

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

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

CASE NO. 22834

EXHIBIT INDEX

Compulsory Pooling Checklist

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A-4	Sample Well Proposal Letter and AFEs
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Owners

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- C-5 Affidavit of Publication for May 18, 2022.

COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case No.:	22834
Hearing Date:	7/7/2022
Applicant	Colgate Operating, LLC
Designated Operator & OGRID	371449
Applicant's Counsel	Hinkle Shanor LLP
Case Title	Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors	COG Operating LLC
Well Family	Dundee 4 Fed Com
Formation/Pool	
Formation Name(s) or Vertical Extent	Bone Spring
Primary Product (Oil or Gas)	Oil
Pooling this vertical extent	Top of Bone Spring to base of First Bone Spring
Pool Name and Pool Code	Winchester, Bone Spring Pool (Code 65010)
Well Location Setback Rules	Standard
Spacing Unit Size	320-acre
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320
Building Blocks	quarter-quarter
Orientation	West/East
Description: TRS/County	N/2 S/2 of Sections 3 and 4, Township 20 South, Range 28 East
Standard Horizontal Well Spacing Unit (Y/N), If No, describe	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	Yes - pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government S #1 well log (API 30-015-20932)
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Dundee 4 Fed Com 113H (API # pending) SHL: 1396' FSL & 105' FEL, Unit I, Section 5, T20S-R28E BHL: 1655' FSL & 10' FEL, Unit I, Section 3, T20S-R28E Completion Target: First Bone Spring (Approx. 6,160' TVD) Well Orientation: West to East
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFF Capex and Operating Costs	
Drilling Supervision/Month \$	\$8,000.00
Production Supervision/Month \$	\$800.00
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-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of Spacing Unit	Exhibit A-3
Tract List (including lease numbers & owners)	Exhibit A-3
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	Exhibit A
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-2
Gross Isopach	N/A
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-4
Depth Severance Discussion	Exhibit 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-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-4
Cross Section (including Landing Zone)	Exhibit B-5
Additional Information	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	7/5/2022

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

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

CASE NO. 22834

**SELF-AFFIRMED STATEMENT
OF MARK HADJIK**

1. I am a Senior Landman at Colgate Operating, LLC (“Colgate”) and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in petroleum land matters were accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of Colgate’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. Colgate seeks an order pooling all uncommitted interests in the Winchester, Bone Spring Pool (Code 65010) from the top of the Bone Spring formation to the base of the First Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2 S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Dundee 4 Fed Com 113H** well (“Well”) to be horizontally drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3.

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

7. A depth severance exists in the Bone Spring formation within the Unit. Accordingly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government S #1 well log (API 30-015-20932).

8. **Exhibit A-2** contains the C-102 for the Well.

9. **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 Colgate seeks to pool highlighted in yellow. The exhibit also identifies any unlocatable interests.

10. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Well. The estimated costs reflected on the AFEs are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

11. Colgate has conducted a diligent search of all county public records including phone directories and computer databases.

12. In my opinion, Colgate 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**.

13. Colgate requests overhead and administrative rates of \$8,000 per month while the Well is being drilled and \$800 per month while the Well is producing. These rates are fair and are comparable to the rates charged by Colgate and other operators in the vicinity.

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

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

16. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony 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 next to my electronic signature below.



Mark Hajdik

6/30/2022
Date

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

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

CASE NO. 22834

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Operating, LLC (OGRID No. 371449) (“Applicant”) applies for an order pooling all uncommitted interests from the top of the Bone Spring Formation to the base of the First Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following.

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Dundee 4 Fed Com 113H** well, which will be horizontally drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3.
3. The completed interval of the Well will be orthodox.
4. A depth severance exists in the Bone Spring Formation within the Unit. Accordingly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461’ TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570’ TVD as observed on the Government S #1 well log (API 30-015-20932).
5. Applicant has undertaken diligent, good-faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Well but has been unable to obtain voluntary agreements from all interest owners.

Colgate Operating, LLC
Case No. 22834
Exhibit A-1

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

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

WHEREFORE, Applicant requests this application be set for hearing on June 2, 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 Wells 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

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com
Counsel for Colgate Operating, LLC

Application of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

Applicant applies for an order pooling all uncommitted interests from the top of the Bone Spring Formation to the base of the First Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Dundee 4 Fed Com 113H** well, which will be horizontally drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3. A depth severance exists in the Bone Spring Formation within the Unit. Accordingly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government S #1 well log (API 30-015-20932). Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 12 miles northeast of Carlsbad, New Mexico.

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

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code 87232	3 Pool Name Y lpej guvgt. 'Dqpg'Ur tlpj 'Rqqn
4 Property Code	5 Property Name DUNDEE 4 FED COM	6 Well Number 113H
7 OGRID No. 371449	8 Operator Name COLGATE ENERGY LLC	9 Elevation 3289.82'

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
I	5	20-S	28-E		1396'	SOUTH	105'	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	3	20-S	28-E		1655'	SOUTH	10'	EAST	EDDY

12 Dedicated Acres 542	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.

<p>16</p> <p>SURFACE HOLE LOCATION (SHL) NEW MEXICO EAST - NAD 83 X=585084.74 LAT.= 32.59920867° N Y=581752.07 LONG.= 104.19127622° W NEW MEXICO EAST - NAD 27 X=543904.63 LAT.= 32.59909156° N Y=581690.54 LONG.= -104.19076839° W 1396' FSL, 105' FEL - SECTION 5</p> <p>FIRST TAKE POINT (FTP) NEW MEXICO EAST - NAD 83 X=585291.02 LAT.= 32.59991689° N Y=582010.00 LONG.= 104.19060525° W NEW MEXICO EAST - NAD 27 X=544110.92 LAT.= 32.59979978° N Y=581948.46 LONG.= -104.19009742° W 1653' FSL, 100' FWL - SECTION 4</p> <p>LAST TAKE POINT (LTP) NEW MEXICO EAST - NAD 83 X=595726.03 LAT.= 32.60008954° N Y=582088.48 LONG.= 104.15671985° W NEW MEXICO EAST - NAD 27 X=554545.91 LAT.= 32.59997206° N Y=582026.85 LONG.= -104.15621288° W 1655' FSL, 100' FEL - SECTION 3</p> <p>BOTTOM HOLE LOCATION (BHL) NEW MEXICO EAST - NAD 83 X=595816.03 LAT.= 32.60009122° N Y=582089.24 LONG.= 104.15642759° W NEW MEXICO EAST - NAD 27 X=554635.91 LAT.= 32.59997374° N Y=582027.61 LONG.= -104.15592063° W 1655' FSL, 10' FEL - SECTION 3</p> <p>CORNER DATA NEW MEXICO EAST - NAD 83 A. FOUND IRON PIPE W/ BRASS CAP N:585641.97° E:585202.31' B. FOUND IRON PIPE W/ BRASS CAP N:585656.50° E:587858.72' C. FOUND IRON PIPE W/ BRASS CAP N:585671.76° E:590514.87' D. FOUND 3/4" IRON ROD W/ ALUM. CAP N:585686.35° E:593171.86' E. FOUND IRON PIPE W/ BRASS CAP N:585701.20° E:595828.61' F. FOUND IRON PIPE W/ BRASS CAP N:583084.74° E:595826.84' G. FOUND IRON PIPE W/ BRASS CAP N:580433.88° E:595824.69' H. FOUND IRON PIPE W/ BRASS CAP N:580412.62° E:593168.80' I. FOUND IRON PIPE W/ BRASS CAP N:580391.30° E:590513.47' J. FOUND IRON PIPE W/ BRASS CAP N:580373.68° E:587849.16' K. FOUND IRON PIPE W/ BRASS CAP N:580356.62° E:585185.65' L. FOUND IRON PIPE W/ BRASS CAP N:583002.03° E:585194.24' M. FOUND IRON PIPE W/ BRASS CAP N:583037.35° E:590513.68'</p>	<p>17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____</p> <p>E-mail Address _____</p> <p>18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey _____ Signature and Seal of Professional Surveyor: Certificate Number _____</p>
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Colgate Operating, LLC

Case No. 22834

Exhibit A-2

DUNDEE 4 FED COM 113H (N/2S/2)				
WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	4-1C, 4-2C, 4-3C, 3-5C(a), 3-5C(b)	260.75	81.48%	Operator
COG Operating LLC	4-3C, 3-5C(a)	53.33	16.67%	No
Kirk & Sweeney, Ltd. Co.	4-3C, 3-5C(a)	0.16	0.05%	Yes
Trustee(s) of the Karen Ralston Slade Revocable Trust	4-3C, 3-5C(a)	0.16	0.05%	Yes
Charles W. Seltzer, Trustee of the Charles W. Seltzer Trust	4-3C, 3-5C(a)	0.80	0.25%	Yes
Shauna Seltzer Redwine, Trustee of the Shauna Seltzer Redwine Trust	4-3C, 3-5C(a)	0.80	0.25%	Yes
Midwest Resources 2008-1 Oil & Gas Income Limited Partnership	3-5C(a)	2.08	0.65%	Yes
Te-Ray Resources, LLC*	3-5C(a)	0.96	0.30%	Yes
C & J Investments	3-5C(a)	0.80	0.25%	Yes
AGS Resources 2007 LLLP	3-5C(a)	0.16	0.05%	Yes
*Unlocatable		320.00	100.00%	

Colgate Operating, LLC
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Exhibit A-3

T20S-R28E Section 4		T20S-R28E Section 3	
4-1A	4-4A	3-4A	3-5A
4-1B	4-4B	3-4B	3-5B
4-1C	4-2C	Dundee 4 22834 4-3C 3-5C(a)	3-5C(b)
4-1D	4-2D	4-3D	3-5D(a) 3-5D(b)

LESSEE OF RECORD	FORCE POOL	TRACT
COG Operating, LLC	Yes	4-3C

OVERRIDING ROYALTY INTERESTS
Realtimzone, Inc.
Long, LLC
Sandra Thoma
John Kyle Thoma, Trustee of the Cornerstone Fam
Susan S. Murphy, Trustee of the Susan S. Murphy
Marital Trust under Trust Agreement dated

Monarch Oil and Gas Inc.
Scott Exploration, Inc.
Stelaron, Inc.
Stephen T. Mitchell
Qualia Interests, LLC
Hutchings Oil Company
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated
Robert W. Hanagan
Natalie V. Hanagan
The Heirs and/or Devisees of the Estate of Harold S
Stephens Enterprises
Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated
OGI, Inc.
ROEC, Inc.
Doris R. Stinson
Energy Properties Limited, L.P.

Sam L. Shackelford
Robin K. Shackelford
William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan
Robin L. Morgan
Colgate Royalties, LP
Lowe Royalty Partners, LP
MAP 98A-OK, an Oklahoma general partnership
MAP 98B-NET, a Texas general partnership
Michael D. Hayes and Kathryn A. Hayes, Trustees of the Hayes Revocable Trust
Wambaugh Exploration LLC
S & E Royalty, LLC
Motowi, LLC
Frannifin Minerals, LLC
Alan R. Hannifin, a single man
Michelle R. Hannifin, as single woman
MW Oil Investment Company Inc.
FFF, Inc.
Colgate Production, LLC
Trinity Royalty Holdings I, LP
Shelley Schutz Dominguez
Nuevo Seis, Limited Partnership
Adventure Exploration, L.P.
Paul Davis, Ltd.
PDIII Exploration, Ltd.
JB & PDIII Partners, LLC
Merrick Properties, LLC
MKL Minerals, LLC

Tar Creek, LLC
JAB Investments, Inc.
Shelley Schutz Dominguez
Nuevo Seis, Limited Partnership
Adventure Exploration, L.P.
Paul Davis, Ltd.
PDIII Exploration, Ltd.
JB & PDIII Partners, LLC
Merrick Properties, LLC
MKL Minerals, LLC
Tar Creek, LLC



March 4, 2022

Via Certified Mail

COG Operating LLC
600 W Illinois Ave
Midland, TX 79701

RE: Dundee 4 Fed Com – Well Proposals
Section 4: All, Section 3: All, T20S-R28E, Bone Spring and Wolfcamp Formation
Eddy County, New Mexico

To Whom It May Concern:

Colgate Operating, LLC, as operator for Colgate Production, LLC (“Colgate”), hereby proposes the drilling and completion of the following eleven (11) wells, the Dundee 4 Fed Com 111H, 112H, 113H, 114H, 121H, 122H, 123H, 124H, 131H, 132H, 133H, 134H, 201H, 202H, & 203H at the following approximate locations within Township 20 South, Range 28 East:

1. Dundee 4 Fed Com 111H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

2. Dundee 4 Fed Com 112H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 2310' FNL of Section 3
FTP: 100' FWL & 2310' FNL of Section 4
LTP: 100' FEL & 2310' FNL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

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

Colgate Operating, LLC
Case No. 22834
Exhibit A-4

Dundee 4 Fed Com Well Proposal

3. Dundee 4 Fed Com 113H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 1650' FSL of Section 3
FTP: 100' FWL & 1650' FSL of Section 4
LTP: 100' FEL & 1650' FSL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

4. Dundee 4 Fed Com 114H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 6,160'
TMD: Approximately 16,887'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 1st Bone Spring
Total Cost: See attached AFE

5. Dundee 4 Fed Com 121H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

6. Dundee 4 Fed Com 122H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 2310' FNL of Section 3
FTP: 100' FWL & 2310' FNL of Section 4
LTP: 100' FEL & 2310' FNL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

7. Dundee 4 Fed Com 123H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 1650' FSL of Section 3
FTP: 100' FWL & 1650' FSL of Section 4
LTP: 100' FEL & 1650' FSL of Section 3
TVD: 7,509'
TMD: Approximately 12,794'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

8. Dundee 4 Fed Com 124H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 7255'
TMD: Approximately 17982'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

9. Dundee 4 Fed Com 131H

SHL: At a legal location the NE/4NE/4 of Section 5
BHL: 10' FEL & 990' FNL of Section 3
FTP: 100' FWL & 990' FNL of Section 4
LTP: 100' FEL & 990' FNL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: N2N2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

10. Dundee 4 Fed Com 132H

SHL: At a legal location the NE/4NE/4 of Section 5
BHL: 10' FEL & 2,310' FNL of Section 3
FTP: 100' FWL & 2,310' FNL of Section 4
LTP: 100' FEL & 2,310' FNL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: S2N2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

11. Dundee 4 Fed Com 133H

SHL: At a legal location the SE/4 of Section 5
BHL: 10' FEL & 1,650' FSL of Section 3
FTP: 100' FWL & 1,650' FSL of Section 4
LTP: 100' FEL & 1,650' FSL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: N2S2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

12. Dundee 4 Fed Com 134H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 330' FSL of Section 3
FTP: 100' FWL & 330' FSL of Section 4
LTP: 100' FEL & 330' FSL of Section 3
TVD: 8480'
TMD: Approximately 19207'
Proration Unit: S2S2 of Sections 3 and 4
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE

13. Dundee 4 Fed Com 201H

SHL: At a legal location in the NE/4NE/4 of Section 5
BHL: 10' FEL & 1,650' FNL of Section 3
FTP: 100' FWL & 1,650' FNL of Section 4
LTP: 100' FEL & 1,650' FNL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

14. Dundee 4 Fed Com 202H

SHL: At a legal location in the SE/4 of Section 5
BHL: 10' FEL & 2,310' FSL of Section 3
FTP: 100' FWL & 2,310' FSL of Section 4
LTP: 100' FEL & 2,310' FSL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

15. Dundee 4 Fed Com 203H

SHL: At a legal location in the SE/4SE/4 of Section 5
BHL: 10' FEL & 990' FSL of Section 3
FTP: 100' FWL & 990' FSL of Section 4
LTP: 100' FEL & 990' FSL of Section 3
TVD: 8825'
TMD: Approximately 19552'
Targeted Interval: Wolfcamp XY
Total Cost: See attached AFE

Dundee 4 Fed Com Well Proposal

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

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

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

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

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.257.3886 or by email at mhajdik@colgateenergy.com.

Respectfully,



Mark Hajdik
Senior Staff Landman
Enclosures

Dundee 4 Fed Com Well Proposal

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Dundee 4 Fed Com 111H		
Dundee 4 Fed Com 112H		
Dundee 4 Fed Com 113H		
Dundee 4 Fed Com 114H		
Dundee 4 Fed Com 121H		
Dundee 4 Fed Com 122H		
Dundee 4 Fed Com 123H		
Dundee 4 Fed Com 124H		
Dundee 4 Fed Com 131H		
Dundee 4 Fed Com 132H		
Dundee 4 Fed Com 133H		
Dundee 4 Fed Com 134H		
Dundee 4 Fed Com 201H		
Dundee 4 Fed Com 202H		
Dundee 4 Fed Com 203H		

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Dundee 4 Fed Com Well Proposal

Participate / Rejection Declaration

Please return this page to Colgate by the date specified in the letter, signed indicating your election to either participate in or reject this insurance program. If you reject the insurance coverage arranged by Colgate, then, to the extent that Colgate has an obligation to secure any such insurance on your behalf under any applicable agreements or otherwise, Colgate will be relieved of such obligation, and Colgate will assume that you maintain appropriate levels of insurance and will provide a current Certificate of Insurance upon request. If you fail to make an election within 30 days from receipt of this notice, you will be deemed a participant in the program as detailed on the attached and billed for your percentage participation as such.

- ☐ I hereby elect to participate in the insurance coverage arranged by Colgate Operating, LLC and understand that I will be charged for such participation.
- ☐ I hereby elect to reject the insurance coverage arranged by Colgate Operating, LLC.

Agreed this _____ day of _____, 2022 by:

Company Name (If Applicable):

Signature

Printed Name

Title

Colgate Energy

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

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

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:	3/3/2022	AFE NO.:	0
WELL NAME:	Dundee 4 Fed Com 113H	FIELD:	Old Millman Ranch BONE SPRING
LOCATION:	Section 5, Block T205-R28E	MD/TVD:	16887' MD / 6160' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	10,400
Colgate WI:		DRILLING DAYS:	14.5
GEOLOGIC TARGET:	FBSG	COMPLETION DAYS:	18.6

REMARKS: Drill a horizontal FBSG well and complete. AFE includes drilling, completions, flowback and Initial AL install cost

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 42,500	\$	\$	\$ 42,500
2 Location, Surveys & Damages	205,693	13,000	25,000	243,693
4 Freight / Transportation	34,270	30,250		64,520
5 Rental - Surface Equipment	70,439	153,700	13,060	237,199
6 Rental - Downhole Equipment	145,281	26,250		171,531
7 Rental - Living Quarters	29,069	43,450		72,519
10 Directional Drilling, Surveys	258,752			258,752
11 Drilling	429,871			429,871
12 Drill Bits	82,680			82,680
13 Fuel & Power	101,959	290,000		391,959
14 Cementing & Float Equip	149,460			149,460
15 Completion Unit, Swab, CTU			24,000	
16 Perforating, Wireline, Slickline	-	282,875	28,000	310,875
17 High Pressure Pump Truck	-	46,000	18,000	64,000
18 Completion Unit, Swab, CTU	-	75,950		75,950
20 Mud Circulation System	60,425			60,425
21 Mud Logging	10,584			10,584
22 Logging / Formation Evaluation	4,426	6,000		10,426
23 Mud & Chemicals	203,751	285,841		489,592
24 Water	31,270	437,000		468,270
25 Stimulation	-	483,149		483,149
26 Stimulation Flowback & Disp	-	102,125		102,125
28 Mud / Wastewater Disposal	138,945	44,000		182,945
30 Rig Supervision / Engineering	64,419	102,075	4,800	171,294
32 Drilg & Completion Overhead	5,625	-		5,625
34 Vacuum Truck			2,000	
35 Labor	103,986	50,000	20,000	173,986
54 Proppant		880,000		880,000
95 Insurance	8,950			8,950
97 Contingency	-	14,494	-	14,494
99 Plugging & Abandonment	-			-
TOTAL INTANGIBLES >	2,182,354	3,366,160	134,860	5,657,374

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 18,835	\$	\$	\$ 18,835
61 Intermediate Casing	123,096			123,096
62 Drilling Liner	-			-
63 Production Casing	420,204			420,204
64 Production Liner	-			-
65 Tubing	-		85,500	85,500
66 Wellhead	46,640		40,200	86,840
67 Packers, Liner Hangers	10,600	-	7,500	18,100
68 Tanks	-			-
69 Production Vessels	-		84,000	84,000
70 Flow Lines	-		94,800	94,800
71 Rod string	-			-
72 Artificial Lift Equipment	-		23,000	23,000
73 Compressor	-		42,500	42,500
74 Installation Costs	-		34,000	34,000
75 Surface Pumps	-		20,000	20,000
76 Downhole Pumps	-			-
77 Measurement & Meter Installation	-		26,000	26,000
78 Gas Conditioning / Dehydration	-			-
79 Interconnecting Facility Piping	-		15,400	15,400
80 Gathering / Bulk Lines	-			-
81 Valves, Dumps, Controllers	-		40,000	40,000
82 Tank / Facility Containment	-			-
83 Flare Stack	-			-
84 Electrical / Grounding	-		-	-
85 Communications / SCADA	-		15,000	15,000
86 Instrumentation / Safety	-			-
TOTAL TANGIBLES >	619,374	0	527,900	1,147,274
TOTAL COSTS >	2,801,729	3,366,160	662,760	6,804,648
	\$ 269	\$ 324	\$	680

PREPARED BY Colgate Energy:

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

Colgate Energy APPROVAL:

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

NON OPERATING PARTNER APPROVAL:

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

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

Dundee 4 Communication Timeline

March 2022 – Initial proposals sent for the Dundee 4 Wells

March-Present 2022 – The following actions were taken for Estate of Don Hoffman and T E Ray Resources:

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

March 2022 – Rubin and Mordka elected to non consent the proposals. Neitzel and AGS Resources 2007 elected to participate and appears to intend to participate under the orders.

March-May 2022 – Exchanged correspondence with Kirk & Sweeney via email and they plan to participate pursuant to the orders closer to actual spud. Exchanged email and telephone conversations with various parties including Locker and Kennedy. Did not receive a final election or enter into JOA negotiations from several of the parties communicated with.

June 2022 – Negotiated JOA and finalized execution of JOA covering all spacing units with COG.

March 2022 to present – Several parties have not responded to the proposals that were received and two parties were completely unlocatable necessitating compulsory pooling.

Colgate Operating, LLC
Case No. 22834
Exhibit A-5

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

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

CASE NO. 22834

**SELF-AFFIRMED STATEMENT
OF DAVID DAGIAN**

1. I am a geologist at Colgate Operating, LLC ("Colgate") and am over 18 years of age. I have personal knowledge of the matters addressed herein and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division ("Division"), and my credentials as an expert in petroleum geology matters were accepted and made a matter of record.

2. I am familiar with the geological matters that pertain to the above-referenced case.

3. **Exhibit B-1** is a regional locator map that identifies the Dundee project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of these applications.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit ("Unit") within the Bone Spring formation. The approximate wellbore path for the proposed Dundee 4 Fed Com 113H ("Well") is represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A' with the cross-section well names and a black line in proximity to the proposed wells.

5. **Exhibit B-3** is a First Bone Spring (FBSG) Structure map on the top of the First Bone Spring formation in TVD subsea with a contour interval of 100 ft. The map identifies the approximate wellbore path for the Dundee 4 Fed Com 113H proposed Well with a green dashed

line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed well. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

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

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

8. **Exhibit B-6** is a gun barrel diagram that shows the Dundee 4 Fed Com 113H well in the First Bone Spring formation.

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

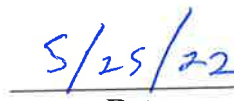
10. Based on my geologic study of the area, the targeted interval underlying the Unit is suitable for development by horizontal wells and the tracts comprising the Unit will contribute more or less equally to the production of the Well.

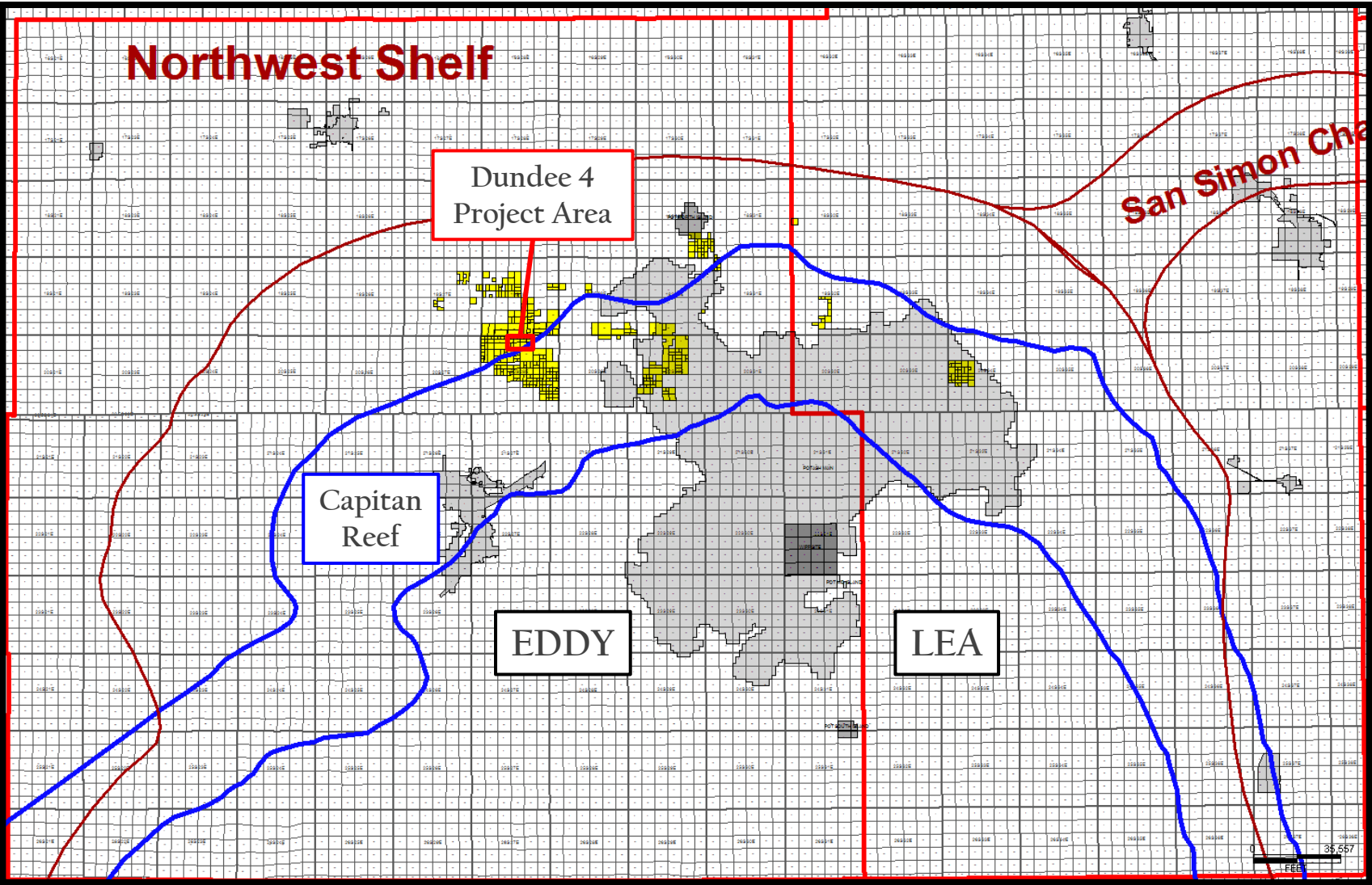
11. In my opinion, the granting of Colgate's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

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


David DaGian


Date



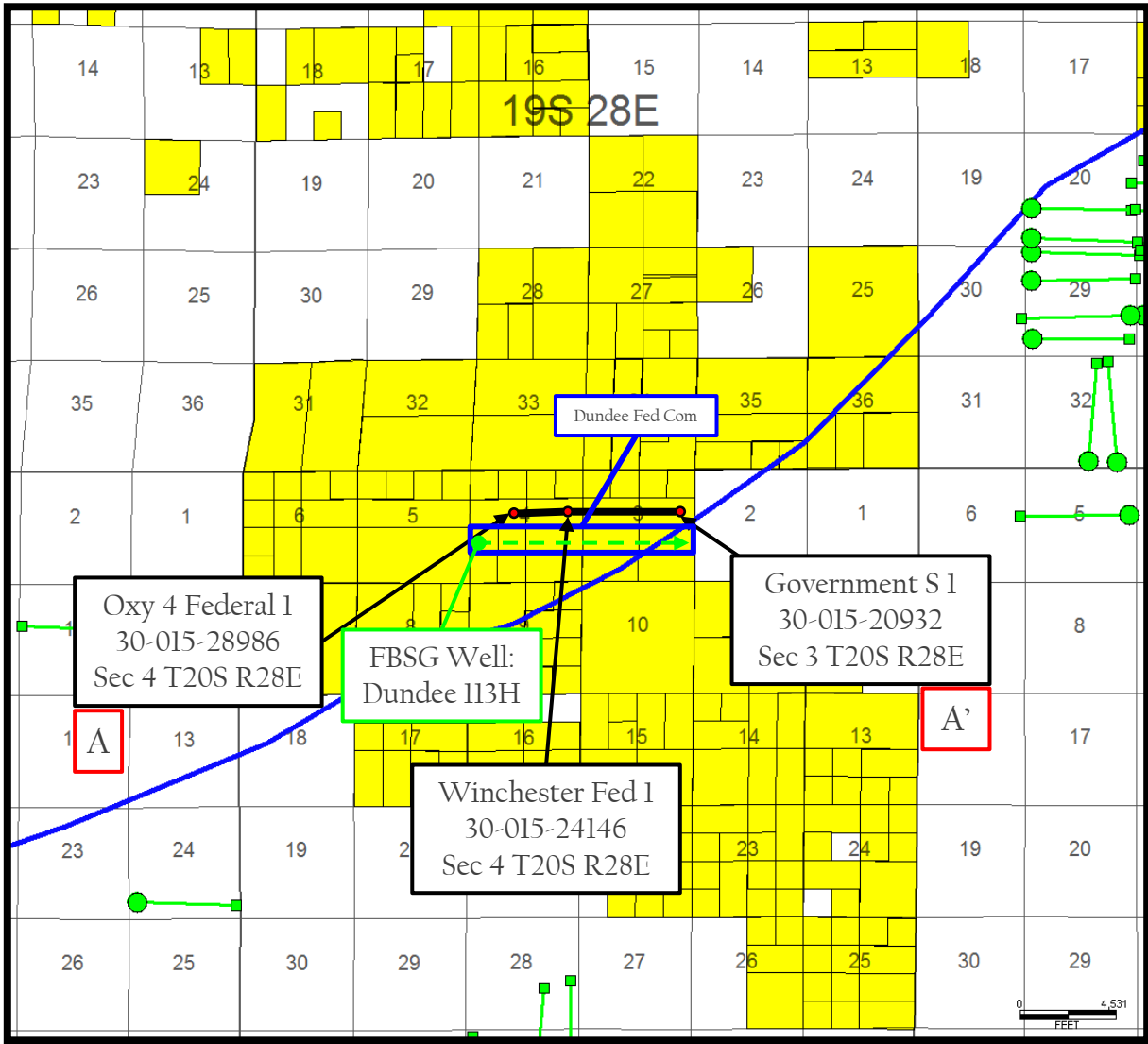
Colgate Energy

Cross Section Locator Map

Dundee 4 Fed Com 113H

Colgate Operating, LLC
Case No. 22834
Exhibit B-2

Exhibit B-2



Proposed Wells



Producing Wells



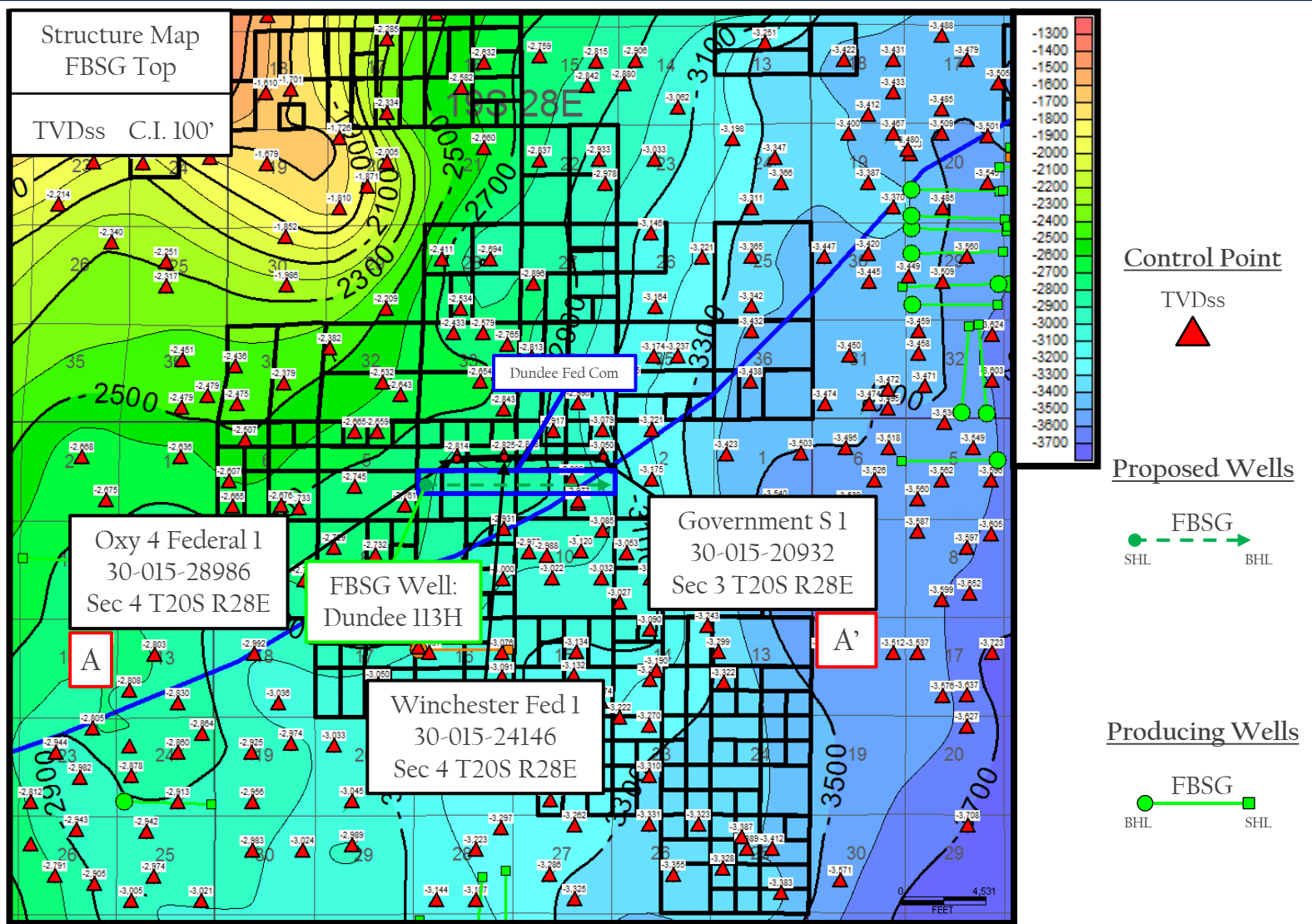
Colgate Energy

First Bone Spring Structure Map

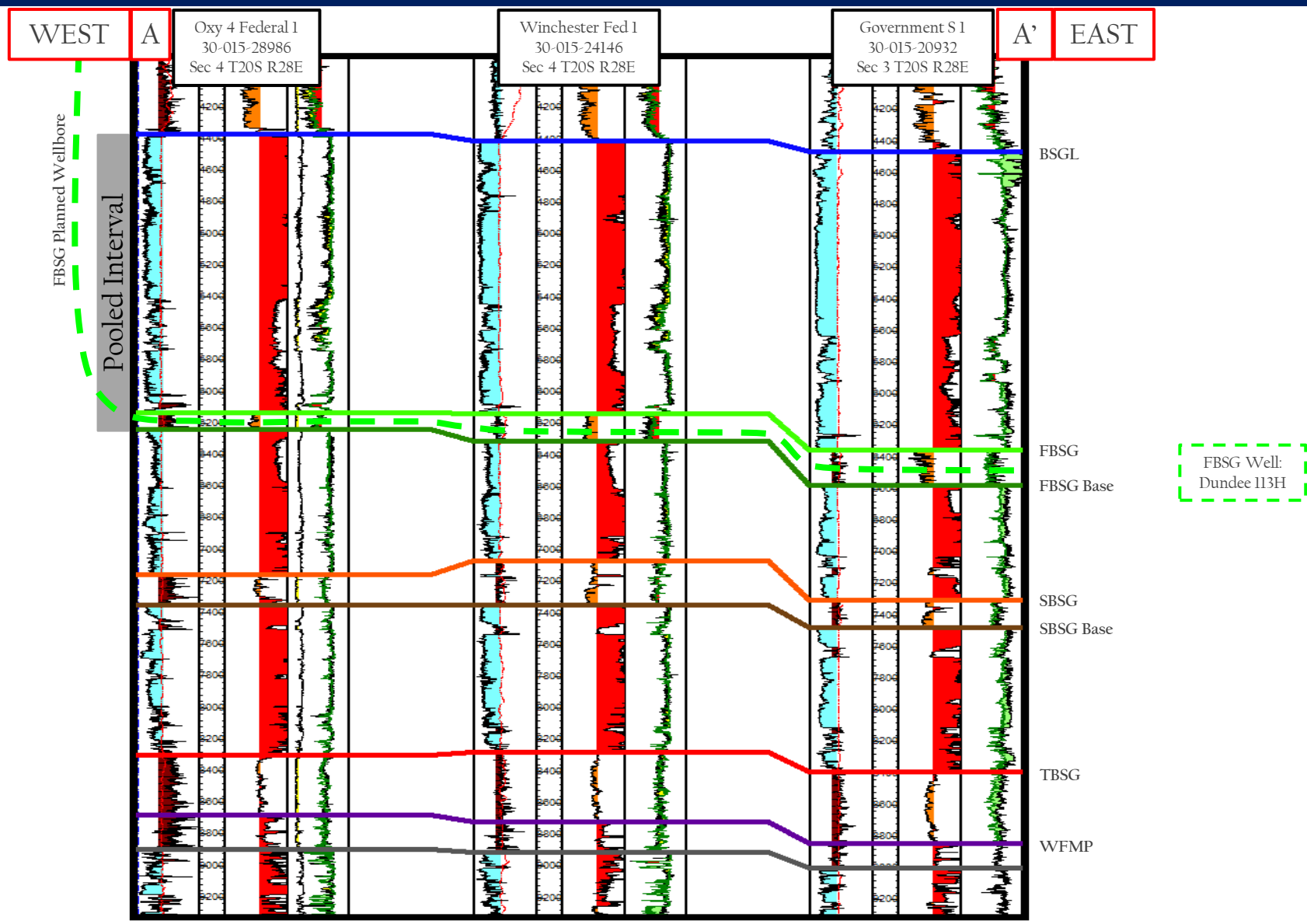
Dundee 4 Fed Com 113H

Colgate Operating, LLC
Case No. 22834
Exhibit B-3

Exhibit B-3



Colgate Energy

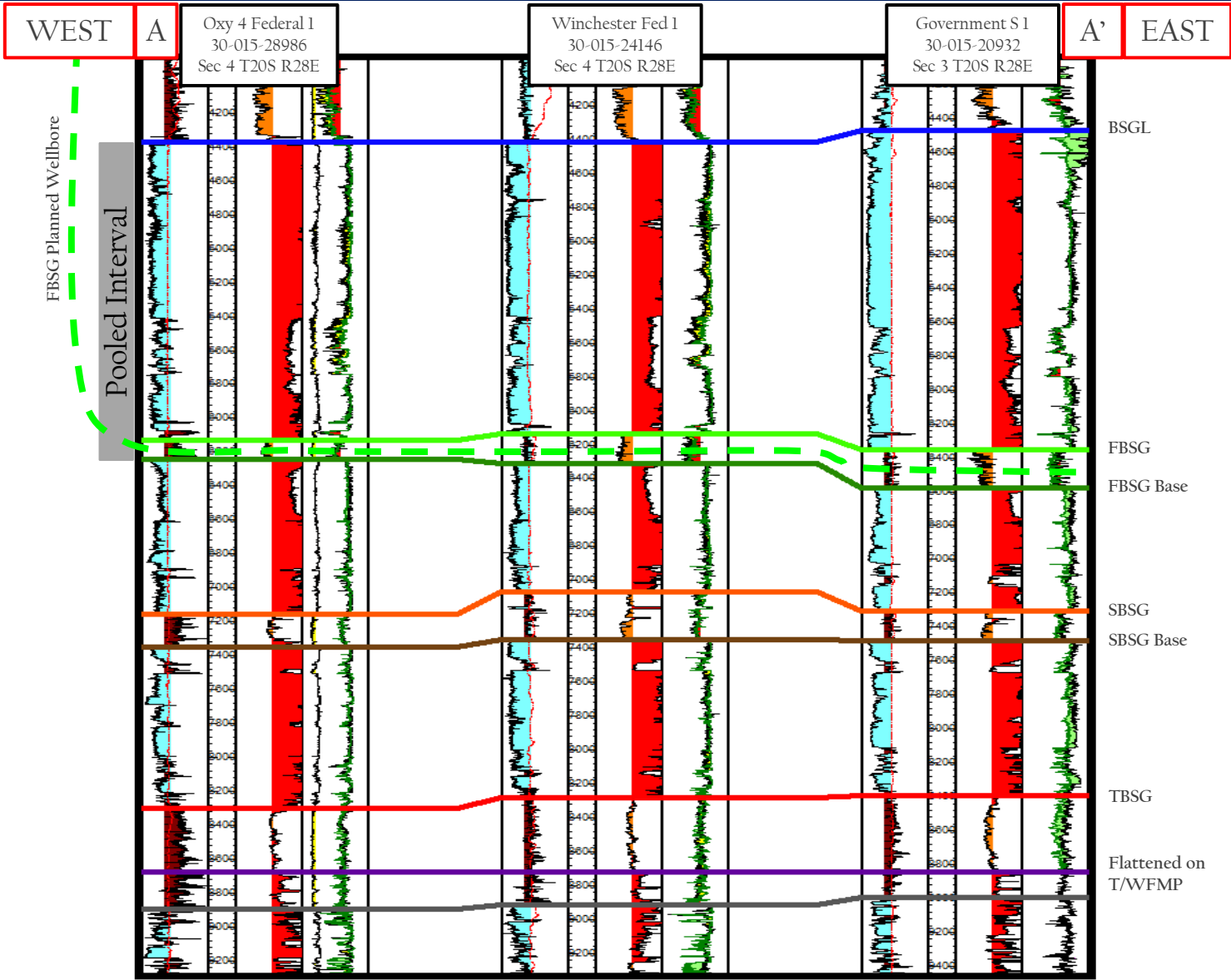


Stratigraphic Cross Section A-A'

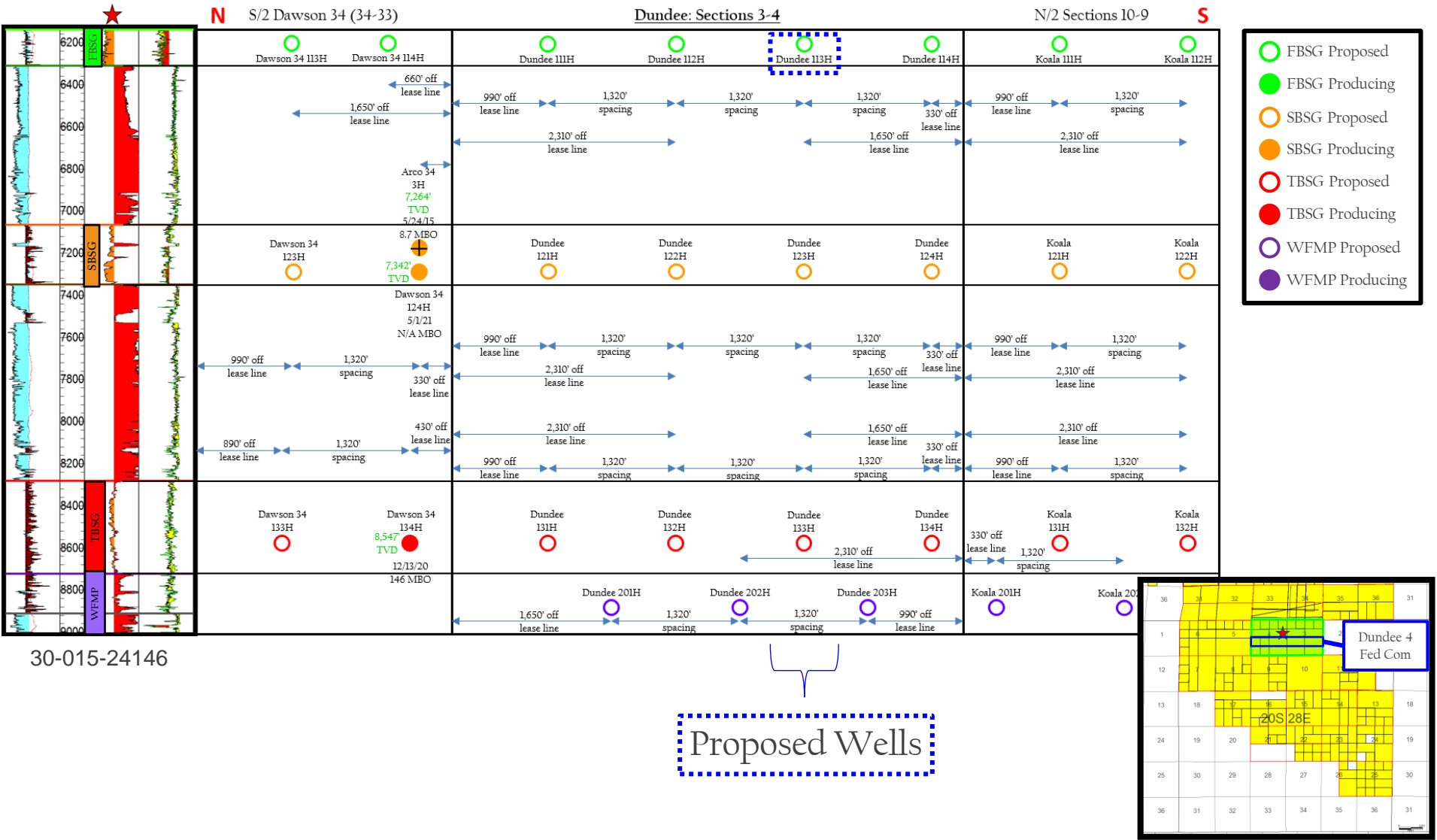
Dundee 4 Fed Com 113H

Colgate Operating, LLC
Case No. 22834
Exhibit B-5

Exhibit B-5



FBSG Well:
Dundee 113H



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

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

CASE NO. 22834

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

1. I am attorney in fact and authorized representative of Colgate Operating LLC, the Applicant herein.
2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter to be sent to the parties set out in the chart attached as **Exhibit C-2**.
3. The above-referenced Application was provided, along with the Notice Letters, to the recipients listed in Exhibit C-2.
4. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.
5. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.
6. On May 18, 2022, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.

/s/ Dana S. Hardy
Dana S. Hardy

July 2, 2022
Date

Colgate Operating, LLC
Case No. 22834
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

May 12, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 22834 – Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed 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/oed/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Please do not hesitate to contact Mark Hadjik at 432-257-3886 if you have any questions about this matter.

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

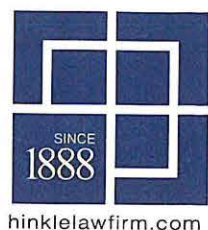
Enclosure

Colgate Operating, LLC
Case No. 22834
Exhibit C-1

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

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

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



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

WRITER:

Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

May 12, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO OVERRIDING ROYALTY INTEREST OWNERS SUBJECT TO NOTICE

**Re: Case Nos. 22824, 22825, 22826, 22827, 22828, 22829, 22830, 22831, 22834 –
Applications of Colgate Operating, LLC for Compulsory Pooling, Eddy
County, New Mexico.**

To whom it may concern:

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Please do not hesitate to contact Mark Hadjik at 432-257-3886 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 COLGATE OPERATING
LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

Case No. 22834

NOTICE LETTERS

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
AGS Resources 2007 LLLP 10 Inverness Drive East, Suite 155 Englewood, Colorado 80112	05/13/22	06/01/22
C & J Investments 101 E Lohman Ave Las Cruces, NM 88001	05/13/22	05/19/22
C & J Investments 2 Avery St., Apt 21B Boston, MA 02111	05/13/22	05/25/22
Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701	05/13/22	05/18/22
COG Operating LLC 600 W Illinois Ave Midland, TX 79701	05/13/22	05/25/22
Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095	05/13/22	06/01/22
Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202	05/13/22	05/20/22
Midwest Resources 2008-1 Oil and Gas Income Limited Partnership P.O. Box 76 Elm Grove, WI 53122	05/13/22	05/25/22
Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205	05/13/22	05/25/22
TE Ray Resources 13208 North MacArthur Blvd Oklahoma City, OK 73142	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.

Colgate Operating, LLC
Case No. 22834
Exhibit C-2

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

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

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Adventure Exploration L.P. P.O. Box 11354 Midland, TX 79702	05/13/22	Per USPS Tracking: In Transit to Next Facility as of 05/21/22.
Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002 25812 South Danford Dr Sun Lake, AZ 85248	05/13/22	05/20/22
John P. Conn and Eileen C. Knecht 19764 Lexington Dr Biloxi, MS 39532	05/13/22	05/25/22
Shelley Schutz Dominguez 725 Live Oak El Paso, TX 79932	05/13/22	05/25/22
Energy Properties Limited, L.P. PO Box 51408 Casper, WY 82605	05/13/22	06/01/22
FFF, Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Frannifin Minerals, LLC PO Box 13128 Las Cruces, NM 88013	05/13/22	05/20/22
Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801	05/13/22	06/07/22
Robert W. Hanagan PO Box 750 Big Horn, WY 82833	05/13/22	06/01/22
Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707	05/13/22	05/18/22

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

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

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan PO Box 2944 Casper, WY 82602	05/13/22	05/25/22
Hutchings Oil Company PO Box 1216 Albuquerque, NM 87103	05/13/22	05/25/22
JAB Investments, Inc. 612 W Plains Ave Clovis, NM 88101	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/20/22.
JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702	05/13/22	05/25/22
Long, LLC 215 South State St #100 Salt Lake City, UT 84111	05/13/22	05/31/22 Return to sender. Vacant.
Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703	05/13/22	05/25/22
MKL Minerals LLC 1901 Ward Midland, TX 79705	05/13/22	05/18/22
MW Oil Investment Company Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	05/25/22
MAP 98A-OK, an Oklahoma general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514	05/13/22	05/20/22
MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514	05/13/22	05/25/22
Merrick Properties, LLC P.O. Box 144 Midland, TX 79702	05/13/22	05/25/22

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

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

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707	05/13/22	06/02/22
Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202	05/13/22	05/18/22
Robin L. Morgan 135 Cottonwood Rd Artesia, NM 88210	05/13/22	05/18/22
Motowi, LLC 2307 Stagecoach Dr Las Cruces, NM 88011	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202	05/13/22	05/18/22
Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012 706 Brazos St. Roswell, NM 88201	05/13/22	05/18/22
Nuevo Seis, Limited Partnership PO Box 2588 Roswell, NM 82202	05/13/22	05/20/22
OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147	05/13/22	05/25/22
PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702	05/13/22	05/25/22
Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702	05/13/22	05/25/22

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

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

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Qualia Interests, LLC PO Box 991 Midland, TX 79702	05/13/22	05/25/22
ROEC, Inc 528 Corona St. Denver, CO 80209	05/13/22	06/01/22 Return rec'd 06/28/22 Return to Sender Rec'd – not at this address
Realtimzone, Inc. PO Box 1834 Roswell, NM 88202	05/13/22	05/20/22
S & E Royalty, LLC 8470 West 4th Ave Lakewood, CO 80226	05/13/22	06/01/22
Michelle R. (Hannifin) Sandoval PO Box 131570 Carlsbad, CA 92013	05/13/22	Per USPS Tracking: In Transit to Next Facility as of 05/20/22.
Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202	05/13/22	05/20/22
Harold Scott 12025 N 1878 Rd Sayre, OK 73662-7601	05/13/22	05/20/22
Robin K. Shackelford 108 Paradise Canyon Ruidoso, NM 88345	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/16/22.
Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211	05/13/22	05/25/22
Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell 315 N Orchard Ln Covington, LA 70433	05/13/22	06/16/22 Return to sender. Unclaimed.

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

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

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Cristina Elizabeth Shelton 315 N Orchard Ln Covington, LA 70433	05/13/22	06/16/22 Return to sender. Unclaimed.
Stelaron, Inc. P.O. Box 7787 Amarillo, Texas 79114	05/13/22	06/01/22
Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042	05/13/22	05/20/22
Doris R. Stinson 30 SKP Ranch RD 33 Lakewood, NM, 88254	05/13/22	06/21/22 Return to sender.
Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401	05/13/22	05/25/22
John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831	05/13/22	06/02/22
Sandra Thoma 789 West Hells Gate Strawn, TX 76475	05/13/22	06/15/22 Return to sender.
Trinity Royalty Holdings I LP 1330 Post Oak Blvd Ste 1888 Houston, TX 77056	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.
Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981 4151 Woronzof Dr. Anchorage, AK 99517	05/13/22	06/10/22 Return to sender.

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

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

Case Nos. 22824-22831, & 22834

NOTICE LETTERS - ORRI

Wambaugh Exploration LLC 4747 RESEARCH FOREST DR STE 410 THE WOODLANDS, TX 77381- 4903	05/13/22	Per USPS Tracking: Delivered, left with an individual on 05/17/22.
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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

Street and Apt. No., or PO Box No. AGS Resources 2007 LLLP
10 Inverness Drive East, Suite 155
Englewood, Colorado 80112

City, State, ZIP+4® Colgate Dundee - 22834

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

MAY 13 2022
Postmark Here
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>AGS Resources 2007 LLLP 10 Inverness Drive East, Suite 155 Englewood, Colorado 80112</p> <p style="text-align: right;">Colgate Dundee - 22834</p> <p></p> <p>9590 9402 6746 1074 2468 70</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7641 5693</p>	<p>A. Signature X <i>Jim Hardy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Jim Hardy</p> <p>C. Date of Delivery 5/27/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation¹</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>

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

Colgate Operating, LLC
Case No. 22834
Exhibit C-3

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Certified Mail Fee \$

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

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

Postage \$

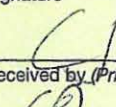
Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. C & J Investments
 101 E Lohman Ave
 Las Cruces, NM 88001

City, State, ZIP+4® Colgate Dundee - 22834

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>C & J Investments 101 E Lohman Ave Las Cruces, NM 88001</p> <p>Colgate Dundee - 22834</p> <p>9590 9402 6746 1074 2468 63</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 5686</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> <p>all Restricted Delivery</p>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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Certified Mail Fee \$

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

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

Postage \$

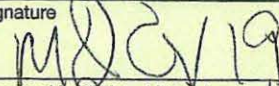

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. C & J Investments
2 Avery St., Apt 21B
Boston, MA 02111

City, State, ZIP+4® Colgate Dundee - 22834

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>C & J Investments 2 Avery St., Apt 21B Boston, MA 02111</p> </div> <p style="text-align: right; font-size: small;">Colgate Dundee - 22834</p> <div style="text-align: center;">  9590 9402 6746 1074 2468 87 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold; text-align: center;">7019 2970 0000 7595 5541</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 5/16/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p>Mail Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> 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													

PS Form 3811, July 2020 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

Street and Apt. No., or PO Box No. Charles W. Seltzer Trust
214 W. Texas, Suite 509
Midland, Texas 79701

City, State, ZIP+4® Colgate Dundee - 22834

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Charles W. Seltzer Trust 214 W. Texas, Suite 509 Midland, Texas 79701</p> <p style="text-align: right;">Colgate Dundee - 22834</p> <p style="text-align: center;">9590 9402 6746 1074 2468 25</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7641 5648</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> C. Seltzer <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>COVID-15-4.7 5/16/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> all Restricted Delivery</p>

PS Form 3811, July 2020 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 \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. COG Operating LLC
 600 W Illinois Ave
 Midland, TX 79701

City, State, ZIP+4®

Colgate Dundee - 22834

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

7019 2970 0000 7641 5617

SANTA FE, NM 87501
 MAY 13 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dundee King</i> C. Date of Delivery <i>5/17/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>COG Operating LLC 600 W Illinois Ave Midland, TX 79701</p> <p>Colgate Dundee - 22834</p> <p>9590 9402 6746 1074 2467 95</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 5617</p>	<p>Domestic Return Receipt</p>

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

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

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Karen Ralston Slade Revocable Trust
 P.O. Box 210188
 Bedford, Texas 76095

City, State, ZIP+4®

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Postmark Here MAY 1 2022

USPS

7019 2970 0000 7641 5631

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 <i>Karen Slade</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen Slade</i> C. Date of Delivery <i>5/24/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p>Karen Ralston Slade Revocable Trust P.O. Box 210188 Bedford, Texas 76095</p> <p>Colgate Dundee - 22834</p> <p>9590 9402 6746 1074 2468 18</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> </table> <p><input type="checkbox"/> Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 5631</p>													

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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

Street and Apt. No., or PO Box No. Kirk & Sweeney Ltd. Co
PO Box 2125
Roswell, NM 88202

City, State, ZIP+4® Colgate Dundee - 22834

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

MAY 19 2022
Postmark Here
USPS

7019 2970 0000 7641 5624

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Kirk & Sweeney Ltd. Co PO Box 2125 Roswell, NM 88202</p> <p>Colgate Dundee - 22834</p> <p>9590 9402 6746 1074 2468 01</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 5624</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> 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> <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>

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

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
 \$

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




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

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. Midwest Resources 2008-1 Oil and Gas Income Limited Partnership
 P.O. Box 76
 City, State, ZIP+4® Elm Grove, WI 53122 Colgate Dundee - 22834

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)</p> <p>C. Date of Delivery 5-17-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p>Midwest Resources 2008-1 Oil and Gas Income Limited Partnership P.O. Box 76 Elm Grove, WI 53122 Colgate Dundee - 22834</p> <p></p> <p>9590 9402 6746 1074 2468 49</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 5662</p>	<p></p>												
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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OFFICIAL USE 87501

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Shauna Seltzer Redwine Trust
4406 San Carlos Drive
Dallas, Texas 75205

City, State, ZIP+4® Colgate Dundee - 22834

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

7019 2970 0000 7641 5655

MAY 13 2022
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USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Shauna Seltzer Redwine Trust 4406 San Carlos Drive Dallas, Texas 75205 4414</p> <p>Colgate Dundee - 22834</p> <p>9590 9402 6746 1074 2468 32</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7641 5655</p>	<p>A. Signature X <i>Shauna Redwine</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>SHAUNA Redwine</i> 5/17/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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>Mail Mail Restricted Delivery</p>

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

7019 2970 0000 7641 5679

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	TE Ray Resources 13208 North MacArthur Blvd Oklahoma City, OK 73142
City, State, ZIP+4®	Colgate Dundee - 22834
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



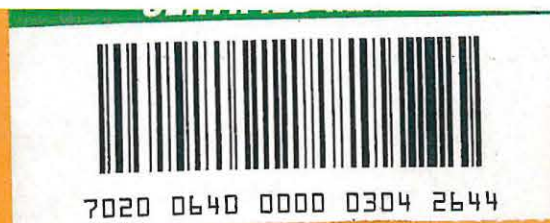
CERTIFIED MAIL® RECEIPT
Domestic Mail Only


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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
 Street and Apt. No., or PO Box No. Long, LLC
 215 South State St #100
 City, State, ZIP+4® Salt Lake City, UT 84111
 Colgate Dundee - ORRI 22824-31 & 34

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



FROM

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

TO
 Long, LLC
 215 South State St #100
 Salt Lake City, UT 84111
 Colgate Dundee - ORRI 22824-31 & 34

Vacant

RECEIVED

MAY 1 2022

Hinkle Shanor LLP
 Santa Fe, NM 87504

VAC

NIXIE 842 CZ 1 0105/19/22
 RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD
 EC: 87504206868 0091N139161-01353

NIXIE 842 SE 1 0105/26/22
 RETURN TO SENDER
 INSUFFICIENT ADDRESS
 UNABLE TO FORWARD
 EC: 87504206868 0091N146154-00311

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

Postage \$
Total Postage and Fees \$
Sent To

Street and Apt. No., or PO Box No. ROEC, Inc
528 Corona St.
Denver, CO 80209
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 A 34

PS Form 3800, April 2015 PSN 7530-02-000-9947 See Reverse for Instructions



FIRST-CLASS



US POSTAGE® PITNEY BOWES

ZIP 87501 \$ 008.76⁰
02 7H
0006052409 MAY 13 2022

FROM

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

TO

ROEC, Inc
528 Corona St.
Denver, CO 80209

Colgate Dundee - ORRI 22824-31 A 34

RECEIVED
JUN 28 2022

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:

ROEC, Inc
528 Corona St.
Denver, CO 80209

Colgate Dundee - ORRI 22824-31 A 34

2. Article Number (Transfer from service label)
7019 2970 0000 7642 4855

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X BP916C19 ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
BP 5/27/22

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ All Restricted Delivery

* 808 DE 1 N C7205/24/22
UNABLE TO FORWARD/FOR REVIEW
C016

-R-T-S- 802095204-1N

06/23/22

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER



JTF

7019 2970 0000 7642 4923

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Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$
 Sent To
 Street and Apt. No., or PO Box No. Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Cristina Elizabeth Shelton
 315 N Orchard Ln
 Covington, LA 70433
 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here
MAY 13 2022

Not
5/18/22
del



FIRST-CLASS



US POSTAGE PITNEY BOWES

 ZIP 87501 \$ 008.76⁰
 02 7H
 0006052409 MAY 13 2022

FROM

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

TO

Elizabeth Sherman Shelton, as Trustee of the
Prescott A. Sherman Grandchildren's Trust for the
benefit of Cristina Elizabeth Shelton
315 N Orchard Ln
Covington, LA 70433

Colgate Dundee - ORRI 22824-31 & 34

NAME
1ST NOTICE 5/18
2ND NOTICE
RETURN 6/2

UNCLAIMED

RECEIVED

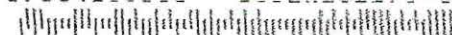
JUN 16 2022

 Hinkle Shanor LLP
 Santa Fe NM 87504

NIXIE 773 DE 1 0006/10/22

 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504206868 2091N161175-00101



7019 2970 0000 7642 4930

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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 \$

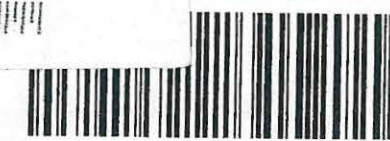
Postage \$

Total Postage and Fees \$

Sent To Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell
315 N Orchard Ln
Covington, LA 70433

City, State, ZIP+4® Covington, LA 70433

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



7019 2970 0000 7642 4930

FIRST-CLASS



US POSTAGE® PITNEY BOWES

ZIP 87501 \$ 008.76⁰

02 7H

0006052409 MAY 13 2022

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

TO

Elizabeth Sherman Shelton, as Trustee of the
Prescott A. Sherman Grandchildren's Trust for the
benefit of Amy Shelton Murrell
315 N Orchard Ln
Covington, LA 70433

Catalog Dendro - ORR12324-31 A 34

NAME _____

1ST NOTICE 5/18

2ND NOTICE _____

RETURN 6/2

RECEIVED

JUN 16 2022

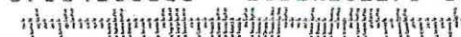
Hinkle Shanor LLP
Santa Fe NM 87504

UNCLAIMED

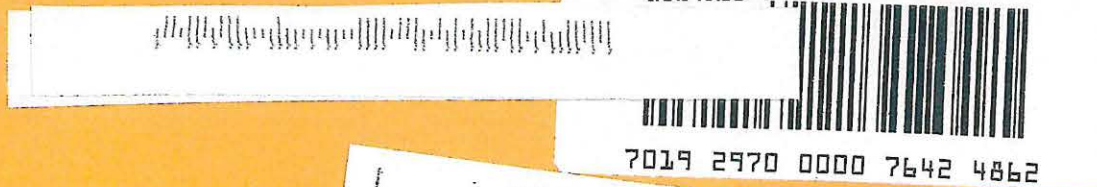
NIXIE 773 DE 1 8685/16/22

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504206868 2091N161175-00105



CERTIFIED MAIL



FIRST-CLASS



US POSTAGE PAID PITNEY BOWES
 ZIP 87501 \$ 008.76⁰⁰
 02 7H
 0006052409 MAY 13 2022

BC: 87504206868
 UNABLE TO FORWARD
 ATTEMPTED - NOT KNOWN
 RETURN TO SENDER
 0106/14/22
 731 SE 1
 NIXIE

Ank

5/16

7019 2970 0000 7642 4862

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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
 Street and Apt. No., or PO Box No. Doris R. Stinson
 30 SKP RANCH RD 33
 LAKEWOOD, NM, 88254
 City, State, ZIP+4® Colgate Dundee - ORR 22824-31 & 34

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

Postmark
 MAY 13 2022

FROM

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

TO

Doris R. Stinson
 30 SKP RANCH RD 33
 LAKEWOOD, NM, 88254

Colgate Dundee - ORR 22824-31 & 34

RECEIVED

JUN 21 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

MMR

7020 0640 0000 0304 2651

FIRST-CLASS

US POSTAGE[®] PITNEY BOWESZIP 87501
02 7H
0006052409\$ 008.76⁰
MAY 13 2022

BC: 87504206868
2266N159144-00663
UNABLE TO FORWARD
NO MAIL RECEIPT
RETURN TO SENDER
731 DE 1
MIXIE
22/50/9000

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

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

OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Sandra Thoma
789 West Hells Gate
City, State, ZIP+4[®] Strawn, TX 76475

Colgate Dundee - ORRI 22824-31 & 34

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

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

TO

Sandra Thoma
789 West Hells Gate
Strawn, TX 76475

Colgate Dundee - ORRI 22824-31 & 34

RECEIVED

JUN 15 2022

Hinkle Shanor LLP
Santa Fe NM 87504

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
 \$

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

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

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Valorie F. Walker, Trustee of the Jack V. Walker
 Revocable Trust under Trust Agreement dated May
 21, 1981
 4151 Woronzof Dr.
 Anchorage, AK 99517

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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



7019 2970 0000 7595 5237

FIRST-CLASS



US POSTAGE®
 ZIP 87501 \$ 008.70
 02 7H
 0006052409 MAY 13 2022

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

TO

Valorie F. Walker, Trustee of the Jack V.
 Walker Revocable Trust under Trust Agreement
 dated May 21, 1981
 4151 Woronzof Dr.
 Anchorage, AK 99517

-R-T-S- 995175043-1N

06/06/22

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 RETURN TO SENDER



RECEIVED

JUN 10 2022

Hinkle Shanor LLP
 Santa Fe, NM 87504

4/7
 10/10

7019 2970 0000 7642 4992

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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 fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No. Adventure Exploration L.P. P.O. Box 11354 Midland, TX 79702	
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7642 5159

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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 fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No. FFF, Inc. 2307 Stagecoach Dr Las Cruces, NM 88011	
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7642 5166

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No. JAB Investments, Inc. 612 W Plains Ave Clovis, NM 88101	
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7642 5111

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No. Motowi, LLC 2307 Stagecoach Dr Las Cruces, NM 88011	
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7642 5135

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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 fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No. Michelle R. (Hannifin) Sandoval PO Box 131570 Carlsbad, CA 92013	
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7642 4893

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No. Robin K. Shackelford 108 Paradise Canyon Ruidoso, NM 88345	
City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 2970 0000 7642 4961

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Trinity Royalty Holdings I LP 1330 Post Oak Blvd Ste 1888 Houston, TX 77056
City, State, ZIP+4®	Colgate Dundee - ORRI 22824-31 & 34
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark
Here
MAY 13 2022

7019 2970 0000 7642 5098

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Wambaugh Exploration LLC 4747 RESEARCH FOREST DR STE 410 THE WOODLANDS, TX 77381-4903
City, State, ZIP+4®	Colgate Dundee - ORRI 22824-31 & 34
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Postmark
Here
MAY 13 2022

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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

Street and Apt. No., or PO Box No. Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002
25812 South Danford Dr
Sun Lake, AZ 85248

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002 25812 South Danford Dr Sun Lake, AZ 85248</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 3892 56</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5220</p>		<p>A. Signature</p> <p>X <i>PR</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>PR</i> 5-16-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <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>			

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

7019 2970 0000 7642 4947

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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 John P. Conn and Eileen C. Knecht
 19764 Lexington Dr
 Biloxi, MS 39532

City, State, ZIP+4®

Postmark Here
 MAY 13 2022

USPS

Colgate Dundee - ORRI 22824-31 & 34

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:

John P. Conn and Eileen C. Knecht
 19764 Lexington Dr
 Biloxi, MS 39532

Colgate Dundee - ORRI 22824-31 & 34

9590 9402 6746 1074 3890 89

2. Article Number (Transfer from service label)
 7019 2970 0000 7642 4947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ John P. Conn ☐ Agent ☒ Addressee

B. Received by (Printed Name) JOHN P. Conn C. Date of Delivery 5/17/22

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery

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

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OFFICIAL USE

Certified Mail Fee
 \$

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

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

Postage
 \$

Total Postage and Fees
 \$

Sent To

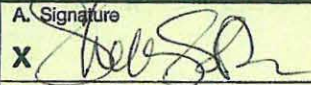
Street and Apt. No., or PO Box No. Shelley Schutz Dominguez
 725 Live Oak

City, State, ZIP+4® El Paso, TX 79932

Colgate Dundee - ORRI 22824-31 & 34

Postmark Here
 MAY 13 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Shelley Schutz Dominguez 725 Live Oak El Paso, TX 79932</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 3890 58</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 4978</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Shelley Dominguez</p> <p>C. Date of Delivery 5/19/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> all Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> all Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> all Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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OFFICIAL USE

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Energy Properties Limited, L.P.
PO Box 51408
Casper, WY 82605

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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:

Energy Properties Limited, L.P.
PO Box 51408
Casper, WY 82605

Colgate Dundee - ORRI 22824-31 & 34

2. Article Number (Transfer from service label)
7019 2970 0000 7642 4879

COMPLETE THIS SECTION ON DELIVERY

A. Signature 

B. Received by (Printed Name) Tom C. Gentry

C. Date of Delivery 5/24/22

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery (30)

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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


Street and Apt. No., or PO Box No. Frannifin Minerals, LLC
PO Box 13128

City, State, ZIP+4® Las Cruces, NM 88013
Colgate Dundee - ORRI 22824-31 & 34

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

MAY 13 2022
Postmark
Here
USPS

7019 2970 0000 7642 5128

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>Frannifin Minerals, LLC</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FRANNIFIN MINERALS, LLC</i> C. Date of Delivery <i>5-17-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Frannifin Minerals, LLC PO Box 13128 Las Cruces, NM 88013</p> <p style="text-align: center;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> <p style="text-align: center;">  9590 9402 6746 1074 2264 90 </p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 5128</p>	<p><input type="checkbox"/> Restricted Delivery</p>

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

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Natalie V. Hanagan
1922 18th Ave West
Williston, ND 58801

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

Postmark
MAY 13 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Natalie V. Hanagan 1922 18th Ave West Williston, ND 58801</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 3892 25</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7595 5251</p>	<p>A. Signature X <i>Natalie Hanagan</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Natalie Hanagan</i></p> <p>C. Date of Delivery <i>6-1-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Robert W. Hanagan
PO Box 750
Big Horn, WY 82833

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

SANTA, FE, NM 87501
Postmark Here
MAY 13 2022
USPS

7019 2970 0000 7595 5244

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>Brenda Hanagan</i></p> <p>B. Received by (Printed Name) <i>Brenda Hanagan</i></p> <p>C. Date of Delivery <i>5/24/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Robert W. Hanagan PO Box 750 Big Horn, WY 82833</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 3892 32</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5244</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

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 TA, FE. NM 87507

Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$


Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Michael D. Hayes and Kathryn A. Hayes, as
 Co-Trustees of the Hayes Revocable Trust
 3608 Meadowridge Lane
 City, State, ZIP+4® Midland, TX 79707
 Colgate Dundee - ORRI 22824-31 & 34

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust 3608 Meadowridge Lane Midland, TX 79707</p> <p style="text-align: center; font-size: 0.8em;">Colgate Dundee - ORRI 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3890 72 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">7019 2970 0000 7642 4954</p>	<p>A. Signature</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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> </table> <p style="text-align: right; font-weight: bold;">Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> 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															
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>															

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OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No.


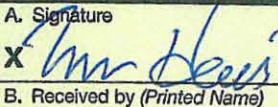
City, State, ZIP+4®

William N. Heiss and Susan E. Heiss, Co-Trustees of
the William N. Heiss Profit Sharing Plan
PO Box 2944
Casper, WY 82602

Colgate Dundee - ORRI 22824-31 & 34

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

MAY 19 2022
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan PO Box 2944 Casper, WY 82602</p> <p style="text-align: center;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> <div style="text-align: center;">  9590 9402 6746 1074 3891 26 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 4909</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p style="text-align: right;">5-19-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p><input type="checkbox"/> All Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> 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													

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

Domestic Return Receipt

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Certified Mail Fee
\$

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

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

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Hutchings Oil Company
PO Box 1216
City, State, ZIP+4® Albuquerque, NM 87103
Colgate Dundee - DRR1 22824-31 & 34

Postmark Here
MAY 13 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Janet W. Dundee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Janet W. Dundee</i> C. Date of Delivery <i>5/18/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Hutchings Oil Company PO Box 1216 Albuquerque, NM 87103</p> <p style="text-align: center; font-size: small;">Colgate Dundee - DRR1 22824-31 & 34</p>	<p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: large;">7019 2970 0000 7595 5213</p>	<p style="text-align: center;">Restricted Delivery</p>												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>													

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. JB & PDIII Partners, LLC
P.O. Box 1811
City, State, Zip+4® Midland, TX 79702

Colgate Dundee - ORRI 22824-31 & 34

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

MAY 18 2022
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7019 2970 0000 7642 5036

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paul L. Davis</i> C. Date of Delivery <i>5/19/2022</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">JB & PDIII Partners, LLC P.O. Box 1811 Midland, TX 79702</p> <p style="text-align: center; font-size: small;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 6746 1074 3973 36</p> <p style="text-align: center;">7019 2970 0000 7642 5036</p>	<p><input type="checkbox"/> Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	
<p>Domestic Return Receipt</p>	

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Certified Mail Fee
\$

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

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

Postage
\$


Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Lowe Royalty Partners, LP
1717 W. 6th Street, Suite 470
Austin, Texas 78703
City, State, ZIP+4® Colgate Dundee - ORR1 22824-31 & 34

Postmark Here MAY 1 2022

USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Lowe Royalty Partners, LP 1717 W. 6th Street, Suite 470 Austin, Texas 78703</p> <p style="text-align: center; font-size: small;">Colgate Dundee - ORR1 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3973 05 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: large;">7019 2970 0000 7642 5067</p>	<p>A. Signature</p> <p>X <u>Secure</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mailbox</u> C. Date of Delivery <u>5/18</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </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"/> 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													

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

7019 2970 0000 7642 5142

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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 MW Oil Investment Company Inc.
 Street and Apt. No., or PO Box No. 2307 Stagecoach Dr
 Las Cruces, NM 88011
 City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

Postmark MAY 13 2022

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:

MW Oil Investment Company Inc.
 2307 Stagecoach Dr
 Las Cruces, NM 88011

Colgate Dundee - ORRI 22824-31 & 34

2. Article Number (Transfer from service label)

7019 2970 0000 7642 5142

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

2207 Stagecoach

3. Service Type ☐ Priority Mail Express®
☐ Adult Signature ☐ Registered Mail™
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail® ☐ Signature Confirmation™
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. MAP 98A-OK, an Oklahoma general partnership
101 North Robinson, Suite 1000
Oklahoma City, OK 73102-5514
Colgate Dundee - ORRI 22824-31 & 34

City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>MAP 98A-OK, an Oklahoma general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514 <small>Colgate Dundee - ORRI 22824-31 & 34</small></p> <p>9590 9402 6746 1074 3972 99</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 5074</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>x <i>M. Creach</i></p> <p>B. Received by (Printed Name) <i>Michelle Creach</i> C. Date of Delivery <i>5-16-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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>

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

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

Postage
 \$

Total Postage and Fees
 \$

Sent To

Street and Apt. No., or PO Box No. MAP 98B-NET, a Texas general partnership
 101 North Robinson, Suite 1000
 Oklahoma City, OK 73102-5514


City, State, ZIP+4® Colgate Damlee - ORRI 22824-31 & 34

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7019 2970 0000 7642 5081

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>M. Creach</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mitchell Creach</i> C. Date of Delivery <i>5-16-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>1. Article Addressed to:</p> <p>MAP 98B-NET, a Texas general partnership 101 North Robinson, Suite 1000 Oklahoma City, OK 73102-5514</p> <p>Colgate Damlee - ORRI 22824-31 & 34</p> <p> 9590 9402 6746 1074 3972 82</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> </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"/> 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													
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 5081</p>	<p>II Restricted Delivery</p>												
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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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 MKL Minerals LLC

Street and Apt. No., or PO Box No. 1901 Ward

City, State, ZIP+4® Midland, TX 79705

Colgate Dundee - ORRI 22824-31 & 34

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

MAY 13 2022
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7019 2970 0000 7642 5050

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">MKL Minerals LLC 1901 Ward Midland, TX 79705</p> <p style="text-align: center; font-size: small;">Colgate Dundee - ORRI 22824-31 & 34</p>	<p>A. Signature</p> <p></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Wase Summons 5-16-22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p style="text-align: center;">9590 9402 6746 1074 3973 12</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: large;">7019 2970 0000 7642 5050</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"/> Mail Restricted Delivery</p>

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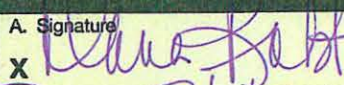
OFFICIAL USE

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
 Street and Apt. No., or PO Box No. Merrick Properties, LLC
 P.O. Box 144
 City, State, ZIP+4® Midland, TX 79702
 Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7642 5043

MAY 12 2022
 Postmark Here
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Dana Roberts</u></p> <p>C. Date of Delivery <u>5/23/22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Merrick Properties, LLC P.O. Box 144 Midland, TX 79702</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p> 9590 9402 6746 1074 3973 29</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 5043</p>	<p>Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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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

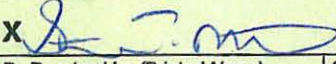
Street and Apt. No., or PO Box No. Stephen T. Mitchell
 6212 Homestead Blvd
 Midland, TX 79707

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

MAY 13 2022
 Postmark Here
 USPS

7019 2970 0000 7595 5190

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Stephen T. Mitchell 6212 Homestead Blvd Midland, TX 79707</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 3892 87</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5190</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>STEPHEN T. MITCHELL 5/31/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input 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>Mail Restricted Delivery</p>

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

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OFFICIAL USE

Certified Mail Fee
\$

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

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

Postage
\$



Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. Monarch Oil and Gas Inc.
PO Box 1473
City, State, ZIP+4® Roswell, NM 88202
Colgate Dundee - ORR1 22824-31 & 34

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

SANTA FE, NM 87501
Postmark Here
MAY 13 2022
USPS

7019 2970 0000 7595 5176

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Monarch Oil and Gas Inc. PO Box 1473 Roswell, NM 88202</p> <p style="text-align: center;"><small>Colgate Dundee - ORR1 22824-31 & 34</small></p> <p style="text-align: center;">  9590 9402 6746 1074 3893 00 </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7595 5176</p>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) Viola A. Vigil </p> <p>C. Date of Delivery 5-16-22 </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (0)</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"/> Mail Restricted Delivery (0)	
<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"/> Mail Restricted Delivery (0)																	

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

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OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Robin L. Morgan
135 Cottonwood Rd
City, State, ZIP+4® Artesia, NM 88210

Colgate Dundee - ORRI 22824-31 & 34

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

Postmark
MAY 13 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Robin L. Morgan 135 Cottonwood Rd Artesia, NM 88210</p> <p style="text-align: right; font-size: small;">Colgate Dundee - ORRI 22824-31 & 34</p> <p style="text-align: center;">9590 9402 6746 1074 3891 19</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: large;">7019 2970 0000 7642 4916</p>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>TAYLOR MORGAN</i></p> <p>C. Date of Delivery <i>5-16-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p style="text-align: right;">Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> 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													

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

7019 2970 0000 7642 4831

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL RECEIPT	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	Roswell, NM 88202
Colgate Dundee - ORRI 22824-31 & 34	
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>Diana Ruiz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Diana Ruiz</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mark B. Murphy Trustee of the Mark B. Murphy Irrevocable Trust under Trust Agreement dated December 11, 2012 PO Drawer 1030 Roswell, NM 88202</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7642 4831</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	

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Certified Mail Fee \$

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012

City, State, ZIP+4® Roswell, NM 88201

Postmark Here MAY 13 2022

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:

Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2012
706 Brazos St.
Roswell, NM 88201

2. Article Number (Transfer from service label)

7019 2970 0000 7595 5169

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 ☐ 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

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

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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
 Street and Apt. No., or PO Box No. Nuevo Seis, Limited Partnership
 PO Box 2588
 City, State, ZIP+4® Roswell, NM 82202
 Colgate Dundee - ORRI 22824-31 & 34

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

MAY 13 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Nuevo Seis, Limited Partnership PO Box 2588 Roswell, NM 82202</p> <p style="text-align: center; font-size: 10px;">Colgate Dundee - ORRI 22824-31 & 34</p> <p style="text-align: center;">9590 9402 6746 1074 3973 81</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 4985</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Pat, Stacy</p> <p>C. Date of Delivery 5/16/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. OGI, Inc.
 PO Box 5686
 City, State, ZIP+4[®] Pagosa Springs, CO 81147
Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7642 4848

MAY 17 2022

USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>OGI, Inc. PO Box 5686 Pagosa Springs, CO 81147</p> <p><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> <p>9590 9402 6746 1074 3891 88</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 4848</p>	<p>A. Signature X <i>Anne Zoelner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Anne Zoelner</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </td> <td> <input type="checkbox"/> Priority Mail Express[®] <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> <p>Mail Restricted Delivery (0)</p>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express [®] <input type="checkbox"/> Registered Mail TM <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation TM <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express [®] <input type="checkbox"/> Registered Mail TM <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation TM <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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

AGOSA SPRINGS, CO
 MAY 20 2022
 USPS

7019 2970 0000 7642 5029

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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. PDIII Exploration, LTD.
 P.O. Box 871
 Midland, Texas 79702
 City, State, ZIP+4® Colgate Dundee - ORR1 22824-31 & 34

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

MAY 11 2022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>PDIII Exploration, LTD. P.O. Box 871 Midland, Texas 79702</p> <p>Colgate Dundee - ORR1 22824-31 & 34</p> <p>9590 9402 6746 1074 3973 50</p> <p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 5029</p>	<p>A. Signature X <i>Paul L. Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Paul L. Davis</i> 5/19/2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <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</p>

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Domestic Mail Only


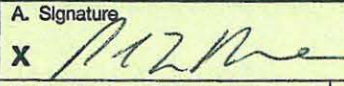
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7019 2970 0000 7642 5012

Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No., or PO Box No.		Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702
City, State, ZIP+4®		Colgate Dundee - ORRI 22824-31 & 34

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Paul Davis, Ltd. P.O. Box 871 Midland, TX 79702</p> <p style="text-align: center;">Colgate Dundee - ORRI 22824-31 & 34</p> <p style="text-align: center;">  9590 9402 6746 1074 3973 43 </p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 5012</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Paul L Davis 5/19/2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> <p>all Restricted Delivery</p>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

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

7019 2970 0000 7595 5206

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Street and Apt. No., or PO Box No.	Qualia Interests, LLC PO Box 991 Midland, TX 79702
City, State, ZIP+4®	Midland, TX 79702 Colgate Dundee - ORRI 22824-31 & 34
PS Form 3800, April 2015 FSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Qualia Interests, LLC PO Box 991 Midland, TX 79702</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p> <p>9590 9402 6746 1074 3892 70</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5206</p>	<p>all Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Rec

U.S. Postal Service™
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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 fee as appropriate)

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

Postage
\$

Total Postage and Fees
\$



Sent To

Street and Apt. No., or PO Box No. Realtimezone, Inc.
PO Box 1834

City, State, Zip+4® Roswell, NM 88202

Postmark
May 19 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Realtimezone, Inc. PO Box 1834 Roswell, NM 88202</p> <p style="text-align: center;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p> <div style="text-align: center;">  9590 9402 6746 1074 3893 55 </div> <p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 2637</p>	<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Anna-Marie</p> <p>C. Date of Delivery May 11 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table> <p><input type="checkbox"/> all Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> 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													

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

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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 fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. S & E Royalty, LLC
 8470 West 4th Ave
 Lakewood, CO 80226

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

7019 2970 0000 7642 5104

MAY 17 2022

USPS

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

S & E Royalty, LLC
 8470 West 4th Ave
 Lakewood, CO 80226

Colgate Dundee - ORRI 22824-31 & 34

9590 9402 6746 1074 2265 13

2. Article Number (Transfer from service label)

7019 2970 0000 7642 5104

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Gollivan* ☐ Agent ☒ Addressee

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

Mary Gollivan 5/23/22

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

Mail Restricted Delivery

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

7019 2970 0000 7595 5183

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202
City, State, ZIP+4®	Colgate Dundee - ORR1 22824-31 & 34
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) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Scott Exploration, Inc. PO Box 1834 Roswell, NM 88202</p> <p>Colgate Dundee - ORR1 22824-31 & 34</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>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5183</p>	<p>11 2022 88201</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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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

Street and Apt. No., or PO Box No. Harold Scott
12025 N 1878 Rd

City, State, ZIP+4® Sayre, OK 73662-7601

Postmark Here
MAY 13 2022
USPS

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Harold Scott 12025 N 1878 Rd Sayre, OK 73662-7601</p> <p style="text-align: center;">Colgate Dundee - ORR 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3892 18 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 4817</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Harold Scott</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <i>Sandra Scott</i> </p> <p>C. Date of Delivery <i>5/16/22</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> <p style="text-align: center;">II Restricted Delivery</p>

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

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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

Street and Apt. No., or PO Box No. Sam L. Shackelford
1096 Mechem Dr.
City, State, ZIP+4® Ruidoso, NM 88211

Postmark:
Here
MAY 13 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Sam L. Shackelford 1096 Mechem Dr. Ruidoso, NM 88211</p> <p style="text-align: center;">Colgate Dundee - ORR1 22824-31 & 34</p> <p style="text-align: center;">9590 9402 6746 1074 3891 40</p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 4886</p>	<p>A. Signature</p> <p>X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>SAM L. SHACKELFORD 5/18/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input 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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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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

Street and Apt. No., or PO Box No. Stelaron, Inc.
P.O. Box 7787
Amarillo, Texas 79114
Colgate Dundee - ORRI 22824-31 & 34

City, State, ZIP+4®

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:

Stelaron, Inc.
P.O. Box 7787
Amarillo, Texas 79114

Colgate Dundee - ORRI 22824-31 & 34

9590 9402 6746 1074 2465 04

2. Article Number (Transfer from service label)

7019 2970 0000 7642 5173

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Karen L. Moore* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Karen L. Moore* C. Date of Delivery

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

MAY 26 2022

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ 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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

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

Postage \$


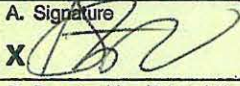
Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Stephens Enterprises
1001 Saunders Dr, Roswell
NM, 88201-1042

City, State, ZIP+4® Colgate Dundee - ORRI 22824-31 & 34

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Stephens Enterprises 1001 Saunders Dr, Roswell NM, 88201-1042</p> <p style="text-align: center; font-size: small;">Colgate Dundee - ORRI 22824-31 & 34</p> <div style="text-align: center;">  9590 9402 6746 1074 3892 01 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: large;">7019 2970 0000 7642 4824</p>	<p>A. Signature X </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stephanie Stephen</i></p> <p>C. Date of Delivery <i>5-17-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0" style="width: 100%;"> <tr> <td><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> </table> <p style="text-align: right;">Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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OFFICIAL USE

7019 2970 0000 7642 5005

Certified Mail Fee		 MAY 18 2022 USPS
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No., or PO Box No.		Tar Creek, LLC 2217 Cardinal Road Ardmore, OK 73401
City, State, ZIP+4®		Colgate Dundee - ORRI 22824-31 & 34


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>B. Received by (Printed Name): <u>Daniel Shearing</u></p> <p>C. Date of Delivery: <u>5/18/22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Tar Creek, LLC 2217 Cardinal Road Ardmore 3401</p> <p style="text-align: center;"><small>Colgate Dundee - ORRI 22824-31 & 34</small></p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2970 0000 7642 5005</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

7019 2970 0000 7595 5152

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
John Kyle Thoma, Trustee of the Cornerstone Family Trust	
PO Box 558	
Peyton, Colorado 80831	
Colgate Dundee - ORRI 22824-31 & 34	
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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) John Thoma</p> <p>C. Date of Delivery 5/28/2022</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>John Kyle Thoma, Trustee of the Cornerstone Family Trust PO Box 558 Peyton, Colorado 80831</p> <p>Colgate Dundee - ORRI 22824-31 & 34</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7595 5152</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005262007

This is not an invoice

HINKLE SHANOR LLP
POBOX 10

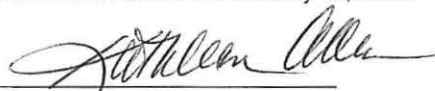
ROSWELL, NM 88202-0010

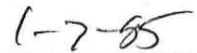
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

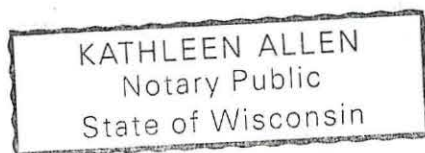
05/18/2022


Legal Clerk

Subscribed and sworn before me this May 18, 2022:


State of WI, County of Brown
NOTARY PUBLIC


My commission expires



Ad # 0005262007
PO #: 5262007
of Affidavits 1

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Colgate Operating, LLC
Case No. 22834
Exhibit C-4

This is to notify all interested parties, including COG Operating LLC; Kirk & Sweeney Ltd. Co; Karen Ralston Slade Revocable Trust; Charles W. Seltzer Trust; Shauna Seltzer Redwine Trust; Midwest Resources 2008-1 Oil and Gas Income Limited Partnership; TE Ray Resources; C&J Investments; AGS Resources 2007 LLLP; Realtimezone, Inc.; Long, LLC; Sandra Thoma; John Kyle Thoma, Trustee of the Cornerstone Family Trust; Susan S. Murphy, Trustee of the Susan S. Murphy Marital Trust under Trust Agreement dated November 15, 2021; Monarch Oil and Gas Inc.; Scott Exploration, Inc.; Stephen T. Mitchell; Qualia Interests, LLC; Hutchings Oil Company; Pete Balog, Trustee of the Balog Family Trust dated August 15, 2002; Valorie F. Walker, Trustee of the Jack V. Walker Revocable Trust under Trust Agreement dated May 21, 1981; Robert W. Hanagan; Natalie V. Hanagan; Harold Scott; Stephens Enterprises; Mark B. Murphy, Trustee of the Mark B. Murphy Irrevocable Trust under Trust agreement dated December 11, 2012; OGI, Inc.; ROEC, Inc; Doris R. Stinson; Energy Properties Limited, L.P.; Sam L. Shackelford; Robin K. Shackelford; William N. Heiss and Susan E. Heiss, Co-Trustees of the William N. Heiss Profit Sharing Plan; Robin L. Morgan; Elizabeth S. Shelton, Trustee of the Elizabeth S. Shelton Living Trust; Elizabeth Sherman Shelton, as Trustee of the Prescott A. Sherman Grandchildren's Trust for the benefit of Amy Shelton Murrell; John P. Conn and Eileen C. Knecht; Michael D. Hayes and Kathryn A. Hayes, as Co-Trustees of the Hayes Revocable Trust; Trinity Royalty Holdings I LP; Shelley Shutz Dominguez; Nuevo Seis, Limited Partnership; Adventure Exploration L.P.; Tar Creek, LLC; Paul Davis, Ltd.; PDIII Exploration, LTD; JB & PDIII Partners, LLC; Merrick Properties, LLC; MKL Minerals LLC; Lowe Royalty Partners, LP; MAP 98A-OK, an Oklahoma general partnership; MAP 98B-NET, a Texas general partnership; Wambaugh Exploration, LLC; S & E Royalty, LLC; Motowi, LLC; Franniifin Mineral, LLC; Alan R. Hannifin, a single man; Michelle R. (Hannifin) Sandoval; MW Oil Investment Company Inc.; FFF, Inc.; JAB Investments, Inc.; Stelaron, Inc.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Operating, LLC (Case No. 22B34). 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.wemr.d.state.nm.us/OCD/hearings.html>. Applicant applies for an order pooling all uncommitted interests from the top of the Bone Spring Formation to the base of the First Bone Spring Formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the N/2S/2 of Sections 3 and 4, Township 20 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Dundee 4 Fed Com 113H well, which will be horizontally drilled from a surface hole location in the NE/4 SE/4 (Unit I) of Section 5 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 3. A depth severance exists in the Bone Spring Formation within the Unit. According-

ly, Applicant seeks to pool uncommitted interests from the top of the Bone Spring Formation at a stratigraphic equivalent of approximately 4,461' TVD to the base of the First Bone Spring Formation at a stratigraphic equivalent of approximately 6,570' TVD as observed on the Government 5 #1 well log (API 30-015-20932). Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 12 miles northeast of Carlsbad, New Mexico.
#5262007, Current Argus, May 18, 2022