

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

**APPLICATION OF CATENA RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO.**

CASE NO. 22739

EXHIBIT INDEX

Compulsory Pooling Checklist

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A-1	Application & Proposed Notice of Hearing
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COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22739
Hearing Date:	6/2/2022
Applicant	Catena Resources Operating, LLC
Designated Operator & OGRID	328449
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Catena Resources Operating, LLC for Compulsory Pooling, Lea County, New Mexico
Entries of Appearance/Intervenors	N/A
Well Family	Foxtail
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring Formation
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Bone Spring Formation
Pool Name and Pool Code	Scharb; Bone Springs (55610)
Well Location Setback Rules	Standard
Spacing Unit Size	320
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320
Building Blocks	quarter-quarter
Orientation	North/South
Description: TRS/County	W2E2 of Section 5, Township 19 South, Range 35 East and the W2E2 of Section 32, Township 18 South, Range 35 East, Lea County, NM
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N/A
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	
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	Foxtail W2E2 05 32 B1 State Com 1H (API # pending) SHL: 462' FNL & 1123' FEL, Unit A, Section 8, T19S-R35E BHL: 100' FNL & 1700' FEL, Unit B, Section 32, T18S-R35E Completion Target: Bone Springs (Approx. 9,700' TVD) Well Orientation: South to North
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-2
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$8,500.00
Production Supervision/Month \$	\$850.00
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)	C-2
Proof of Published Notice of Hearing (10 days before hearing)	C-3
Released to Drilling Section	

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
Ownership Depth Severance (including percentage above & below)	N/A
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gross Isopach	Exhibit B-4
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-3
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-2
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-3
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:	5/31/2022

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

**APPLICATION OF CATENA RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO**

CASE NO. 22739

**SELF-AFFIRMED STATEMENT
OF CATO CLARK**

1. I am Vice President of Land at Catena Resources Operating, LLC ("Catena") 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 case. Copies of Catena's application and proposed hearing notice are attached as **Exhibit A-1**.

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

4. Catena seeks an order pooling all uncommitted mineral interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the W/2 E/2 of Section 5, Township 19 South, Range 35 East and the W/2 E/2 of Section 32, Township 18 South, Range 35 East, Lea County, New Mexico.

5. The Unit will be dedicated to the **Foxtail W2E2 32 05 B1 State Com 1H** well ("Well"), which will be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 8 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 32.

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

7. The Well is located in the Scharb; Bone Spring Pool (Pool Code 55610).
8. With respect to well setback requirements, this pool is subject to the statewide horizontal well rules set out in NMAC 19.15.16.15.
9. **Exhibit A-2** contains the C-102 for the Well.
10. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Catena seeks to pool.
11. **Exhibit A-4** contains a sample well proposal letter and AFE sent to working interest owners for the Well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
12. Catena has conducted a diligent search of all public records in Lea County including phone directories and computer databases.
13. All interest owners Catena seeks to pool are locatable.
14. In my opinion, Catena made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.
15. Catena requests overhead and administrative rates of \$8,500 per month while the Well is being drilled and \$850 per month while the Well is producing. These rates are fair and are comparable to the rates charged by Catena and other operators in the vicinity.
16. The exhibits attached hereto were either prepared by me or under my supervision or were compiled from company business records.

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

18. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 17 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.



Cato Clark

5.20.22

Date

**STATE OF NEW MEXICO
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**APPLICATION OF CATENA RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO**

Case No. 22739

APPLICATION

Pursuant to NMSA § 70-2-17, Catena Resources Operating, LLC ("Applicant") applies for an order pooling all uncommitted mineral interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the W/2 E/2 of Section 5, Township 19 South, Range 35 East and the W/2 E/2 of Section 32, Township 18 South, Range 35 East, Lea County, New Mexico. In support of its application, Applicant states:

1. Applicant (OGRID No. 328449) is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Foxtail W2E2 32 05 B1 State Com 1H** well ("Well"), which will be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 8 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 32.
3. The completed interval of the Well will be orthodox.
4. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all mineral interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all of the mineral interest owners.
5. The pooling of uncommitted mineral interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

Catena Resources Operating, LLC
Case No. 22739
Exhibit A-1

6. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted mineral interests in the Unit should be pooled and Applicant should be designated the operator of the Well and Unit.

WHEREFORE, Applicant requests this application be set for hearing on May 5, 2022 and that, after notice and hearing, the Division enter an order:

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

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

Facsimile: (505) 982-8623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Catena Resources Operating, LLC

Application of Catena Resources Operating, LLC for Compulsory Pooling, Lea County, New Mexico. Applicant applies for an order pooling all uncommitted mineral interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the W/2 E/2 of Section 5, Township 19 South, Range 35 East and the W/2 E/2 of Section 32, Township 18 South, Range 35 East, Lea County, New Mexico. The Unit will be dedicated to the **Foxtail W2E2 32 05 B1 State Com 1H** well ("Well"), which will be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 8 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 32. The completed interval of the Well will be orthodox. Also to be considered will be the cost of drilling and completing the Well and the allocation of the cost, 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 20 miles West of Hobbs, 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 55610	³ Pool Name Scharb; Bone Springs
⁴ Property Code	⁵ Property Name Foxtail W2E2 05 32 B1 State Com	⁶ Well Number 1H
⁷ OGRID No.	⁸ Operator Name Catena Resources Operating, LLC	⁹ Elevation

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	8	19-S	35-E	A	462	North	1123	East	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	32	18-S	35-E	B	100	North	1700	East	LEA

¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.

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				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 previously entered by the division. Signature Date Byron W. Barnes Printed Name barnes@catenares.com E-mail Address
Section 32		T18S R35E		
Section 5		T19S R35E		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

Catena Resources Operating, LLC

Case No. 22739

Exhibit A-2

SHL 1123 FEL 462 FNL SEC 8 T19S R35E

EXHIBIT A-3**Foxtail W2E2 32 05 B1 State Com 1H****Proposed Bone Springs Spacing Unit****Lea County, New Mexico****W2E2 Sections 32 - T18S R35E & 5 -T19S-R35E**

Catena Resources Operating (CRO)	78.99%
T.H. McElvain (THM)	1.56%

Parties to be Pooled

McCombs Exploration, LLC (McC)	11.54%
Great Western Drilling, Ltd. (GWD)	5.62%
Mary Louise Galbreath (Open)	0.26%
The Brady Family Trust (Open)	0.52%
Jean Ann Pepper Johnson (Open)	0.20%
Ruth V. Klover (Open)	0.20%
Coert Holdings 1, LLC (Open)	0.81%
Max W. Coll, II Trust (Open)	0.11%
David Cullum Miller (Open)	0.20%
<u>Total</u>	<u>100.00%</u>

Tracts

Tract 1	W/2 NE/4	Section 32
Tract 2	NW/4 SE/4	Section 32
Tract 3	SW/4 SE/4	Section 32
Tract 4	W/2 NE/4	Section 5
Tract 5	W/2 SE/4	Section 5

Section 32	Tract 1 CRO 75.06% McC 21.19% GWD 3.75%
	Tract 2 CRO 87.5% THM 12.5%
	Tract 3 CRO 70.83% McC 16.67% GWD 12.5%
Section 5	Tract 4 CRO 70.83% McC 16.67% GWD 12.5%
	Tract 5 CRO 90.87% OPEN 9.13%



3/10/2022

Via Certified Mail:

RE: Foxtail W2E2 32 05 B1 State Com 1H
W/2 E/2 Section 5 T19S R35E,
W/2 E/2 Section 32 T18S R35E
Lea County, NM

Dear Working Interest Owner,

Catena Resources Operating, LLC ("Catena") as Operator hereby proposes to drill and operate the captioned horizontal well, as further described in the enclosed AFE, (hereinafter, the "Well"):

Well Name	SHL	BHL	Target Formation	Proposed TVD	Proposed TMD
Foxtail W2E2 32 05 B1 State Com 1H	300 ft FNL, 1123 ft FEL, 8-19S-35E	100 ft FNL, 1700 ft FEL, 32-18S-35E	First Bone Springs	9,700'	19,700'

The Estimated Well Costs for the Well are \$8,694,255.00.

As an alternative to your participation, Catena proposes to acquire your interest via term assignment, subject to due diligence and title verification satisfactory to Catena, should you so elect.

In any event, Catena respectfully requests you (i) indicate your election by initialing next to one of the three (3) options on the following page, (ii) execute one copy of this letter, and (iii) in the event you elect to participate in the drilling and completion of the Well, execute one copy of the enclosed AFE, and return all of same to the undersigned at the letterhead address or the email address reflected below within 30 days of your receipt hereof. In the event of your participation, Catena will furnish a proposed joint operating agreement upon request.

Should you have any questions regarding the foregoing, please feel free to contact the undersigned at any of the points indicated below.

Best regards,

A handwritten signature in blue ink, appearing to read 'Cato Clark'.

Cato Clark
Vice President, Land
Catena Resources Operating, LLC
1001 Fannin Street, 22nd Floor
Houston, TX 77002
Direct: 346.200.7894
Clark@catenares.com



BY ITS INITIALS & EXECUTION IN THE SPACE PROVIDED BELOW, THE UNDERSIGNED:

_____ CONSENTS TO PARTICIPATE TO THE FULL EXTENT OF ITS INTEREST IN THE PROPOSED OPERATION(S) AND BEAR ITS PROPORTIONATE SHARE OF ALL COSTS AND EXPENSES ASSOCIATED THEREWITH

OR

_____ DOES NOT CONSENT TO PARTICIPATE IN THE PROPOSED OPERATION(S)

OR

_____ REQUESTS CATENA DELIVER A TERM ASSIGNMENT FOR REVIEW AND EXECUTION

By: _____

Title: _____

Date: _____




<div></div>	WELL COST ESTIMATE						AFE NO. P2108B			
	WELL NAME: Foxtail W2 E2 32 05 B1 State Com 1H				DATE: 3/1/2022					
	FIELD NAME: Section 8-T19S-R35E				START DATE:					
LOCATION: Lea County, NM				COMPLETE DATE:						
COUNTY / ST:				ORIGINAL:						
OBJECTIVE: Drill 10,000' lateral, Zipper Frac 51 stages and POL with ESP and Building Facility				SUPPLEMENT:						
INTANGIBLE COSTS				ACCT	DRILLING	ACCT CODE	COMPLETION	ACCT	FACILITIES	TOTAL
Legal Fees & Title Opinions				9250	\$100,000	9400		9501		\$100,000
Survey/Staking/Permits/Bonds				9251	\$25,000	9401	\$10,000	9502		\$35,000
Row / Surface Damages				9252	\$25,000	9402		9512		\$25,000
Loc Rsrv Pit Construction				9253	\$100,000	9403		9510		\$100,000
Rd & Loc Rsrv Pit Reclamation				9254		9404				\$0
Frac Pond				9255		9405	\$25,000			\$25,000
Gate Guard				9256		9406				\$0
Mouse/Rathole/Conductor				9257	\$25,000					\$25,000
Mobilization / Demobilization				9258	\$135,000	9407				\$135,000
Drilling - Daywork				9259	\$600,000					\$600,000
Drilling - Footage				9260						\$0
Drilling - Turnkey				9261						\$0
Completion/ Snubbing / Wo Unit				9262		9408	\$20,000			\$20,000
Trailer House / Communications				9263	\$15,000	9409				\$15,000
Drill Bits				9264	\$60,000	9410				\$60,000
Directional Equip/Gyro Surveys				9265	\$250,000	9411				\$250,000
Downhole Tool / Stabil Rental				9266	\$35,000	9412	\$65,000			\$100,000
Mud / Chemicals				9267	\$165,000	9413	\$5,000			\$170,000
Fuel / Power				9268	\$150,000	9414	\$40,692			\$190,692
Water Supply Well Equipment				9269		9415				\$0
Water / Water Hauling				9270		9416	\$468,286			\$468,286
Offsite Water/Cutting Disposal				9271	\$80,000	9417	\$45,000			\$125,000
Transportation / Hauling				9272	\$40,000	9418		9509		\$40,000
Inspection/Tubular Testing				9273	\$25,000	9419				\$25,000
Laydown Machine/Cast Crew/Tong				9274	\$25,000	9420				\$25,000
Cement Float Equip & Services				9275	\$150,000	9421				\$150,000
Mud Logging				9276	\$40,000					\$40,000
Logging - Open Hole				9277		9422				#VALUE!
Logging - Cased Hole				9278		9423				\$0
Coring/Analysis Drill Stem Tst				9279						\$0
Perforating				9280		9424				\$0
Wireline / Slickline Services				9281		9425	\$285,500			\$285,500
Equipment Rental				9282	\$160,000	9426	\$223,980	9511		\$383,980
Pumping Services / Rental				9283		9427	\$57,500			\$57,500
Acidizing & Fracturing				9284		9428	\$2,500,000			\$2,500,000
Coil Tubing Unit				9285		9429	\$412,500			\$412,500
Flow Testing Swabbing				9286		9430	\$73,038			\$73,038
Fishing/Sidetrack Services				9287		9431				\$0
Nipple Up / Bope Testing				9288	\$20,000	9432				\$20,000
Overhead				9289		9433				\$0
Wellsite Consult Serv/Supervis				9290	\$105,000	9434	\$93,557	9503		\$198,557
Eng/Geo/Lab Trace Diagnostics				9291	\$50,000	9435		9515		\$50,000
Roustabout / Contract Labor				9292	\$120,000	9436	\$20,000	9504		\$140,000
Welding Services				9293	\$15,000	9437				\$15,000
Insurance				9294		9438		9505		\$0
Miscellaneous				9295		9439	\$100,000	9506		\$100,000
P&A Costs				9296		9440				\$0
Safety / Eh&S				9297		9441		9507		\$0
Contingency				9298		9442	\$133,202	9514		\$133,202
Non-Op Drilling Intangible				9299		9443		9513		\$0
Pipeline Install/ Interconnect				9300		9444		9508		\$0
Facility Installation							\$175,000			\$175,000
TBD										\$0
TBD										\$0
TBD										\$0
TBD										\$0
TOTAL INTANGIBLE COSTS					\$2,515,000		\$4,753,255		\$0	\$7,268,255
TANGIBLE COSTS				ACCT	DRILLING	ACCT CODE	COMPLETION	ACCT	FACILITIES	TOTAL
Conductor	Size	Feet	\$/Ft	9350						\$0
Surface Casing	13-3/8"	2,000	\$56.00	9351	\$112,000					\$112,000
1st Intermediate Casing / Liner	9-5/8"	4,000	\$39.00	9352	\$156,000					\$156,000
2nd Intermediate Casing / Liner				9353						\$0
Production Casing / Liner	5-1/2"	21,000	\$22.00		\$462,000	9451				\$462,000
Casing Tie Back						9452				\$0
Liner Hanger Assembly						9453				\$0
Tubing						9454	\$60,000			\$60,000
Casing Equipment - OHMS / Etc.					\$15,000	9455				\$15,000
Wellhead Equipment				9354	\$65,000	9456				\$65,000
Pumping Unit / Prime Mover / Base						9457		9521		\$0
Rods / Pony Rods / Sinker Bars						9458		9522		\$0
Artificial Lift Other - ESP						9459	\$50,000	9523		\$50,000
Wellhead Equipment Completions - Production Tree						9460		9524		\$0
Tanks / Tank Steps / Stairs						9461	\$200,000	9525		\$200,000
Gas Treating / Dehydration Equipment						9462		9526		\$0
Separation Equipment, Heater Treater						9463	\$100,000	9527		\$100,000
Surface Pumps						9464		9528		\$0
Filters						9465		9529		\$0
Buildings						9466		9530		\$0
Interconnect Piping / Manifolds / Headers						9467		9531		\$0
Flowlines / Connections / Valves						9468	\$25,000	9532		\$25,000
Automation / Instruments / Controls / Analyzers						9469	\$50,000	9533		\$50,000
Electrical Equipment / Generators						9470		9534		\$0
Compressor & Related Equipment						9471		9535		\$0
Metering Equipment, LACT Unit						9472		9536		\$0
Chemical Equipment / Cathodic Protection						9473		9537		\$0
Subsurface Equipment - Packer, Plugs, TAC						9474		9538		\$0
Safety / EH&S Equipment						9475		9539		\$0
NON-OP Drilling Intangible						9476		9540		\$0
Transfer/SWD Pumps & Equipment						9477	\$25,000	9541		\$25,000
TBD						9478		9542		\$0
Miscellaneous				9355		9479	\$106,000	9543		\$106,000
Contingency Costs				9356		9480		9544		\$0
TOTAL TANGIBLE COSTS					\$810,000		\$616,000		\$0	\$1,426,000
TOTAL WELL COSTS					\$3,325,000		\$5,369,255		\$0	\$8,694,255
Prepared by _____				Title: _____				Date: _____		
This AFE is only an estimate. By returning one signed copy, you agree to pay your share of the actual costs incurred.										
Extra Expense Insurance										
<input type="checkbox"/> I elect to be covered by Operator's Extra Expense insurance and pay my proportionate share of the premium.										
<input type="checkbox"/> I elect to purchase my own well control insurance policy.										
ther box is checked above, non-operating working interest owner elects to be covered by Operator's well control insura										
Joint Owner Interest: _____ Amount: _____										
Joint Owner Name: _____ Signature: _____										

Exhibit A-5

Catena Resources Operating, LLC – Foxtail W2E2 32 05 B1 State Com 1H Discussion Timeline

McCombs Exploration, LLC

Catena Resources Operating, LLC sent original well proposals on March 10, 2022. At such time, Catena and McCombs Exploration, LLC were already engaged in discussions regarding the proposed well. Catena and McCombs Exploration, LLC are in ongoing discussions on the well proposal.

Great Western Drilling, Ltd.

Catena Resources Operating, LLC sent original well proposals on March 10, 2022. At such time, Catena and Great Western Drilling, Ltd. were already engaged in discussions regarding the proposed well. Catena and Great Western Drilling, Ltd. are in ongoing discussions on the well proposal.

OPEN - Unleased Mineral Interest Owners

Catena Resources Operating, LLC sent original well proposals on March 10, 2022. After such time, Catena also sent lease offers and has made every effort to initiated communication and lease negotiation with the unleased mineral interest owners which is ongoing.

Catena Resources Operating, LLC
Case No. 22739
Exhibit A-5

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

**APPLICATION OF CATENA RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO**

CASE NO. 22739

**SELF-AFFIRMED STATEMENT
OF CATHERINE HENRY**

1. I am a geologist at Catena Resources Operating, LLC ("Catena") 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 submitted written testimony to the New Mexico Oil Conservation Division ("Division") and my credentials as an expert in geology 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 project location map that shows the location of the proposed horizontal well spacing unit.

4. Catena is targeting the First Bone Spring interval of the Bone Spring formation. **Exhibit B-2** is a subsea structure map that I prepared for this interval with 100-foot contours. The proposed horizontal well spacing unit is highlighted in red and the initial well is depicted with a green dashed line. Existing producing wells in the First Bone Spring interval are represented by solid orange lines. The structure map shows the Bone Spring dipping to the South. The structure appears consistent across the proposed spacing unit and I do not observe any faulting, pinch outs, or other geologic impediments to drilling horizontal wells in this area.

5. **Exhibit B-2** also shows a cross-section dotted line in red running North to South reflecting four wells penetrating the Bone Spring formation that I used to construct a stratigraphic

cross-section from A to A'. These wells contain good logs and I consider them representative of the geology in the subject area.

6. **Exhibit B-3** is a stratigraphic cross-section that I prepared using the logs from the four wells noted on Exhibit B-2. Each well in the cross-section contains the gamma ray in the first track, and resistivity in the second track. The initial target interval is labeled and marked. The cross-section demonstrates that the targeted interval is continuous across the proposed spacing unit.

7. **Exhibit B-4** is a Gross Isopach map of the First Bone Spring interval. The proposed horizontal well spacing unit is highlighted in red and the initial well is depicted with a green dashed line. Existing producing wells in the First Bone Spring are represented by solid orange lines. The anticipated gross thickness of the First Bone Spring interval is 200 to 250 ft. The gross isopach map demonstrates that the First Bone Spring interval is present across the proposed spacing unit. The location of the previous cross-section from A-A' in Exhibit B-2 is also shown as a dotted red line on this map.

8. In my opinion the stand-up orientation of the proposed well is the preferred orientation for horizontal well development in this area and is appropriate to efficiently and effectively develop the subject acreage.

9. Based on my geologic study, the Bone Spring formation underlying the subject area is suitable for development by horizontal wells and the acreage comprising the proposed spacing unit will be productive and contribute proportionately to the production from the well.

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

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

12. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony in paragraphs 1 through 11 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.


Catherine Henry

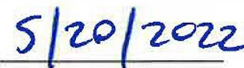

Date

Exhibit B-1: Locator Map

- First Bone Spring
- Second Bone Spring
- Third Bone Spring
- Wolfcamp A

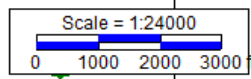
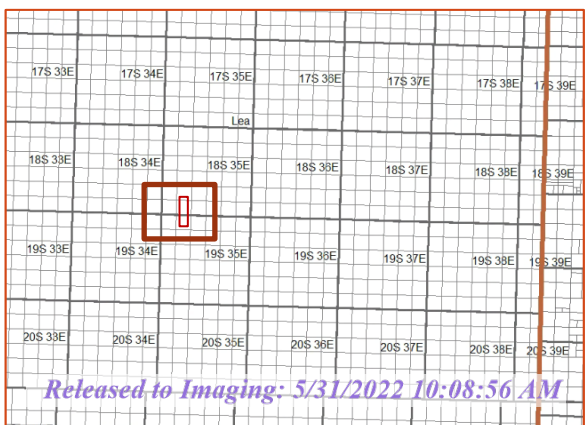
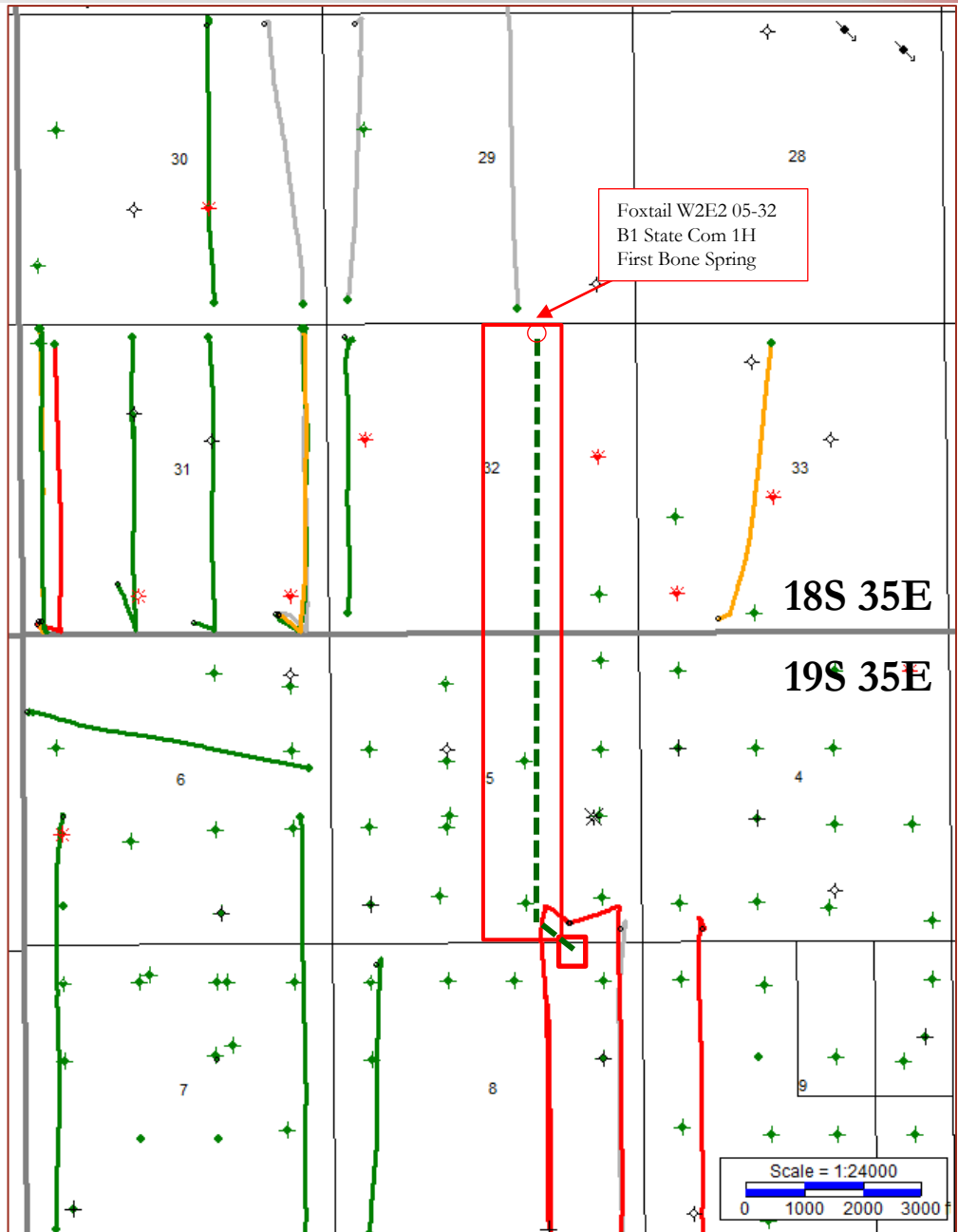


Exhibit B-2: First Bone Spring Structure SSTVD

Contour Interval = 100'

- First Bone Spring
- Second Bone Spring
- Third Bone Spring
- Wolfcamp A

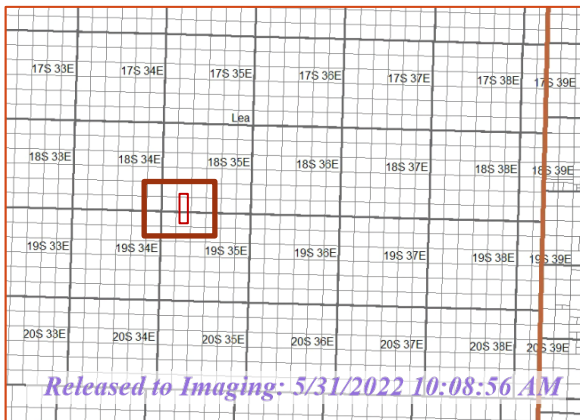
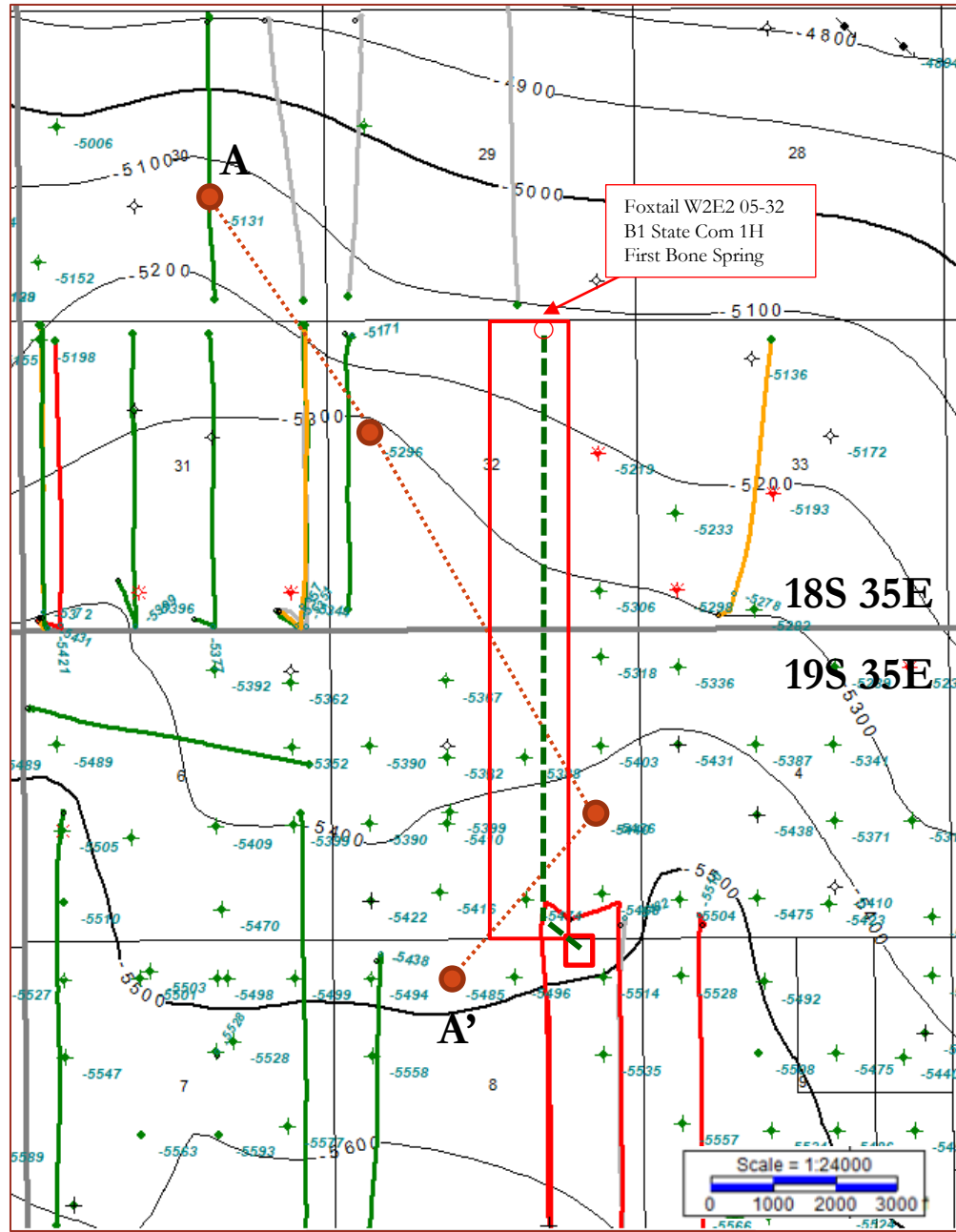


Exhibit B-3: Stratigraphic Cross section A-A' – First Bone Spring Datum

A

A'

First Bone
Spring

Target

Second Bone
Spring

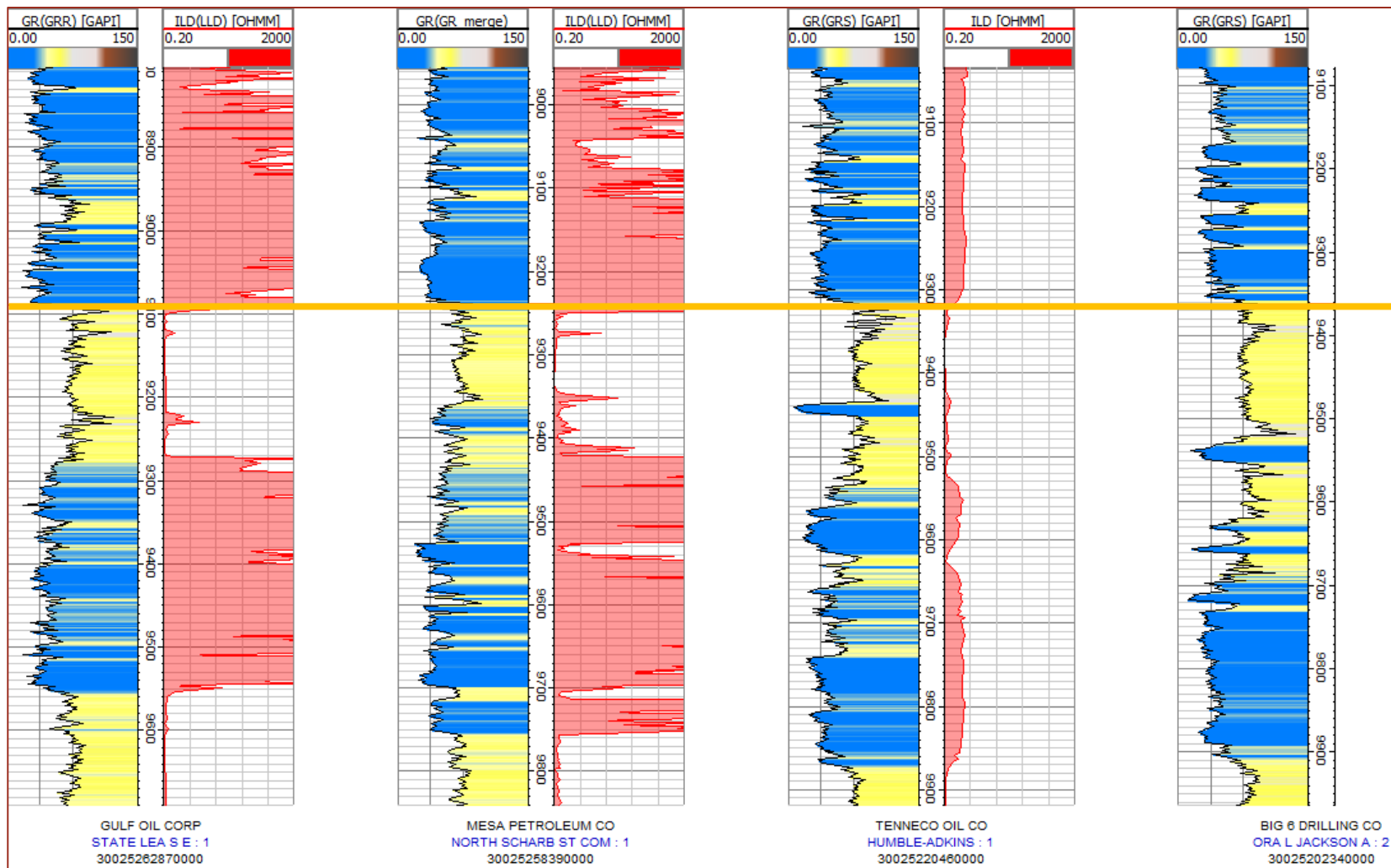
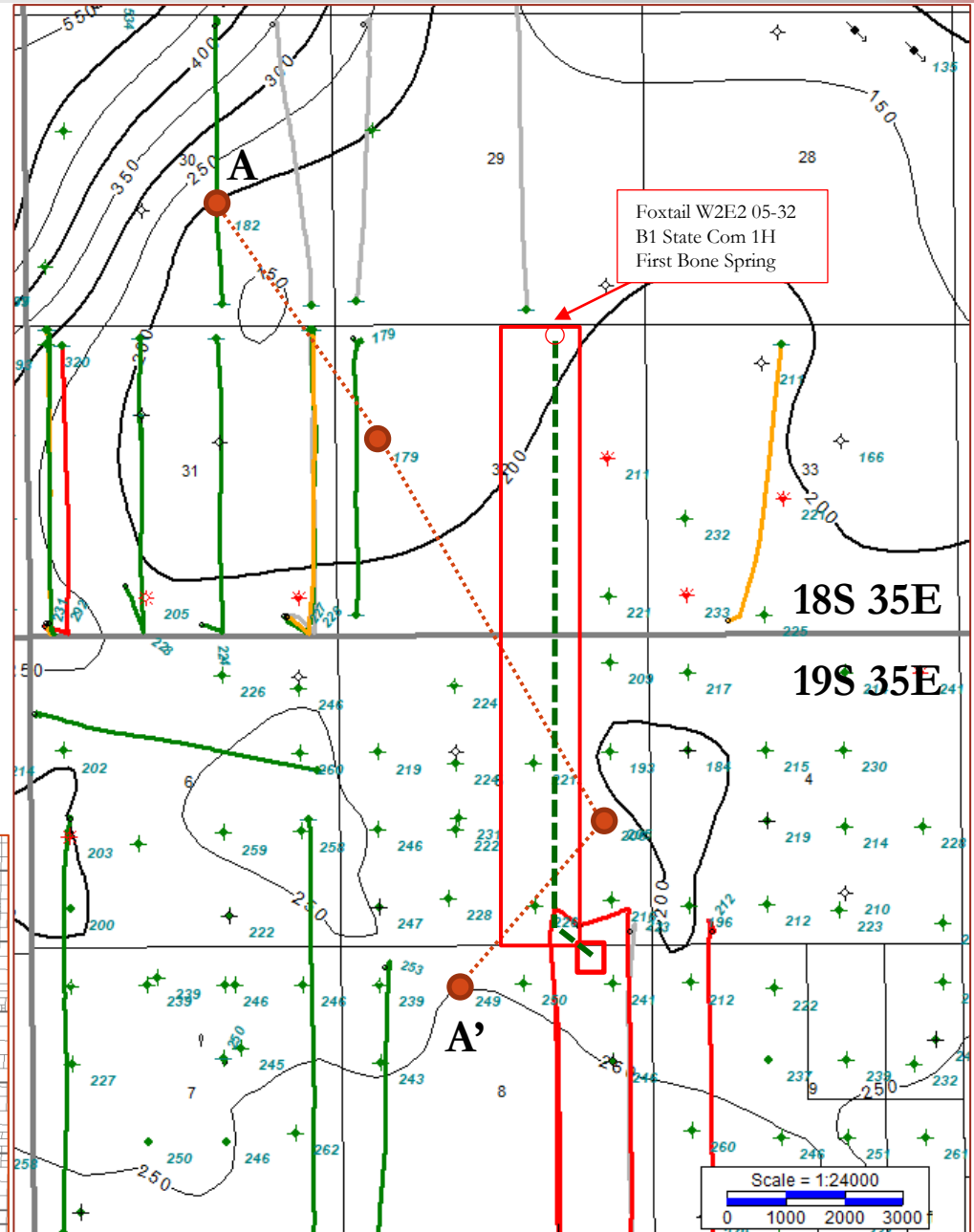
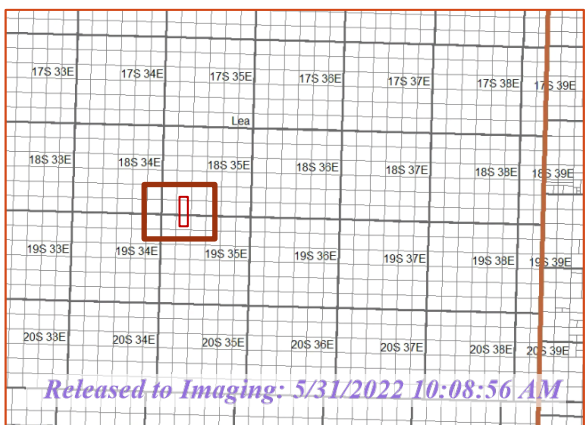


Exhibit B-4: First Bone Spring Gross Isopach (TVD-ft)

- First Bone Spring
- Second Bone Spring
- Third Bone Spring
- Wolfcamp A



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

**APPLICATION OF CATENA RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, LEA COUNTY, NEW MEXICO**

CASE NO. 22739

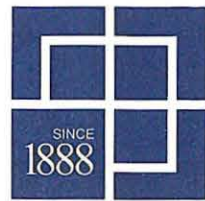
**SELF-AFFIRMED STATEMENT
OF DANA S. HARDY**

1. I am attorney in fact and authorized representative of Catena Resources Operating, LLC, the Applicant herein.
2. I am familiar with the Notice Letters attached as Exhibit C-1.
3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit C-2. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received and includes copies of the certified mail green cards and white slips as supporting documentation for proof of mailing.
4. On May 12, 2022, I caused a notice to be published to all interested parties in the Hobbs News-Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs News-Sun, along with a copy of the notice publication, is attached as Exhibit C-3.
5. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 4 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.

/s/ Dana S. Hardy
Dana S. Hardy

May 31, 2022
Date

Catena Resources Operating, LLC
Case No. 22739
Exhibit C



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 5, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Case No. 22739 - Application of Catena Resources Operating, LLC for Compulsory Pooling, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that Catena Resources Operating, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **May 5, 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: <http://www.emnrd.state.nm.us/OCD/announcements.html>. 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 electronically submitted to ocd.hearings@state.nm.us and should include: the names of the parties and their attorneys, a concise statement of the case, the names of all witnesses the party will call to testify at the hearing, the approximate time the party will need to present its case, and identification of any procedural matters that are to be resolved prior to the hearing.

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

Catena Resources Operating, LLC
Case No. 22739
Exhibit C-1

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

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

7601 JEFFERSON ST NE • SUITE 180
ALBUQUERQUE, NEW MEXICO 87109
505-858-8320
(FAX) 505-858-8321



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

May 5, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL INTEREST OWNERS SUBJECT TO POOLING PROCEEDINGS

Re: Case No. 22739 - Application of Catena Resources Operating, LLC for Compulsory Pooling, Lea County, New Mexico.

To whom it may concern:

This letter is to advise you that Catena Resources Operating, LLC filed the enclosed application with the New Mexico Oil Conservation Division. The hearing will be conducted on **June 2, 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: <http://www.emnrd.state.nm.us/OCD/announcements.html>. 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.

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

PO BOX 2068
SANTA FE, NEW MEXICO 87504
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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 CATENA RESOURCES
OPERATING LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO

Case No. 22739

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
David William Bowman P.O. Box 107 Grass Valley, CA 95945	05/05/22	05/26/22
Eric J. Bowman P.O. Box 374 Orinda, CA 94563-0374	05/05/22	05/17/22
The Brady Family Trust u/d 6/1/94 P.O. Box 8695 Springdale, AR 72766	04/05/22	05/16/22 Return to sender/ Unable to forward.
The Brady Family Trust u/d 6/1/94 P.O. Box 8695 Springdale, AR 72766	05/05/22	Per USPS Tracking – delivery attempted and now available for pickup Springdale, AR
Mary Debora Brady 1804 Lake Crest Lane Plano, TX 75023	04/05/22	4/14/22
Mary Debora Brady 1804 Lake Crest Lane Plano, TX 75023	05/05/22	05/12/22
Coert Holding 1, LLC 910 Louisiana Street, Suite 2400 Houston, TX 77002	04/05/22	4/11/22
Coert Holding 1, LLC 910 Louisiana Street, Suite 2400 Houston, TX 77002	05/05/22	05/13/22
Catherine Coll, Trustee of the Testamentary Trust created u/w/o Max W. Coll, II 83 La Barberia Trail Santa Fe, NN 87505	04/05/22	4/13/22

Catena Resources Operating, LLC
Case No. 22739
Exhibit C-2

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

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

Case No. 22739

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Catherine Coll, Trustee of the Testamentary Trust created u/w/o Max W. Coll, II 83 La Barbaria Trail Santa Fe, NN 87505	05/05/22	05/25/22
Mary Louise Galbreath 37 Scarborough Rd. Manchester, CT 06040	04/05/22	5/6/22 Return to Sender. Unable to forward.
Mary Louise Galbreath 37 Scarborough Rd. Manchester, CT 06040	05/05/22	5/24/22 Return to Sender Unable to forward.
Great Western Drilling, Ltd. P.O. Box 1659 Midland, TX 79702	04/05/22	4/26/22
Great Western Drilling, Ltd. P.O. Box 1659 Midland, TX 79702	05/05/22	05/17/22
Jean Ann Pepper Johnson 401 North Broad Street Galesburg, IL 61401	05/05/22	05/17/22
Christine Klover 5703 W. Parapet Court Boise, ID 83703	05/05/22	05/12/22
Ruth V. Klover 13198 S. Outer Forty Road. Apt. 213 Chesterfield, MO 6301	05/05/22	05/13/22
William Kristoph Klover 2821 Truman Avenue Oakland, CA 94605	05/05/22	05/12/22

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

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

Case No. 22739

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Kristi Rose Minerals 152 B Arroyo Hondo Road Santa Fe, NM 87508	04/05/22	4/11/22
McCombs Exploration, LLC 750 East Mulberry Ave., Suite 403 San Antonio, TX 78212	04/05/22	4/14/22
McCombs Exploration, LLC Attn: Land Department 750 East Mulberry Ave., Suite 403 San Antonio, TX 78212	05/05/22	05/13/22
The Avis K. Miller Trust u/d/d June 10, 1986 c/o JPMORGAN Chase Bank NA P.O. Drawer #99084 Fort Worth, TX 76199-0084	04/05/22	4/20/22
David Cullum Miller 502 W. 16 th Street Houston, TX 77008-3602	05/05/22	Per USPS Tracking – In- Transit
Burl Nelson Pepper II 1370-D Kamahale Street Kailua, HI 96734	05/05/22	05/17/22
Kathleen Stockton 2310 W. Lemhi Street Boise, ID 83705-3519	05/05/22	05/13/22

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<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

St David William Bowman
P.O. Box 107
Grass Valley, CA 95945
Catena Foxtail W2E2 - UNL

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

SANTA FE, NM 87507
MAY 05 2022
USPS

7021 0950 0002 0364 9592

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: 10px; margin: 10px 0;"> <p>David William Bowman P.O. Box 107 Grass Valley, CA 95945</p> <p style="text-align: right; font-size: small;">Catena Foxtail W2E2 - UNL</p> </div> <p style="text-align: center;">9590 9402 6746 1074 3854 70</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold;">7021 0950 0002 0364 9592</p>	<p>A. Signature</p> <p>X </p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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 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 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
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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

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

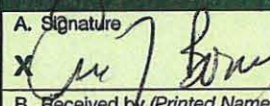

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Eric J. Bowman
 P.O. Box 374
 Orinda, CA 94563-0374
 Catena Foxtail W2E2 - UNL

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

SANTA, FE, NM 87501
 MAY 05 2022
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Eric J. Bowman</u> C. Date of Delivery <u>12 MAY 22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <u>2022</u> <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Eric J. Bowman P.O. Box 374 Orinda, CA 94563-0374 Catena Foxtail W2E2 - UNL</p> <p> 9590 9402 6746 1074 3854 63</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input 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>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 9608</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0364 9554

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<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	\$

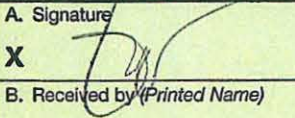

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Mary Debora Brady
 Street and 1804 Lake Crest Lane
 City, State, Plano, TX 75023
 Catena Foxtail W2E2 - UNL

Postmark Here
 MAY 05 2022
 SANTA FE, NM 87501
 USPS

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

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>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 5/9/22</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>Mary Debora Brady 1804 Lake Crest Lane Plano, TX 75023</p> <p>Catena Foxtail W2E2 - UNL</p> <p></p> <p>9590 9402 6746 1074 3851 73</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 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™																
<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>7021 0950 0002 0364 9554</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7021 0950 0002 0364 5099

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

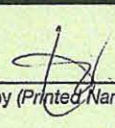
Sent To

Street and Ap Mary Debra Brady, SSP
1804 Lake Crest Lane
City, State, Zi Plano, TX 75023

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

Postmark APR 05 2022

USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Mary Debra Brady, SSP 1804 Lake Crest Lane Plano, TX 75023</p> <p>9590 9402 6746 1074 2478 84</p> <p>Article Number (Transfer from service label) 7021 0950 0002 0364 5099</p>	<p>A. Signature</p> <p>X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 4/8/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

7021 0950 0002 0364 5068

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Coert Holding 1, LLC
Street and Apt. 910 Louisiana St., Ste. 2400
Houston, TX 77002
City, State, ZIP

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

SANTA FE, NM 87501
APR 05 2022
Postmark Here
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Coert Holding 1, LLC 910 Louisiana St., Ste. 2400 Houston, TX 77002</p> <p>9590 9402 6746 1074 2478 53</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 5068</p>	<p>A. Signature X <u>D. Pantoja</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 4-8-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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>

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Postmark Here
MAY 05 2022

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 Coert Holding 1, LLC
910 Louisiana Street, Suite 2400
City, St. Houston, TX 77002
Catena Foxtail W2E2 - UNL

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="text-align: center; padding: 10px;"> <p>Coert Holding 1, LLC 910 Louisiana Street, Suite 2400 Houston, TX 77002</p> <p style="font-size: 0.8em;">Catena Foxtail W2E2 - UNL</p>  <p style="font-size: 1.2em; font-weight: bold;">9590 9402 6746 1074 3851 59</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 9530</p>	<p>A. Signature <i>X Debbie Pantier / cm</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>/</i> C. Date of Delivery <i>5/9/22</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>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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 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 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
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input 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

7021 0950 0002 0364 5051

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OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and	Catherine Coll, Trustee of the Testamentary Trust created u/w/o Max W. Coll, II 83 La Barberia Trail Santa Fe, NM 87505
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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Catherine Coll</i> C. Date of Delivery <i>4/11/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Catherine Coll, Trustee of the Testamentary Trust created u/w/o Max W. Coll, II 83 La Barberia Trail Santa Fe, NM 87505</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>9590 9402 6746 1074 2478 46</p> <p>2 7021 0950 0002 0364 5051</p>	<p>APR 11 2022</p>
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Certified Mail Fee \$ _____

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

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street Catherine Coll
83 La Barbara Trail
City, S Santa Fe, NM 87505
Catena Foxtail W2E2 - UNL

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

SANTA FE, NM 87501
Postmark Here
MAY 05 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Catherine Coll 83 La Barbara Trail Santa Fe, NM 87505</p> <p style="text-align: right; font-size: small;">Catena Foxtail W2E2 - UNL</p> </div> <p style="text-align: center;">9590 9402 6746 1074 3851 42</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold;">7021 0950 0002 0364 9226</p>	<p>A. Signature X <u>K. Joyce-Coll</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>K. Joyce-Coll</u></p> <p>C. Date of Delivery <u>5-13-22</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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input 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> </div> <div style="width: 45%;"> <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 type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>

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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	\$

APR 05 2022
Postmark Here

USPS

Sent To: Great Western Drilling, Ltd.
Attn: Land Department
Street and Apt. No.: P.O. Box 1659
City, State, ZIP+4®: Midland, TX 79702

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Great Western Drilling, Ltd. Attn: Land Department P.O. Box 1659 Midland, TX 79702</p> <p> 9590 9402 6746 1074 2478 60</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 5075</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input 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>

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7021 0950 0002 0364 9547

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Great Western Drilling, Ltd.
Attn: Land Department
P.O. Box 1659
Midland, TX 79702

Catena Foxtail W2E2 - W1

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

Postmark Here
MAY 05 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>CC Carroll</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Crystal Carroll</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>Great Western Drilling, Ltd. Attn: Land Department P.O. Box 1659 Midland, TX 79702</p> <p>Catena Foxtail W2E2 - W1</p> <p>9590 9402 6746 1074 3851 66</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input 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 0364 9547</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0364 9189

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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 Jean Ann Pepper Johnson
 Street 401 North Broad Street
 City Galesburg, IL 61401
 Catena Foxtail W2E2 - UNL

Postmark **MAY 05 2022**

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>PAUL JOHNSON</u> C. Date of Delivery <u>5-11-22</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>Jean Ann Pepper Johnson 401 North Broad Street Galesburg, IL 61401 Catena Foxtail W2E2 - UNL</p> <p>9590 9402 6746 1074 3855 31</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 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™																
<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>7021 0950 0002 0364 9189</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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MAY 05 2022
USPS

7021 0950 0002 0364 9202

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

\$ Christine Klover
5703 W. Parapet Court
Boise, ID 83703
Catena Foxtail W2E2 - UNL

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

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>Christine Klover 5703 W. Parapet Court Boise, ID 83703 Catena Foxtail W2E2 - UNL</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 9202</p>	<p>A. Signature X <i>Chr Klover</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>christine Klover</i> <i>5/2/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input 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™
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OFFICIAL USE

Certified Mail Fee
\$ _____

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

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


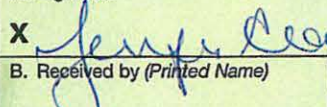
Postage
\$ _____

Total Postage and Fees
\$ _____

Sent to
Ruth V. Klover
13198 S. Outer Forty Road, Apt. 213
Chesterfield, MO 63017
Catena Foxtail W2E2 - UNL

Postmark Here
MAY 05 2022
SANTA FE, NM 87501

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

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 style="text-align: center;">Ruth V. Klover 13198 S. Outer Forty Road, Apt. 213 Chesterfield, MO 63017</p> <p style="text-align: right; font-size: 0.8em;">Catena Foxtail W2E2 - UNL</p>  <p style="text-align: center;">9590 9402 6746 1074 3854 87</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0364 9585</p>	<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>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 border="0" 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 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™																
<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)																	

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To

St William Kristoph Klover
2821 Truman Avenue
Oakland, CA 94605
Catena Foxtail W2E2 - UNL

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

SANTA, FE, NM 87501
Postmark Here
MAY 05 2022
USPS

7021 0950 0002 0364 9578

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: 10px; margin: 10px 0;"> <p style="text-align: center;">William Kristoph Klover 2821 Truman Avenue Oakland, CA 94605 <small>Catena Foxtail W2E2 - UNL</small></p> </div> <p style="text-align: center;">9590 9402 6746 1074 3854 94</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 0950 0002 0364 9578</p>	<p>A. Signature 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 border="0" 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 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™																
<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 0364 5082

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To Kristi Rose Minerals, LLC
152 B Arroyo Hondo Road
Santa Fe, NM 87508

Street and A
City, State, Z

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

SANTA FE, NM 87501
APR 05 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Kristi Rose Minerals, LLC 152 B Arroyo Hondo Road Santa Fe, NM 87508</p> <p>9590 9402 6746 1074 2478 77</p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 5082</p>	<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 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>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®																
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<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

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To McCombs Exploration, LLC
Attn: Land Department
750 East Mulberry Ave., Ste. 403
City, State, Zip San Antonio, TX 78212

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

SANTA FE, NM 87507
APR 05 2022
USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Sarah O'Shaughnessy</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Sarah O'Shaughnessy</i></p> <p>C. Date of Delivery <i>4/11/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>McCombs Exploration, LLC Attn: Land Department 750 East Mulberry Ave., Ste. 403 San Antonio, TX 78212</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 5129</p>	
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7021 0950 0002 0364 9165

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street a	McCombs Exploration, LLC
	Attn: Land Department
	750 East Mulberry Ave. Suite 403
City, St	San Antonio, TX 78212
	Catena Foxtail W2E2 - WI

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

MAY 05 2022
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<p>1. Article Addressed to:</p> <p>McCombs Exploration, LLC Attn: Land Department 750 East Mulberry Ave. Suite 403 San Antonio, TX 78212</p> <p>Catena Foxtail W2E2 - WI</p> <p>9590 9402 6746 1074 3855 55</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 9165</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"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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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 The Avis K. Miller Trust u/d/d 6/10/86
 c/o JPMORGAN Chase Bank, N.A.
 P.O. Drawer #99084
 City, State, Fort Worth, TX 76199-0084

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APR 05 2022
 Postmark Here
 USPS

7021 0950 0002 0364 5105

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;"> The Avis K. Miller Trust u/d/d 6/10/86 c/o JPMORGAN Chase Bank, N.A. P.O. Drawer #99084 Fort Worth, TX 76199-0084 </p> <div style="text-align: center;">  9590 9402 6746 1074 2479 38 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0364 5105</p>	<p>A. Signature</p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name)</p> <p style="margin-left: 40px;">C. Date of Delivery APR 12 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>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 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 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 type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To

Street and City, State


Burl Nelson Pepper II
1370-D Kamahele Street
Kailua, HI 96734

Catena Foxtail W2E2 - UNL

Postmark
MAY 05 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																
<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: 10px; margin: 10px 0;"> <p>Burl Nelson Pepper II 1370-D Kamahele Street Kailua, HI 96734</p> <p style="text-align: right; font-size: small;">Catena Foxtail W2E2 - UNL</p> </div> <div style="text-align: center;">  9590 9402 6746 1074 3855 48 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold;">7021 0950 0002 0364 9172</p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Burl Nelson Pepper II 05/11/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>																
<p>3. Service Type</p> <table border="0" 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 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)	
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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$


Sent To

Kathleen Stockton
2310 W. Lemhi Street
Boise, ID 83705-3519
Catena Foxtail W2E2 - UNL

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

Postmark
Here
MAY 05 2022
SANTA FE, NM 87501
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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;">Kathleen Stockton 2310 W. Lemhi Street Boise, ID 83705-3519 <small>Catena Foxtail W2E2 - UNL</small></p> <p style="text-align: center;"> 9590 9402 6746 1074 3855 00</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 0364 9219</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 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)	
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Postage	\$
Total Postage and Fees	\$
Sent To	
The Brady Family Trust u/d June 1, 1994	
Street and Apt.	P.O. Box 8695
Springdale, AR 72766	
City, State, ZIP	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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

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MAY 16 2022

 Hinkle Shanor LLP
 Santa Fe NM 87504

 The Brady Family Trust u/d June 1,
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Hinkle Shanor LLP
Santa Fe NM 87504

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<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
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Total Postage and Fees
 \$

Sent To
 Mary Louise Galbreath
 Street
 37 Scarborough Rd
 Manchester, CT 06040
 City, State, ZIP+4[®]
 Catena Foxtail W2E2 - UNL

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

SANTA, FE, NM 87501
 MAY 05 2022
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 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504



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MAY 24 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

Mary Louise Galbreath
 37 Scarborough Rd
 Manchester, CT 06040

Catena Foxtail W2E2 - UNL
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 UNABLE TO FORWARD

BC: 87504206868 *0968-07221-05-41

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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.	The Brady Family Trust u/d June 1, 1994
	P.O. Box 8695
	Springdale, AR 72766
City, State, Zip	Calena Foxtail W2E2 - UNL
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark Here
MAY 05 2022
USPS

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
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<input type="checkbox"/> Return Receipt (electronic)	\$
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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street	David Cullum Miller
	502 W. 16th Street
City	Houston, TX 77008-3602
	Calena Foxtail W2E2 - UNL
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark Here
MAY 05 2022
USPS

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 70210950000203649691

Remove X

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

USPS Tracking Plus® Available ✓

Reminder to Schedule Redelivery of your item

Get Updates ✓

Feedback

Text & Email Updates



Tracking History



Reminder to Schedule Redelivery of your item

This is a reminder to arrange for redelivery of your item or your item will be returned to sender.

May 9, 2022, 9:33 am

Available for Pickup

SPRINGDALE, AR 72766

May 8, 2022, 8:15 pm

Departed USPS Regional Facility

FAYETTEVILLE AR DISTRIBUTION CENTER

May 8, 2022, 12:23 am

Arrived at USPS Regional Facility
FAYETTEVILLE AR DISTRIBUTION CENTER

May 7, 2022

In Transit to Next Facility

May 5, 2022, 9:27 pm

Departed USPS Facility
ALBUQUERQUE, NM 87101

May 5, 2022, 8:51 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101

USPS Tracking Plus®



Feedback

Product Information



See Less ^

Tracking Number: 70210950000203649721

Remove X

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USPS Tracking Plus® Available ✓

In Transit to Next Facility

May 13, 2022

Get Updates ✓

Text & Email Updates



Tracking History



May 13, 2022

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

May 9, 2022, 1:52 am

Departed USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

May 7, 2022, 9:44 am

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

May 5, 2022, 9:14 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

May 5, 2022, 8:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

Feedback

USPS Tracking Plus®



Product Information



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FAQs

Feedback

Affidavit of Publication

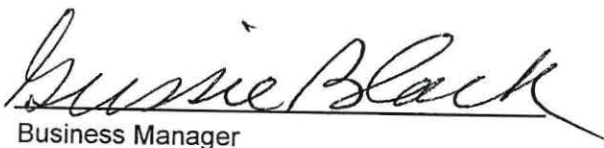
STATE OF NEW MEXICO
COUNTY OF LEA

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

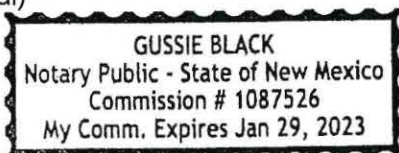
Beginning with the issue dated
May 12, 2022
and ending with the issue dated
May 12, 2022.


Publisher

Sworn and subscribed to before me this
12th day of May 2022.


Business Manager

My commission expires
January 29, 2023
(Seal)



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

LEGAL NOTICE May 12, 2022

This is to notify all interested parties, including Catherine Coll, Trustee of the Testamentary Trust created u/w/o Max: W. Coll, II; Coert Holding 1, LLC; Great Western Drilling, Ltd; Mary Debora Brady; Mary Louise Galbreath; The Brady Family Trust u/d June 1, 1994; McCombs Exploration, LLC; Burl Nelson Pepper II; Jean Ann Pepper Johnson; Christine Klover; Kathleen Stockton; William Kristoph Klover; Ruth v. Klover; David William Bowman; Eric J. Bowman; David Cullum Miller; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Catena Resources Operating, LLC (Case No. 22739). 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 June 2, 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 pooling all uncommitted mineral interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit ("Unit") comprised of the W/2 E/2 of Section 5, Township 19 South, Range 35 East and the W/2 E/2 of Section 32, Township 18 South, Range 35 East, Lea County, New Mexico. The Unit will be dedicated to the **Foxtail W2E2 32 05 B1 State Com 1H** well ("Well"), which will be horizontally drilled from a surface location in the NE/4 NE/4 (Unit A) of Section 8 to a bottom hole location in the NW/4 NE/4 (Unit B) of Section 32. The completed interval of the Well will be orthodox. Also to be considered will be the cost of drilling and completing the Well and the allocation of the cost, 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 20 miles West of Hobbs, New Mexico.
#37643

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

Catena Resources Operating, LLC
Case No. 22739
Exhibit C-3