

**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 NOS. 22669, 22670,  
22671, 22689, 22690**

**NOTICE OF SUPPLEMENTAL EXHIBITS**

Colgate Operating, LLC provides notice that it is supplementing the evidentiary record in these cases by submitting the attached Certified Mail Receipt.

Respectfully submitted,

HINKLE SHANOR, LLP

*/s/ Dana S. Hardy*

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*Counsel for Colgate Operating, LLC*

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
|--|---|--|---|--|---|--|--|---|--|--|---|--|--|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>   | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Becker</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (<i>Printed Name</i>) <span style="float: right;">C. Date of Delivery</span></p>  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Connie Gale Becker</b><br/> <b>16715 E 80th St., N.</b><br/> <b>Owasso, OK 74055</b></p> <p style="text-align: right; font-size: small;">Colgate/Uluru</p> </div>  <p style="text-align: center;">9590 9402 6746 1074 2452 79</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="font-size: large; font-weight: bold;">7021 0950 0002 0366 0870</p>   | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input 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 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 type="checkbox"/> Certified Mail®   | <input type="checkbox"/> Registered Mail Restricted Delivery  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Signature Confirmation™  |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
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| <input type="checkbox"/> Collect on Delivery Restricted Delivery   |   |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
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| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)   |   |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>   |   |  |   |  |   |  |  |   |  |  |   |  |  |                                       |  |  |  |