

**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. 22740

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Compulsory Pooling Checklist

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A-4	Sample Well Proposal Letter and AFEs
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Exhibit B	Self-Affirmed Statement of Catherine Henry
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COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

Case No.:	22740
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	E2E2 of Section 5 Township 19 South, Range 35 East and E2E2 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	N/A
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Foxtail E2E2 05 32 B1 State Com 1H (API # pending) SHL: 462' FNL & 1143' FEL, Unit A, Section 8, T19S-R35E BHL: 100' FNL & 380' FEL, Unit A, 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-4
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)	Exhibit C-2
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-3
Ownership Determination	
Related to the Inauguration of 5/31/2022 10:09:08 AM	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. 22740

**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 E/2 E/2 of Section 5, Township 19 South, Range 35 East and the E/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 E2E2 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 NE/4 NE/4 (Unit A) 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



Date

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. 22740

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 E/2 E/2 of Section 5, Township 19 South, Range 35 East and the E/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 E2E2 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 NE/4 NE/4 (Unit A) 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. 22740
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 E/2 E/2 of Section 5, Township 19 South, Range 35 East and the E/2 E/2 of Section 32, Township 18 South, Range 35 East, Lea County, New Mexico. The Unit will be dedicated to the **Foxtail E2E2 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 NE/4 NE/4 (Unit A) 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 E2E2 05 32 B1 State Com			⁶ Well Number 1H
⁷ OGRID No. 328449		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	1143	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	A	100	North	380	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. 0

				BHL 380 FEL 100 FNL		<p>¹⁷ OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p><i>Byron Barnes</i> 5-19-22 Signature Date</p> <p>Byron W. Barnes Printed Name</p> <p>barnes@catenares.com E-mail Address</p>
Section 32			T18S R35E			<p>¹⁸ SURVEYOR CERTIFICATION</p> <p><i>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.</i></p>
Section 5			T19S R35E			<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
				BHL 380 FEL 100 FNL		<p>Certificate Number</p>

Catena Resources Operating, LLC

Case No. 22740

Exhibit A-2

SHL 1143 FEL 462 FNL SEC 8 T19S R35E

EXHIBIT A-3
Foxtail E2E2 32 05 B1 State Com 1H
Proposed Bone Springs Spacing Unit
Lea County, New Mexico
E2E2 Sections 32 - T18S R35E & 5 -T19S-R35E

Catena Resources Operating (CRO) 88.35%
 T.H. McElvain (THM) 3.13%

Parties to be Pooled

McCombs Exploration, LLC (McC) 5.30%
 Great Western Drilling, Ltd. (GWD) 0.94%
 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) 0.11%
 Max W. Coll, II Trust (Open) 0.81%
 David Cullum Miller (Open) 0.20%

Total **100.0000%**

Tracts

Tract 1 E/2 NE/4 Section 32
 Tract 2 E/2 SE/4 Section 32
 Tract 3 E/2 NE/4 Section 5
 Tract 4 E/2 SE/4 Section 5

Section 32		Tract 1 CRO 75.06% McC 21.19% GWD 3.75%
Section 5		Tract 2 CRO 87.5% THM 12.5%
Section 5		Tract 3 CRO 100%
Section 5		Tract 4 CRO 90.87% OPEN 9.13%

Catena Resources Operating, LLC
 Case No. 22740
 Exhibit A-3



3/10/2022

Via Certified Mail:

RE: Foxtail E2E2 32 05 B1 State Com 1H
 E/2 E/2 Section 5 T19S R35E,
 E/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 E2E2 32 05 B1 State Com 1H	300 ft FNL, 1143 ft FEL, 8-19S-35E	100 ft FNL, 380 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

Catena Resources Operating, LLC
 Case No. 22740
 Exhibit A-4

1001 Fannin St.
 22nd Floor
 Houston, TX 77002



713-429-5229
www.catenares.com
info@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

McCombs Exploration, LLC

By: _____

Title: _____

Date: _____



Exhibit A-5

Catena Resources Operating, LLC – Foxtail E2E2 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. 22740
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. 22740

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






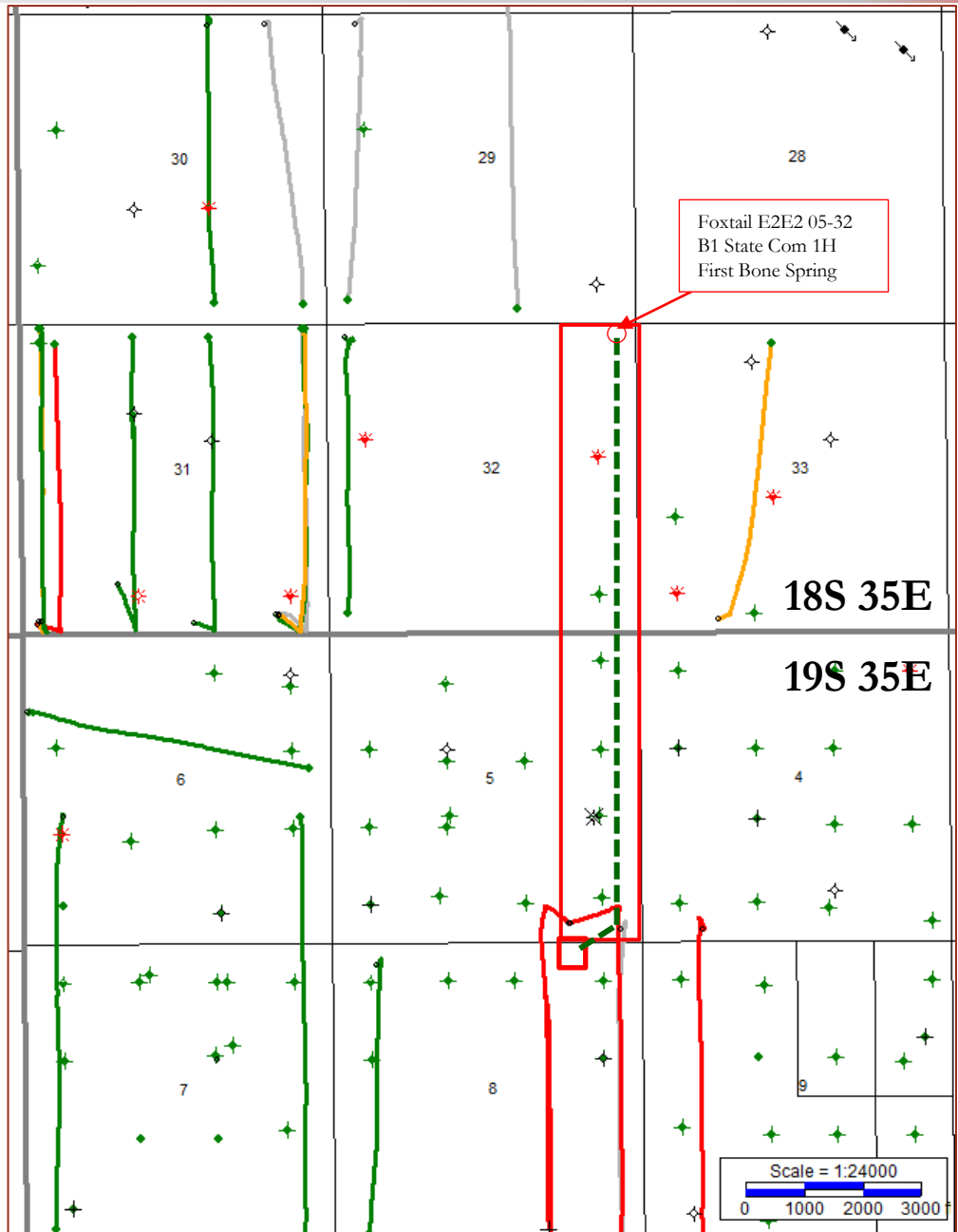

Date

Exhibit B-1: Locator Map

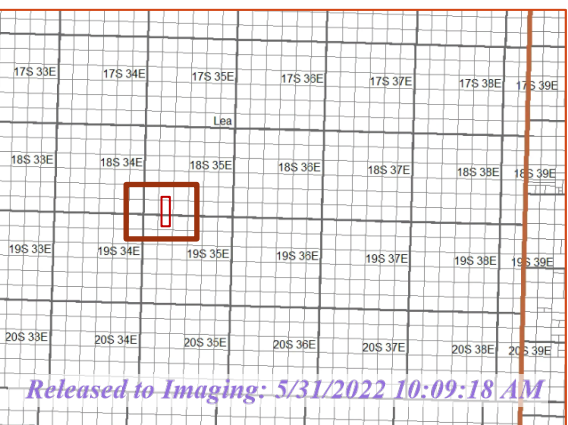
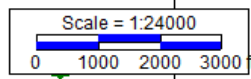
-  First Bone Spring
-  Second Bone Spring
-  Third Bone Spring
-  Wolfcamp A



18S 35E

19S 35E

Foxtail E2E2 05-32
B1 State Com 1H
First Bone Spring



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

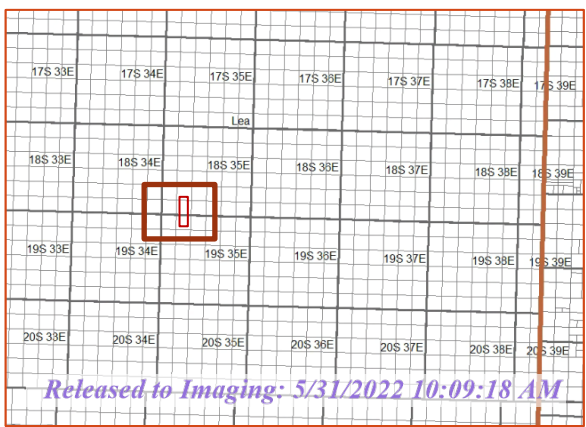
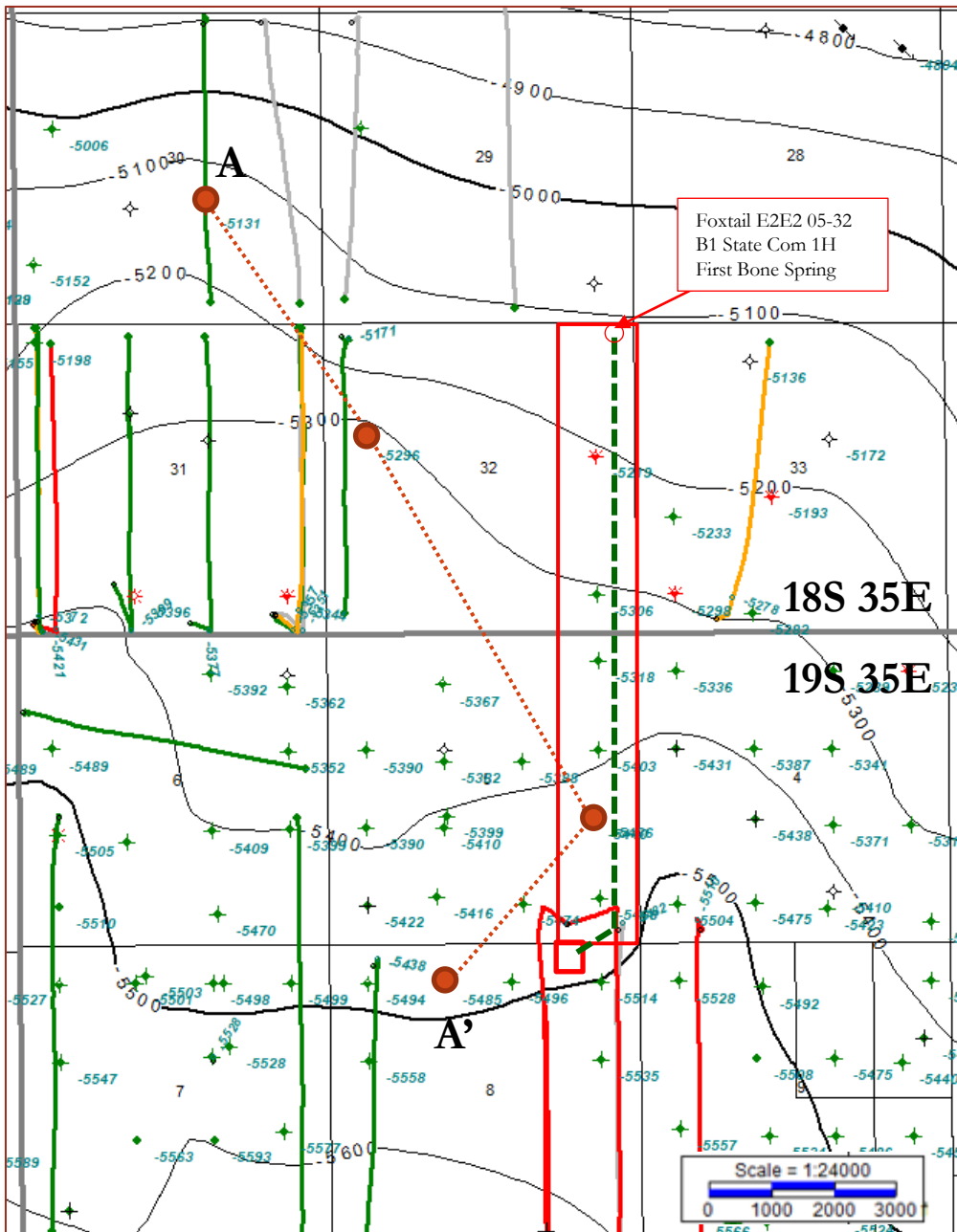


Exhibit B-3: Stratigraphic Cross section A-A' – First Bone Spring Datum

Exhibit B-3

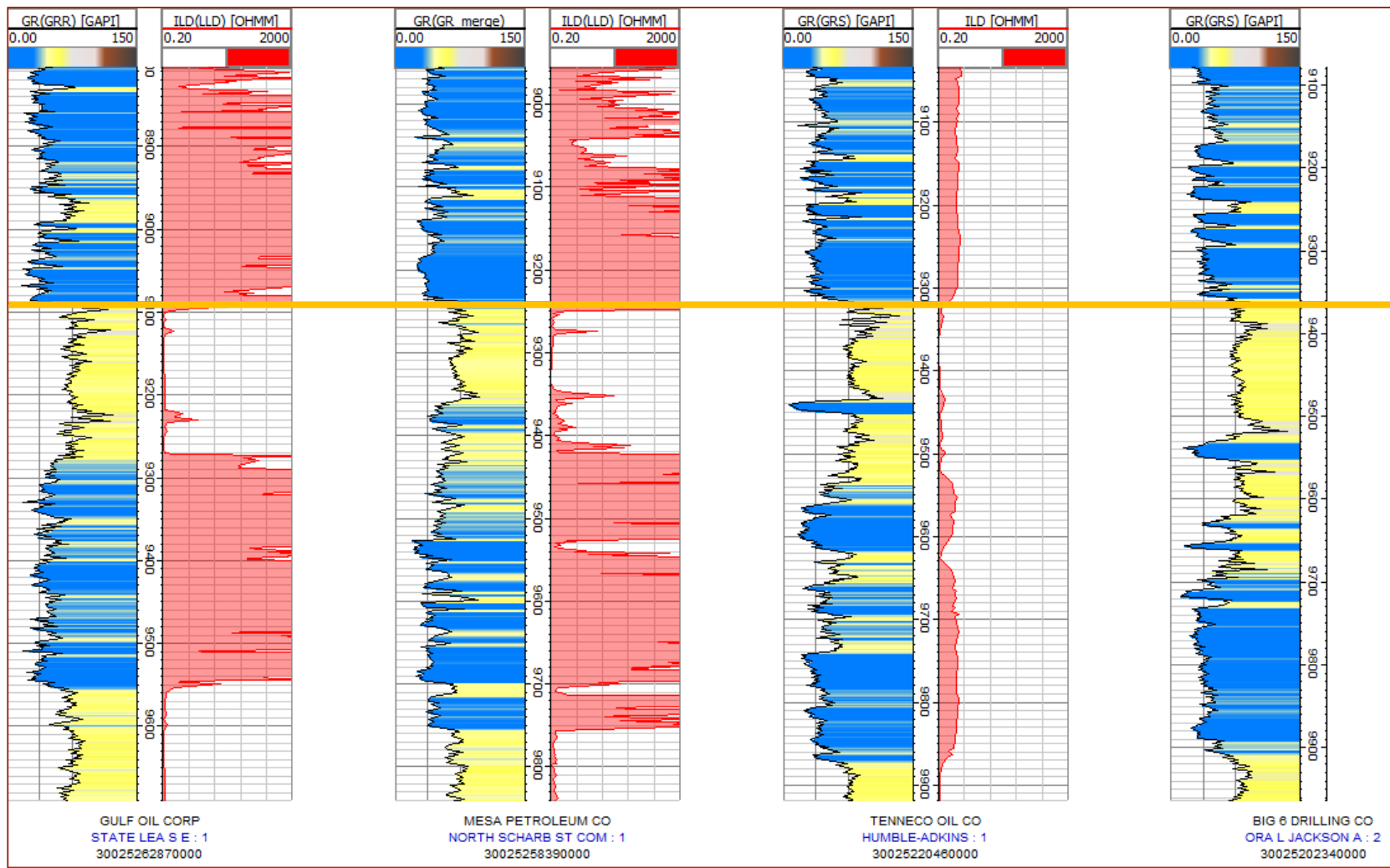
A

A'

First Bone Spring

Target

Second Bone Spring



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

CASE NO. 22740

**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.

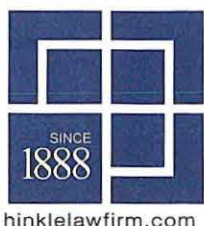
4. On May 12, 2022, I caused a notice to be published to all interested parties in the Hobbs News-Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs News-Sun, along with a copy of the notice publication, is attached as Exhibit C-3.

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 30, 2022
Date

Catena Resources Operating, LLC
Case No. 22740
Exhibit C



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. 22740 - 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

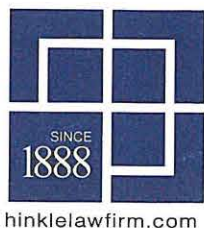
Catena Resources Operating, LLC
 Case No. 22740
 Exhibit C-1

Enclosure

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

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

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



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 INTERESTED PARTIES SUBJECT TO NOTICE

Re: Case No. 22740 - 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 the enclosed application was filed 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: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Please do not hesitate to contact 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
 505-982-4554
 (FAX) 505-982-8623

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

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

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

Case No. 22740

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 letter available for pickup Springdale, AR
Mary Debora Brady 1804 Lake Crest Lane Plano, TX 75023	04/05/22	4/11/22
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. 22740
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. 22740

NOTICE LETTERS

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 Not deliverable as addressed
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	05/13/22
Kristi Rose Minerals 152 B Arroyo Hondo Road Santa Fe, NM 87508	04/05/22	4/11/22

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. 22740

NOTICE LETTERS

McCombs Exploration, LLC 750 East Mulberry Ave., Suite 403 San Antonio, TX 78212	04/05/22	4/18/22
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	04/21/22
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 Kamahele 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

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. 22740

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
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	4/21/22

7021 0950 0002 0364 9714

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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

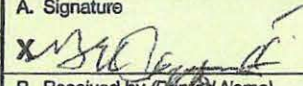

Street: Burl Nelson Pepper II
 1370-D Kamahele Street

City: Kailua, HI 96734

Catena Foxtail E2E2 - 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>A. Signature </p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Burl Nelson Pepper II</p> <p>C. Date of Delivery 05/11/22</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Burl Nelson Pepper II 1370-D Kamahele Street Kailua, HI 96734</p> <p>Catena Foxtail E2E2 - UNL</p> <p></p> <p>9590 9402 6746 1074 3853 57</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 <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0364 9714</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0364 9660

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Si Kathleen Stockton
 2310 W. Lemhi Street
 Boise, ID 83705-3519
 Catena Foxtail E2E2 - UNL

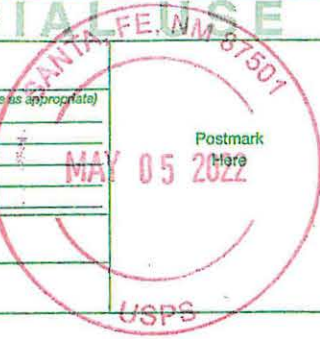
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Kathleen Stockton 2310 W. Lemhi Street Boise, ID 83705-3519 Catena Foxtail E2E2 - UNL</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>2. Article Number (Transfer from service label) 7021 0950 0002 0364 9660</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 <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

7021 0950 0002 0364 9677

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add 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	\$ _____
Ser McCombs Exploration, LLC Attn: Land Department 750 East Mulberry Ave. Suite 403 San Antonio, TX 78212 Catena Foxtail E2E2 - WI	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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>McCombs Exploration, LLC Attn: Land Department 750 East Mulberry Ave. Suite 403 San Antonio, TX 78212 Catena Foxtail E2E2 - WI</p> <p>9590 9402 6746 1074 3853 95</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 9677</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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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 \$ _____

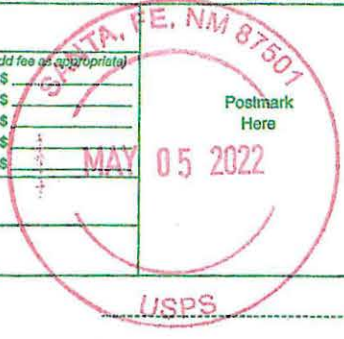
Postage \$ _____

Total Postage and Fees \$ _____

Print To: _____

William Kristoph Klover
 2821 Truman Avenue
 Oakland, CA 94605
 Catena Foxtail E2E2 - UNL

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Kristoph Klover
 2821 Truman Avenue
 Oakland, CA 94605
 Catena Foxtail E2E2 - UNL


 9590 9402 6746 1074 3854 18

2. Article Number (Transfer from service label)
 7021 0950 0002 0364 9653

COMPLETE THIS SECTION ON DELIVERY

A. Signature
  Agent
 Addressee

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

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

7021 0950 0002 0364 9646

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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 \$ _____

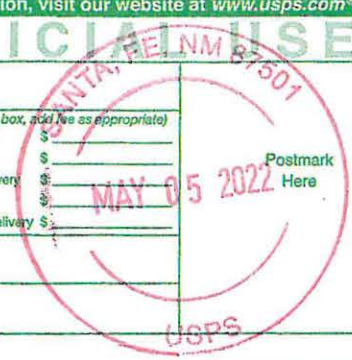
Total Postage and Fees \$ _____

Sent To

Street Ruth V. Klover
 13198 S. Outer Forty Road, Apt. 213

City, St Chesterfield, MO 63017
 Catena Foxtail E2E2 - 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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ruth V. Klover 13198 S. Outer Forty Road, Apt. 213 Chesterfield, MO 63017</p> <p>Catena Foxtail E2E2 - UNL</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>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 3854 25</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, JUN 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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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

Postmark
Here

MAY 05 2022

Postage

Total Postage and Fees

Sent To

Christine Klover
5703 W. Parapet Court
Boise, ID 83703

Catena Foxtail E2E2 - UNL

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

7021 0950 0002 0364 9752

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Christine Klover
5703 W. Parapet Court
Boise, ID 83703

Catena Foxtail E2E2 - UNL



9590 9402 6746 1074 3853 33

2. Article Number (Transfer from service label)

7021 0950 0002 0364 9752

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Christine Klover* Agent Addressee

B. Received by (Printed Name)

Christine Klover

C. Date of Delivery

5/9/22

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7021 0950 0002 0364 9769

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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

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

Postage \$ _____


Total Postage and Fees \$ _____

Postmark Here
 MAY 05 2022

USPS

Sr Jean Ann Pepper Johnson
 St 401 North Broad Street
 Ci, Galesburg, IL 61401
 Catena Foxtail E2E2 - 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>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>PAUL JOHNSON</u></p> <p>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 E2E2 - UNL</p> <p>9590 9402 6746 1074 3853 26</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 9769</p>																	

7021 0950 0002 0364 9639

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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 \$ _____

Great Western Drilling, Ltd.
 Attn: Land Department
 P.O. Box 1659
 Midland, TX 79702
 Catena Foxtail E2E1 - WI

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Crystal Carroll</p> <p>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 Catena Foxtail E2E2 - WI</p> <p>9590 9402 6746 1074 3854 32</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) 7021 0950 0002 0364 9639</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 <input type="checkbox"/> 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

7021 0950 0002 0364 9615

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

St Catherine Coll
 83 La Barbara Trail
 Ci Santa Fe, NM 87505
 Catena Foxtail E2E2 - 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 items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Catherine Coll
 83 La Barbara Trail
 Santa Fe, NM 87505

Catena Foxtail E2E2 - UNL

9590 9402 6746 1074 3854 56

2. Article Number (Transfer from service label)
 7021 0950 0002 0364 9615

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
C. Joyce-Coll

C. Date of Delivery
 5-13-22

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Insured Mail

Insured Mail Restricted Delivery (over \$500)

7021 0950 0002 0364 9622

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Coert Holding 1, LLC
 910 Louisiana Street, Suite 2400
 Houston, TX 77002
 Catena Foxtail E2E2 - UNL

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Bob Portocarrero</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>5/9/22</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>Coert Holding 1, LLC 910 Louisiana Street, Suite 2400 Houston, TX 77002 Catena Foxtail E2E2 - UNL</p> <p> 9590 9402 6746 1074 3854 49</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) 7021 0950 0002 0364 9622</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0364 9684

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$


Postage \$

Total Postage and Fees \$

Postmark
 MAY 05 2022

City, State, ZIP+4® Catena Foxtail E2E2 - 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>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>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 E2E2 - UNL</p>  <p>9590 9402 6746 1074 3853 88</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 9684</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 \$

Postmark Here

MAY 05 2022

USPS

Postage

\$

Total Postage and Fees

\$

Sent To

St Eric J. Bowman
P.O. Box 374
Orinda, CA 94563-0374

Catena Foxtail E2E2 - UNL

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

See Reverse for Instructions

7021 0950 0002 0364 9738

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Eric J. Bowman
P.O. Box 374
Orinda, CA 94563-0374

Catena Foxtail E2E2 - UNL



9590 9402 6746 1074 3853 02

2. Article Number (Transfer from service label)

7021 0950 0002 0364 9738

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Eric J. Bowman

- Agent
- Addressee

B. Received by (Printed Name)

Eric J. Bowman

C. Date of Delivery

12 MAY 2022

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



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL USE

SANTA FE, NM 87501

MAY 05 2022


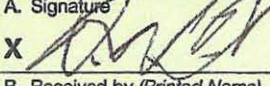
USPS

7021 0950 0002 0364 9745

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

Send to: David William Bowman
 Street: P.O. Box 107
 City: Grass Valley, CA 95945
 Catena Foxtail E2E2 - 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="border: 1px solid black; padding: 5px; margin: 5px 0;"> David William Bowman P.O. Box 107 Grass Valley, CA 95945 <small>Catena Foxtail E2E2 - UNL</small> </div> <p style="text-align: center;">  9590 9402 6746 1074 3853 19 </p> <p>2. Article Number (Transfer from service label) 7021 0950 0002 0364 9745 </p>	<p>A. Signature X  <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 style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input 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 0365 6705

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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

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 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>1. Article Addressed to:</p> <p>Kristi Rose Minerals, LLC 152 B Arroyo Hondo Road Santa Fe, NM 87508</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 6705</p>	
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7021 0950 0002 0365 6743

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. The Avis K. Miller Trust u/d/d June 10, 1986
c/o JPMorgan Chase Bank, N.A.
P.O. Drawer #99084

City, State, Zi Fort Worth, TX 76199-0084

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

SANTA, FE, NM 87507

Postmark Here

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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>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>1. Article Addressed to:</p> <p>The Avis K. Miller Trust u/d/d 6/10/1986 c/o JPMorgan Chase Bank, N.A. P.O. Drawer #99084 Fort Worth, TX 76199-0084</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p style="text-align: center;">9590 9402 5760 0003 2712 90</p> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7021 0950 0002 0365 6743</p>	<p style="text-align: right;">Domestic Return Receipt</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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Postmark Here
APR 05 2022

USPS

7021 0950 0002 0365 6767

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and City, State, Zip+4 McCombs Exploration, LLC
Attn: Land Department
750 East Mulberry Ave., Ste. 403
San Antonio, TX 78212


PS Form 3890, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

McCombs Exploration, LLC
Attn: Land Department
750 East Mulberry Ave., Ste. 403
San Antonio, TX 78212



9590 9402 5760 0003 2712 76

2. Article Number (Transfer from service label)
7021 0950 0002 0365 6767

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Sarah O'Shaughnessy

B. Received by (Printed Name)
Sarah O'Shaughnessy

C. Date of Delivery
4/11/22

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

3. Service Type

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

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

Domestic Return Receipt

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OFFICIAL RECEIPT

SANTA FE, NM 87501
APR 03 2022
USPS

7021 0950 0002 0365 6699

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	
Great Western Drilling, Ltd.	
Street and Apt	Attn: Land Department
P.O. Box 1659	
City, State, Z	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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1 Article Addressed to:</p> <p style="text-align: center;">Great Western Drilling, Ltd. Attn: Land Department P.O. Box 1659 Midland, TX 79702</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;">  9590 9402 5760 0003 2713 44 </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2 Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7021 0950 0002 0365 6699</p>	

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

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____


Sent To Catherine Coll, Trustee of the Testamentary

Street and Trust created u/w/o Max W. Coll, II

83 La Barberia Trail

City, State, Santa Fe, NM 87505

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Catherine Coll, Trustee of the Testamentary Trust created u/w/o Max W. Coll, II 83 La Barberia Trail Santa Fe, NM 87505</p> <div style="text-align: center;">  <p>9590 9402 5760 0003 2713 99</p> </div> <p>2. Article Number (Transfer from previous label)</p> <p>7021 0950 0002 0365 6644</p>	<p>A. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</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> <div style="text-align: center; color: red; font-size: 1.5em;"> APR 11 2022 SANTA FE, NM 87505 </div> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
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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 Coert Holding 1, LLC
Street and 910 Louisiana St., Ste. 2400
City, State Houston, TX 77002

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

SANTA FE, NM 87501
APR 05 2022
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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p>Coert Holding 1, LLC 910 Louisiana St., Ste. 2400 Houston, TX 77002</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 6668</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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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

Mary Debra Brady, SSP
1804 Lake Crest Lane
Plano, TX 75023

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



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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</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>1. Article Addressed to:</p> <p>Mary Debra Brady, SSP 1804 Lake Crest Lane Plano, TX 75023</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0365 6712</p>	
<p>9590 9402 5760 0003 2713 20</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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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
 The Brady Family Trust u/d June 1, 1994

Street and P.O. Box
 P.O. Box 8695

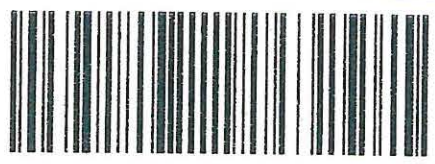
City, State, ZIP+4®
 Springdale, AR 72766

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 ATTORNEYS AT LAW
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 SANTA FE, NEW MEXICO 87504

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ZIP 87501
 02 7H
 0006052409

\$ 007.33⁰
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The Brady Family Trust u/d 6/1/1994
 P.O. Box 8695
 Springdale, AR 72766

4-a
 4-28-22
 RTS 5-7

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MAY 16 2022

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Adult Signature Restricted Delivery \$ _____

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Sent To

Si Mary Louise Galbreath
 37 Scarborough Rd
 Ci Manchester, CT 06040
 Catena Foxtail E2E2 - UNL

Postmark Here
 SANTA FE, NM 87501
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 ZIP 87501 \$ 007.33⁰
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 0006052409 MAY 05 2022

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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 E2E2 - UNL

[Handwritten signature]

.. 9400921484139000

ANND
82804206868

NIXIE 061 FE 1 0005/19/22
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504206868 *0968-07198-05-41

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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

The Brady Family Trust u/d June 1, 1994
 P.O. Box 8695
 Springdale, AR 72766
 Catena Foxtail E2E2 - UNL

Postmark Here
 MAY 05 2022

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

David Cullum Miller
 502 W. 16th Street
 Houston, TX 77008-3602
 Catena Foxtail E2E2 - UNL

Postmark Here
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SANTA FE, NM 87501

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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

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In Transit to Next Facility

May 13, 2022

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May 13, 2022

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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

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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.



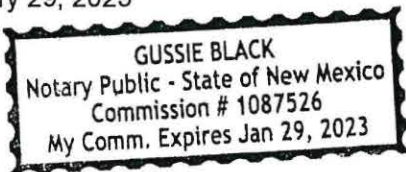
Publisher

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. 22740). 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 E/2 E/2 of Section 5, Township 19 South, Range 35 East and the E/2 E/2 of Section 32, Township 18 South, Range 35 East, Lea County, New Mexico. The Unit will be dedicated to the **Foxtail E2E2 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 NE/4 NE/4 (Unit A) 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.
#37642

02107475

00266692

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

Catena Resources Operating, LLC
Case No. 22740
Exhibit C-3