX 78652 </div> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ |
| 2. Article Number (Transfer from service label) 9590 9402 6746 1074 2397 66 7021 0950 0002 0365 3162 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt | |

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

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

OFFICIAL USE

SANTA FE NM 87501
MAR 10 2022
USPS

7021 0950 0002 0365 3179

| | |
|--|----|
| 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 R. Dean
Street and Apt.: 22747 Estacado
City, State, ZIP: San Antonio, TX 78216

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"/> Dean <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) XF 235</p> <p>C. Date of Delivery 3/4/22</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>Robert R. Dean 22747 Estacado San Antonio, TX 78216</p> | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2397 59</p> <p>7021 0950 0002 0365 3179</p> | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

7021 0950 0002 0365 3148

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 Virginia B. Dean
 Street and Address 22747 Estacado
 San Antonio, TX 78261-4431
 City, State, Zip _____

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

(Postmark: SANTA FE, NM 87501 MAR 10 2022)

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <u>Dean</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>XF 235</u> C. Date of Delivery <u>3/8/22</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>Virginia B. Dean 22747 Estacado San Antonio, TX 78261-4431</p> <p> 9590 9402 6746 1074 2397 80</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 3148</p> | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |

7021 0950 0002 0367 2279

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

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

OFFICIAL MAIL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and No. Virginia B. Dean Estate
 6006 Balcones, #32

City, State, Zip+4 El Paso, TX 79912

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

Postmark: MAR 14 2022

87301-9998

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <i>BUSNAPUBNTOG</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S P</i></p> <p>C. Date of Delivery <i>3-16-22</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>Virginia B. Dean Estate c/o Clinton H. Dean, Jr., Executor 6006 Balcones, #32 El Paso, TX 79912</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 sender label)</p> <p>7021 0950 0002 0367 2279</p> | |

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

Domestic Return Receipt

7021 0950 0002 0365 3131

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 Virginia B. Dean, Clinton H. Dean, Jr. and
 Street an Robert Russell Dean, Co-Trustees of the
 Clinton H. Dean Testamentary Trust
 City, Stat 22747 Estacado

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

SANTA FE, NM 87501
 MAR 10 2022
 Postmark Here
 US

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <u>Dem</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>XF 235</u> C. Date of Delivery <u>3/14/22</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: Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 22747 Estacado San Antonio, TX 78261-4431</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) 7021 0950 0002 0365 3131</p> | |
| <p>PS Form 3811, July 2020 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

Postmark Here
MAR 14 2022
87501-9998

7021 0950 0002 0367 2262

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 _____
Robert Russell Dean, Co-Trustees of the
Clinton H. Dean Testamentary Trust
6006 Balcones, #32

City, State, _____
El Paso, TX 79912

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|--|---|--|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust 6006 Balcones, #32 El Paso, TX 79912</p> <div style="text-align: center;">  9590 9402 5760 0003 2664 63 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 2262</p> | <p>A. Signature</p> <p>X SUSANA PUGNTES <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) P</p> <p>C. Date of Delivery 3-16-22</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>3. Service Type</p> <table style="width: 100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

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

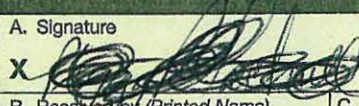
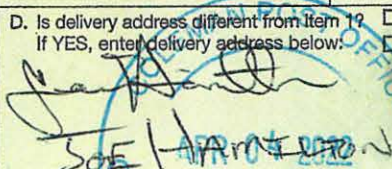

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7021 0950 0002 0367 5973

| | |
|---|--|
| 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 \$ _____ |  Postmark Here |
| Sent To Myrlene Mannschreck Dillon Street and 1383 CR 141 Coleman, TX 76834 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. | A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ |
| 1. Article Addressed to: Myrlene Mannschreck Dillon 1383 CR 141 Coleman, TX 76834 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  |
|  9590 9402 5760 0003 2720 13 | 3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <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"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label) 7021 0950 0002 0367 5973 | |

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

7021 0950 0002 0367 6215

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To Dorsar Investment Company
 Street and Ap 4855 N. Mesa St., Unit 120
 El Paso, TX 79912
 City, State, Zi

Postmark Here
MAR 10 2022

USPS

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

USPS TRACKING#

EL PASO, TX 798
 15 MAR 2022 PM 2 L

9590 9402 6746 1074 2398 03

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Sonya Mares Colgate/Uluru
 Hinkle Shanor LLP
 218 Montezuma Avenue
 Santa Fe, NM 87501

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

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

OFFICIAL USE

MAR 10 2022
Postmark Here

SANTA FE, NM 87501

USPS

7021 0950 0002 0367 5966

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 A Ensource, Inc.
1201 Louisiana, Suite 1000

City, State, Z Houston, TX 77002

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>1. Article Addressed to:</p> <p style="text-align: center;">Ensource, Inc. 1201 Louisiana, Suite 1000 Houston, TX 77002</p> | <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 3-14-22</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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0367 5966</p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input 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>9590 9402 5760 0003 2720 20</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 87201
MAR 16 2022
USPS

7021 0950 0002 0367 0091

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____


Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To James Kenneth Garrett
Street and Ap 1293 Buck Ridge Drive NE
City, State, Zi Rochester, MN 55906

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 style="font-size: 1.5em; font-family: cursive;">x J Garrett</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">James Kenneth Garrett 1293 Buck Ridge Drive NE Rochester, MN 55906</p> | <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.5em; font-family: cursive;">CPC-19R7 3/16/22</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> |
| <div style="text-align: center;">  9590 9402 6746 1074 2396 12 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-family: cursive;">7021 0950 0002 0367 0091</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| 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

SANTA FE, NM 87501

MAR 10 2022
Postmark Here


USPS

7021 0950 0002 0367 0107

| | |
|--|----|
| 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: Joyce Eline Garrett
Street and: 625 Dayton Ave.
City, State: St. Paul, MN 55104

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>GUVEN</u> C. Date of Delivery <u>3/16/22</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>Joyce Eline Garrett 625 Dayton Ave. St. Paul, MN 55104</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2396 05</p> <p>7021 0950 0002 0367 0107</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

SANTA FE, NM 87501

MAR 10 2022

Postmark Here

7021 0950 0002 0367 5980

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 E. Dwayne Hamilton
 Street and 1497 CR 141
 Coleman, TX 76834
 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 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> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Estate of E. Dwayne Hamilton 1497 CR 141 Coleman, TX 76834 </div> <p style="text-align: center;"> 9590 9402 5760 0003 2720 06 </p> | <p style="text-align: center; font-size: 1.5em; color: blue;">COLEMAN TX 76834-9998</p> <p style="text-align: center; font-size: 1.5em; color: blue;">APR 20 2022</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 5980</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> |
| 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 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. Mary L. Kline
 2638 Burton St., SE
 Grand Rapids, MI 49546

City, State, Zi

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



7021 0950 0002 0367 6130

STAMP: MAR 10 2022

| 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>Mary L. Kline 2638 Burton St., SE Grand Rapids, MI 49546</p> <p>9590 9402 5760 0003 2718 56</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0367 6130</p> | <p>A. Signature</p> <p>X <u>COU-19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p><u>3/14/22</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>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> |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

7021 0950 0002 0367 6062

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | |
|---|--|
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL RECEIPT | |
| Certified Mail Fee \$ _____ |  |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <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 Ap. Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371 City, State, Zi. _____ | |
| PS Form 3800, April 2015 PSN 7530-02-000-8047 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. | A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: Robert H. Kriebel P.O. Box 507 Old Lyme, CT 06371 | B. Received by (Printed Name) Mark Kriebel C. Date of Delivery 3-17-22 |
| 2. Article Number (Transfer from service label) 7021 0950 0002 0367 6062 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 9590 9402 5760 0003 2719 24  | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |

7021 0950 0002 0365 3223

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

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

OFFICIAL USE

| | |
|--|------------------|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |
| Sent To | John B. Meaders |
| Street and Apt. | 2908 Corby Drive |
| City, State, ZIP | Plano, TX 75025 |

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature X <i>John B. Meaders</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3/18/22</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>John B. Meaders 2908 Corby Drive Plano, TX 75025</p> | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2397 04</p> <p>7021 0950 0002 0365 3223</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 | |
| Certified Mail Fee \$ _____ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ _____ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ | |
| <input type="checkbox"/> Adult Signature Required \$ _____ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | |
| Postage \$ _____ | |
| Total Postage and Fees \$ _____ | |
| Sent To Street and # City, State, ZIP | Mallery L. Miller, Jr. 4617 117th Street Lubbock, TX 79424 |
| 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. | A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Mallery L. Miller, Jr. 4617 117th Street Lubbock, TX 79424 </div> | B. Received by (Printed Name) Mallery L. Miller, Jr. |
| | C. Date of Delivery 3/14/22 |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) 7021 0950 0002 0365 3230 | 3. Service Type <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) |
| 9590 9402 6746 1074 2396 98 | <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 |
| 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 0950 0002 0367 0039

| | |
|---|--|
| 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 Patricia Louis Miller Street and Address 5413 Topper Drive North Richland Hills, TX 76180 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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) PL Miller C. Date of Delivery 3.14.22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;"> Patricia Louis Miller 5413 Topper Drive North Richland Hills, TX 76180 </p> | <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0367 0039</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

SANTA FE, NM 87501

MAR 8 2022


Postmark Here

USPS

7021 0950 0002 0367 0046

| | |
|--|--|
| 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 Michael Harrison Moore, Trustee | |
| Street and P.O. Box Michael Harrison Moore 2006 Trust P.O. Box 51570 | |
| City, State Midland, TX 79710 | |

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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> <i>Sam Larson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sam Larson</p> <p>C. Date of Delivery 3-16-2022</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;">Michael Harrison Moore, Trustee Michael Harrison Moore 2006 Trust P.O. Box 51570 Midland, TX 79710</p> <div style="text-align: center;">  9590 9402 6746 1074 2396 67 </div> | <p style="text-align: center; font-size: 1.5em; color: red;">CLAYTON STATION MIDLAND TX 79705 MAR 16 2022</p> | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) 7021 0950 0002 0367 0046</p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |

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

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

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

OFFICIAL USE

Postmark Here
MAR 10 2022

/SPS

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

7021 0950 0002 0365 3201

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 Pregler Oil Company, LLC
Street or 110 W. 7th St., Ste. 720
City, Sta Tulsa, OK 74119-1117

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Pregler Oil Company, LLC 110 W. 7th St., Ste. 720 Tulsa, OK 74119-1117</p> <div style="text-align: center;">  9590 9402 6746 1074 2397 28 </div> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0365 3209</p> | <p>A. Signature <input checked="" type="checkbox"/> <i>Staver</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 3-11-22</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>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

72021 0950 0002 0367 6116

| | |
|--|--|
| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only | |
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| Certified Mail Fee |  |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ | |
| <input type="checkbox"/> Return Receipt (electronic) \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$ | Postmark Here |
| <input type="checkbox"/> Adult Signature Required \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ | |
| Postage | |
| \$ | |
| Total Postage and Fees | |
| \$ | |
| Sent To | Reeves County Systems, Inc. |
| Street and | P.O. Box 152 |
| | Odessa, TX 79760-0152 |
| City, State | |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Kelfertiller</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p>Reeves County Systems, Inc. P.O. Box 152 Odessa, TX 79760-0152</p> |  |
| <p>2. Article Number (Transfer from service label)</p> <p>72021 0950 0002 0367 6116</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> |
| 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

SANTA FE, NM 87501

MAR 10 2022

USPS

Postmark Here

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 John S. Ross, Jr.
110 N. Woodrow Lane, Suite 120
Denton, TX 76205

Street and Apt. _____

City, State, ZIP _____

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

7021 0950 0002 0367 5997

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|---|--|---|--|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">John S. Ross, Jr. 110 N. Woodrow Lane, Suite 120 Denton, TX 76205</p> <div style="text-align: center;">  9590 9402 5760 0003 2719 93 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 5997</p> | <p>A. Signature</p> <p style="margin-left: 20px;">X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature</td> <td style="border: none;"><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Certified Mail®</td> <td style="border: none;"><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td style="border: none;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td style="border: none;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td style="border: none;"></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

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: Krista Alicen Stephenson Trust
Street and Apt.: 1799 Oak Ridge St.
Hideaway, TX 75771
City, State, ZIP: _____

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

7021 0950 0002 0367 0060



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>KRISTA CIG</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>3-15-22</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 style="text-align: center;">Krista Alicen Stephenson Trust 1799 Oak Ridge St. Hideaway, TX 75771</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 style="text-align: center;">7021 0950 0002 0367 0060</p> | <p style="text-align: center;">9590 9402 6746 1074 2396 43</p> |
| <p>PS Form 3811, July 2020 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 RECEIPT

SANTA FE NM 87501
MAR 10 2022
USPS

7021 0950 0002 0367 0084

| | |
|--|----|
| 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 | |
| Wes-Tex Drilling Company | |
| 400 Pine St., #700 | |
| Abilene, TX 79601 | |
| 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"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Wes-Tex Drilling Company 400 Pine St., #700 Abilene, TX 79601</p> | <p>B. Received by (Printed Name) C. Date of Delivery 3/14/22</p> | | | | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0367 0084</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">9590 9402 6746 1074 2396 29</p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery | | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |

7021 0950 0002 0365 3216

0002 0365

FROM **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO
 Beaird Mineral Interests, LP
 Attn: Vicki Osborn
 5121 McKinney Ave.
 Dallas, TX 75025

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

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

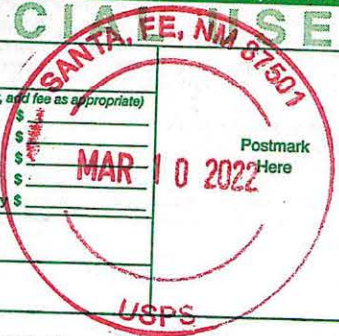
OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, and 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 Beaird Mineral Interests, LP
 Attn: Vicki Osborn
 5121 McKinney Ave.
 City, State, Z Dallas, TX 75025

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



7021 0950 0002 0365 3216

REF

NIXIE 731 DE 1 0003/25/22
 RETURN TO SENDER
 REFUSED
 UNABLE TO FORWARD
 BC: 87504206868 2266N034201-01338



7021 0950 0002 0365 3155

ANK

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 \$ _____

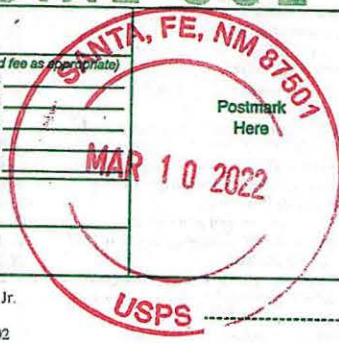
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Clinton H. Dean, Jr.
 4212 O'Keefe
 El Paso, TX 79902

Street and Apt. N
 City, State, ZIP+4

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



FROM **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

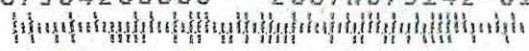
TO

Clinton H. Dean, Jr.
 4212 O'Keefe
 El Paso, TX 79902

NIXIE 731 C8 1 0103/20/22

RETURN TO SENDER
-ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206868 2067N079142-01142



7021 0950 0002 0367 5942

02 1P
000091376
MAILED FROM

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 City, State

Dorchester Exploration, Inc.
 P.O. Box 4391
 Houston, TX 77210

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

FROM **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO

Dorchester Exploration, Inc.
RETURN TO SENDER

Moved left no address
 No such number
 Moved not forwardable
 Addressee unknown
 not this location

P.O. Box 3178
Midland, TX
79702



7021 0950 0002 0367 5942

NIXIE 773 MCC 1 7203/25/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSEE
UNABLE TO FORWARD

40
3/30



FROM **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO

Robert G. Ettelson
 2650 Lakeview Avenue
 Chicago, IL 60614

Deceased 3/15/22

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

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

OFFICIAL USE

7021 0950 0002 0367 6185

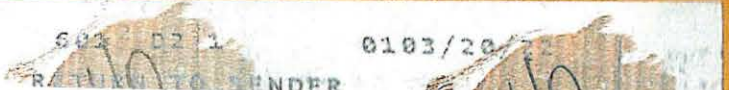
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

SANTA FE, NM 87504
MAR 10 2022
 Postmark Here

Sent To Robert G. Ettelson
 2650 Lakeview Avenue
 Street and Chicago, IL 60614
 City, State, ZIP+4®

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





7021 0950 0002 0367 6048

02 1P \$ 009.16
0000913767 MAR 10 20
MAILED FROM ZIP CODE 075

IA

FROM
HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504



TO

Bill Ferguson
2700 Liberty Tower
Oklahoma City, OK 73102

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 \$

Postmark Here

Postage \$
Total Postage and Fees \$

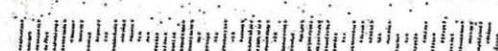
Sent To Bill Ferguson
Street and Apt. 2700 Liberty Tower
Oklahoma City, OK 73102
City, State, Zip

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

7021 0950 0002 0367 6048

FERG700 731 CC 1 N C0103/26/22
UNABLE TO FORWARD FOR REVIEW

BC: 87504999955 DU2266N085153-00934



4n
411



7021 0950 0002 0367 5959



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

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

OFFICIAL USE

| | | |
|--|----------------------------------|--|
| Certified Mail Fee | \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |
| Postage | \$ | |
| Total Postage and Fees | \$ | |
| Sent To | Kedco Management Corporation | |
| Street and | 100 S. Main, #300 Hardage Center | |
| City, State, | Wichita, KS 67202 | |

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

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO 1000 W IH 10, Ste. 200
San Antonio, TX 78230-2242

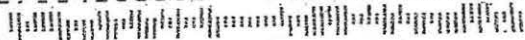
Kedco Management Corporation
100 S. Main, #300 Hardage Center
Wichita, KS 67202

hankin

NIXIE 808 DE 1 0003/19/22

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 87504205868 0159N078070-01069





e™
IL® RECEIPT

Visit our website at www.usps.com

SALE VALUE

fee as appropriate)

MAR 10 2022 Postmark Here

6875

et South

830-02-000-9047 See Reverse for Instructions

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Gerald L. Michard
11015 East 63rd Street South
Derby, KS 67037

UTF



7021 0950 0002 0367 0022



1st 0315 2022
2nd 3-19
3rd 3-30

NIXIE 731 DE 1 0004/08/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
EC: 87504206868 2067N098152-00894

FROM
HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Paul Burke Miller
1201 E. Main St., #125
Round Rock, TX 78664

RECEIVED
APR 18 2022
Hinkle Shanor LLP
Santa Fe NM 87504

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

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

OFFICIAL USE

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

Postage \$
Total Postage and Fees \$

Sent To Paul Burke Miller
Street and 1201 E. Main St., #125
City, State Round Rock, TX 78664

PS Form 3800, April 2018 PSN 7530-02-000-9047 See Reverse for Instructions



FMF [Barcode]



7021 0950 0002 0366 0856

FIRST-CLASS



US POSTAGESM PITNEY BOWES



ZIP 87501 \$ 008.56⁰
02 7H
0006052409 APR 29 2022

Special ServiceTM
REGISTERED MAIL[®] RECEIPT

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

OFFICIAL USE

| | |
|---|-------------|
| Postmark Here | APR 29 2022 |
| Electronic Mail (check box, add fee as appropriate) | \$ |
| Registered Delivery | \$ |
| Restricted Delivery | \$ |
| Signature Required | \$ |
| Insured | \$ |
| Registered Delivery | \$ |

Marie Studer, Admin, Estate of
 Jodie Studer
 817 Jodie Drive
 Weatherford, TX 76087 Colgate/Uluru WI

April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

FROM **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO
 Donna Marie Studer, Admin, Estate
 of Genevieve Studer
 817 Jodie Drive
 Weatherford, TX 76087

Colgate/Uluru

05/09/2022
F

RECEIVED

MAY 11 2022

Hinkle Shanor LLP
Santa Fe NM 87504

731 NFE 1 C20C0005/04/22
 FORWARD TIME EXP RTN TO SEND
 STUDER
 953 MESA VISTA DR
 CROWLEY TX 76036-3690
 RETURN TO SENDER



7021 0950 0002 0367 6123

PITNEY BOWES
02 1P \$ 009.16⁰
0000913767 MAR 10 2022
MAILED FROM ZIP CODE 87501

NIXIE 808 52 1 7204/09/22
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504206868 0159N0999085-01105

Not / MM
1004 / 3/14

FROM HINKLE SHANOR LLP
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Ted J. Werts
426 Courtleigh St.
Wichita, KS 67218

1st NOTICE 3/14
2nd NOTICE 3/19
RETURNED 3/29

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

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

OFFICIAL USE

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

Sent To: Ted J. Werts
426 Courtleigh St.
Wichita, KS 67218

City, State, ZIP+4: _____

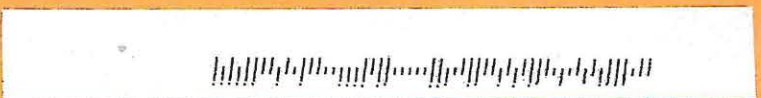
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



RECEIVED

APR 18 2022

Hinkle Shanor LLP
Santa Fe NM 87504





7021 0950 0002 0364 5990



NIXIE 980 F2 1 0004/06/22
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 87504206868 0127N096220-02649

RECEIVED

APR 26 2022

Hinkle Shanor LLP
Santa Fe NM 87504

MSN

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Sharron Wolfenbarger Jones
8207 NE Ward Rd
Vancouver, WA 98682

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

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

OFFICIAL USE

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

| | |
|------------------------|----|
| Postage | \$ |
| Total Postage and Fees | \$ |

| | |
|--------------|----------------------------|
| Sent To | Sharron Wolfenbarger Jones |
| Street and | 8207 NE Ward Rd |
| | Vancouver, WA 98682 |
| City, State, | |



ANK



7021 0950 0002 0364 5976



RECEIVED

APR 26 2022

Hinkle Shanor LLP
Santa Fe NM 87504

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Sylvia K. Gibbs
1801 LaVaca
Austin, TX 78701

ANK

7021 0950 0002 0364 5976

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

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

OFFICIAL USE

| | |
|--|---------------------------------|
| Certified Mail Fee | \$ |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |
| Postage | \$ |
| Total Postage and Fees | \$ |
| Sent To | Sylvia K. Gibbs |
| Street and A | 1801 LaVaca Austin, TX 78701 |
| City, State, ZIP | |

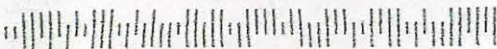


NIXIE 732 / FE 1 0004/06/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206868 2067N096195-00138

ANK



7021 0950 0002 0366 0832

FIRST-CLASS



US POSTAGE™
ZIP 87501
02 7H
0006052409
\$ 008.5
APR 29 2022

This person does not live here

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

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

OFFICIAL USE

| | |
|--|----|
| Postage and Fees (check box, add fee as appropriate) | |
| Return Receipt (hardcopy) | \$ |
| Return Receipt (electronic) | \$ |
| Registered Mail Restricted Delivery | \$ |
| Signature Required | \$ |
| Signature Restricted Delivery | \$ |

Postmark
Here

APR 29 2022

OFFICE

Mark and Paula McClellan
1 Tierra Berrenda Dr. Colgate/Uluru
Roswell, NM 88201

ORRI

See Reverse for Instructions



FROM

HINKLE SHANOR LLP

ATTORNEYS AT LAW

PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

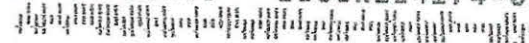
Mark and Paula McClellan
601 Tierra Berrenda Dr
Roswell, NM 88201

Colgate/Uluru—ORRI

NIXIE 731 FE 1 0005/04/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504206868 2266N124174-01551



RECEIVED


MAY 11 2022

Hinkle Shanor LLP
Santa Fe NM 87504



021 0950 0002 0367 2323



FROM  **HINKLE SHANOR LLP**
 ATTORNEYS AT LAW
 PO BOX 2068 • 218 MONTEZUMA
 SANTA FE, NEW MEXICO 87504

TO

Frank J. Pisor, Jr.
 11126 S Orange Ave
 Fresno, CA 93725

RETURNED TO SENDER UNCLAIMED

FW
4-16-22

WV
4/21/22

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 Frank J. Pisor, Jr.
 11126 S Orange Ave
 Fresno, CA 93725

SANTA FE, NM 87501
 APR 01 2022
 USPS

RECEIVED

APR 26 2022

Hinkle Shanor LLP
Santa Fe NM 87504



7021 0950 0002 0364 5952



28

N

al Service™
ED MAIL® RECEIPT
Only

ormation, visit our website at www.usps.com®.

ICIAL USE

copy) \$
ronic) \$
ted Delivery \$
ired \$
ricted Delivery \$

Postmark
Here

APR 01 2022

USPS

ine F. Sweeney
ox 8248
e, NM 87504

2015 PSN 7530-02-000-9047 See Reverse for Instructions

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Catherine F. Sweeney
P.O. Box 8248
Santa Fe, NM 87504

IXIE 852 FE 1 0004/16/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

37504206858 2184N107003-00018

RECEIVED

APR 26 2022

Hinkle Shanor LLP

4h
4/22

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005241156

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

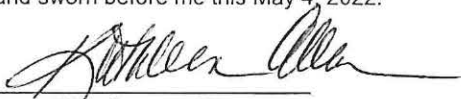
SANTA FE, NM 87501

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

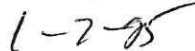
05/04/2022

Legal Clerk

Subscribed and sworn before me this May 4, 2022:



State of WI, County of Brown
NOTARY PUBLIC



My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005241156
PO #: Case No. 22693
of Affidavits 1

This is not an invoice

Colgate Operating LLC
Case Nos. 22693-22694
Exhibit D-4

This is to notify all interested parties, including Carl Joseph Garrett; Connie Gale Becker; Donna Marie Studer, Admin, Estate of Genevieve Studer; Ginger Lee Meyers; Ross and Kandace McClellan; Mark and Paula McClellan; Duane D. Anderson; Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Kriebel; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrero Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Beaird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; Heirs of George A. Lauck and Molly Lauck; Duane D. Anderson; Heirs of Gisella Olivero; Frank J. Pisor, Jr.; D. Lloyd Henderson; Thomas B. Lemann; Barbara Lemann; Heirs of J.M. Dunbar and Amanda P. Dunbar; Harvey S. Apple; Carolyn Apple; George W. Strake, Jr.; SMAC Oil Limited Partnership; BCRK; CMP Viva LP; Catherine F. Sweeney; Virginia K. Edelson; Sylvia K. Gibbs; Elsie F. Henderson; Heirs of Maylon S., Baker; Sharron Wolfenbarger Jones; John D. Keslar; Bill Smithton; Barber Well Servicing Co.; Heirs of Ralph E. Williamson; Karl F. Koch; Heirs of R.N. Hillin; David R. Conley; Mewbourne Oil Company; Heirs of J.C. Williamson; Heirs of D.W. Underwood; Oxy USA Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22693). 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 May 19, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the N/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 131H well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 36. The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which is dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). 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 12 miles northeast of Carlsbad, New Mexico.

#5241156, Current Argus, May 4, 2022

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005241194

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

SANTA FE, NM 87501

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

05/04/2022

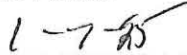


Legal Clerk

Subscribed and sworn before me this May 4, 2022:



State of WI, County of Brown
NOTARY PUBLIC



My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005241194
PO #: Case No. 22694
of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Carl Joseph Garrett; Connie Gale Becker; Donna Marie Studer, Admin, Estate of Genevieve Studer; Ginger Lee Meyers; Ross and Kandace McClellan; Mark and Paula McClellan; Duane D. Anderson; Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensorce, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Kriebel; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrero Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Beard Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; Heirs of George A. Lauck and Molly Lauck; Duane D. Anderson; Heirs of Gisella Olivero; Frank J. Pisor, Jr.; D. Lloyd Henderson; Thomas B. Lemann; Barbara Lemann; Heirs of J.M. Dunbar and Amanda P. Dunbar; Harvey S. Apple; Carolyn Apple; George W. Strake, Jr.; SMAC Oil Limited Partnership; BCRK; CMP Viva LP; Catherine F. Sweeney; Virginia K. Edelson; Sylvia K. Gibbs; Elsie F. Henderson; Heirs of Maylon S., Baker; Sharron Wolfenbarger Jones; John D. Keslar; Bill Smithton; Barber Well Servicing Co.; Heirs of Ralph E. Williamson; Karl F. Koch; Heirs of R.N. Hillin; David R. Conley; Mewbourne Oil Company; Heirs of J.C. Williamson; Heirs of D.W. Underwood; Oxy USA Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22694). 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 May 19, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the S/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 132H well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the SE/4NE/4 (Unit H) of Section 36. The Unit will partially overlap with the spacing unit for the Winchester 36 HE State 1H well (API No. 30-015-41747) which is dedicated to the S/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). 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 12 miles northeast of Carlsbad, New Mexico.

#5241194, Current Argus, May 4, 2022

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005175248

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

SANTA FE, NM 87501

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

03/18/2022



Legal Clerk

Subscribed and sworn before me this March 18, 2022:



State of WI, County of Brown
NOTARY PUBLIC

1-2-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005175248
PO #: 22693-Com 131H
of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myrlene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Krieble; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrello Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean, Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Beaird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22693). 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 April 7, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnr.d.state.nm.us/OCD/hearings.html>. Applicant applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the N/2N/2

of sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 131H well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 36. The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which is dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). 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 12 miles northeast of Carlsbad, New Mexico.
#5175248, Current Argus,
March 18, 2022

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005203200

This is not an invoice

HINKLE SHANOR LLP
218 MONTEZUMA

SANTA FE, NM 87501

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

04/06/2022


Legal Clerk

Subscribed and sworn before me this April 6, 2022:


State of WI, County of Brown
NOTARY PUBLIC

LC 7-25

My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005203200
PO #: Case No. 22693
of Affidavits 1

This is not an invoice

This is to notify all interested parties, including Dome Petroleum Corp.; Dorchester Exploration, Inc.; Kedco Management Corporation; Ensource, Inc.; Myriene Mannschreck Dillon; Estate of E. Dwayne Hamilton; John S. Ross, Jr.; J.W. Davis; Trustee(s) of the Alice G. Davis Trust under Declaration of Trust dated August 8, 1992; Paul Umbarger; Zofia Umbarger; Galkay; Bill Ferguson; John G. Rocovich, Jr.; Robert H. Kriebel; Estate of John R. Kline; Olin Garrett; Gerald L. Michard; William L. Hilliard; Sombrero Associates; Reeves County Systems, Inc.; Ted J. Werts; Mary L. Kline; Lillie Costanzo Trust f/b/o Brian Balliet; Douglas C. Cranmer; Russell B. Cranmer; Douglas C. Cranmer and Russell B. Cranmer, Trustees of the Russell B. Cranmer Irrevocable Trust; Robert G. Ettelson; J. Manly Bryan; Joanne L. Bryan; JM Bryan Oil, LLC; Charles Eugene Cooper Trust; Dorsar Investment Company; Richard S. Coulter and Camilla Coulter, Trustees of the Coulter Family Trust; Virginia B. Dean; Clinton H. Dean, Jr. and Robert Russell Dean, Co-Trustees of the Clinton H. Dean Testamentary Trust; Virginia B. Dean; Clinton H. Dean, Jr.; Michael C. Dean; Robert R. Dean; Harry M. Frank, Jr.; Harvard Exploration Company; Chevron Oil & Gas Company, Inc.; Pregler Oil Company, LLC; Beaird Mineral Interests, LP; John B. Meaders; Mallory L. Miller, Jr.; Paul Burke Miller; Patricia Louis Miller; Michael Harrison Moore, Trustee of the Michael Harrison Moore 2006 Trust; Richard Lyons Moore 2006 Trust; Krista Alicen Stephenson Trust; Abbejane Masterson Bates; Lawrence O. Price; Wes-Tex Drilling Company; James Kenneth Garrett; Joyce Eline Garrett; Heirs of George A. Lauck and Molly Lauck; Duane D. Anderson; Heirs of Gisella Olivero; Frank J. Pisor, Jr.; D. Lloyd Henderson; Thomas B. Lemann; Barbara Lemann; Heirs of J.M. Dunbar and Amanda P. Dunbar; Harvey S. Apple; Carolyn Apple; George W. Strake, Jr.; SMAC Oil Limited Partnership; BCRK; CMP Viva LP; Catherine F. Sweeney; Virginia K. Edelson; Sylvia K. Gibbs; Elsie F. Henderson; Heirs of Maylon S. Baker; Sharron Wolfenbarger Jones; John D. Keslar; Bill Smithton; Barber Well Servicing Co.; Heirs of Ralph E. Williamson; Karl F. Koch; Heirs of R.N. Hillin; David R. Conley; Mewbourne Oil Company; Heirs of J.C. Williamson; Heirs of D.W. Underwood; Oxy USA Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22693). 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 April 21, 2022, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://www.emnrd.state.nm.us/OCD/hearings.html>. Applicant applies for an order (1) approving a 320-acre, more or less, overlapping spacing unit in the Bone Spring formation, and (2) pooling all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' to the base of the Bone Spring formation at a depth of approximately 8,822' underlying the N/2N/2 of Sections 35 and 36, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Uluru 35 Fed State Com 131H well, which will be horizontally drilled from a surface hole location in the SE/4NE/4 (Unit H) of Section 34 to a bottom hole location in the NE/4NE/4 (Unit A) of Section 36. The Unit will partially overlap with the spacing unit for the Winchester 36 AD State 1H well (API No. 30-015-41354) which is dedicated to the N/2N/2 of Section 36 in the Second Bone Spring interval of the Bone Spring formation. Accordingly, Applicant seeks to pool all uncommitted interests in the Third Bone Spring interval of the Bone Spring formation from a depth of approximately 7,763' MD to the base of the Bone Spring formation at a stratigraphic equivalent of approximately 8,822' MD as observed on the Dero Federal #3 well log (API 3001530399). 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 12 miles northeast of Carlsbad, New Mexico.

#5203200, Current Argus, April 6, 2022