

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

APPLICATIONS OF MATADOR PRODUCTION
COMPANY TO AMEND ORDERS, EDDY COUNTY,
NEW MEXICO.

Case Nos. 22706-22707 AND 22710-22711

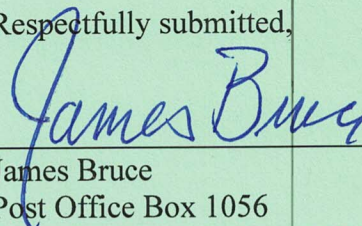
NOTICE OF FILING REPLACEMENT EXHIBIT

(Part I)

Matador Production Company hereby submits the following replacement exhibit:

Replacement Exhibit 4: This is the affidavit of certified notice, which contains all of the certified white and green cards.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043
jamesbruc@aol.com

Attorney for Matador Production Company

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

APPLICATIONS OF MATADOR PRODUCTION
COMPANY TO AMEND ORDERS FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO. Case Nos. 22706-22707-22710-22711

SELF-AFFIRMED STATEMENT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the name and correct addresses of the interest owners entitled to receive notice of the applications filed herein.
4. Notice of the applications was provided to the interest owner, at its last known address, by certified mail. Copies of the notice letter and certified return receipt are attached hereto as Attachment A.
5. Matador Production has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 8/30/22

James Bruce
James Bruce

Replacement
EXHIBIT 4

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

July 14, 2022

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Enclosed are copies of the following four applications, filed with the New Mexico Oil Conservation Division by Matador Production Company:

1. In Case No. 22706 Matador Production Company seeks an order amending Order Nos. R-21267 (issued on April 28, 2020) and R-21267-A to extend the well commencement deadline one additional year, to April 28, 2023. Order No. R-21267 pooled mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the N/2N/2 of Section 21 and the N/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 121H.

2. In Case No. 22707 Matador Production Company seeks an order amending Order Nos. R-21268 (issued on April 28, 2020) and R-21268-A to extend the well commencement deadline one additional year, to April 28, 2023. Order No. R-21268 pooled mineral interest owners in the Bone Spring formation underlying a horizontal spacing unit comprised of the S/2N/2 of Section 21 and the S/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 122H.

3. In Case No. 22710 Matador Production Company seeks an order amending Order Nos. R-21271 (issued on April 28, 2020) and R-21271-A to extend the well commencement deadline one year, to April 30, 2023. Order No. R-21271 pooled mineral interest owners in the Wolfcamp formation underlying a horizontal spacing unit comprised of the N/2N/2 of Section 21 and the N/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 201H.


ATTACHMENT 

4. In Case No. 22711 Matador Production Company seeks an order amending Order Nos. R-21272 (issued on April 30, 2020) and R-21272-A to extend the well commencement deadline one additional year, to April 30, 2023. Order No. R-21272 pooled mineral interest owners in the Wolfcamp formation underlying a horizontal spacing unit comprised of the S/2N/2 of Section 21 and the S/2N/2 of Section 22, Township 20 South, Range 29 East, N.M.P.M., Eddy County, New Mexico, for purposes of drilling the Michael K & B 2122 Fed. Com. Well No. 202H.

These matters are scheduled for hearing at 8:15 a.m. on Thursday, August 4, 2022. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to emnrd.state.nm.us/OCD/hearings or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the applications, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than five business days before the hearing date. This statement may be filed online with the Division at ocd.hearings@state.nm.us, and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,



James Bruce

Attorney for Matador Production Company

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202

Santo Legado LLC
P.O. Box 1020
Artesia, NM 88211-1020

Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211-0840

EOG Resources, Inc.
Midland Division – Land Department
P.O. Box 2267
Midland, TX 79702

Vladin, LLC
P.O. Box 100
Artesia, NM 88211-0111

John A. Yates, Trustee of Trust Q
u/w/o Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88211-0111

T.I.G. Properties, L.P.
P.O. Box 10508
Midland, TX 79702

Pamela J. Burke, Trustee of the P.I.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Siegfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702

Van S. Welch, II
11111 Grant Road
Stonegate Villas Unit 815
Cypress, TX 77429

James Gary Welch
15714 Winding Moss Drive
Houston, TX 77068

Marian Welch Pendegrass
2705 Gaye Drive
Roswell, NM 88201

Robert Welch Gillespie
186 Sierra View
Pasadena, CA 91105

Erin L. Cofrin Revocable Trust
43 Camino Arroyo Place
Palm Desert, CA 92260

Van P. Welch, Jr.
2259-C Via Puerta
Laguna Woods, CA 92653

Phoebe J. Welch, Trustee of the Phoebe
J. Welch Trust dated July 27, 2006
20350 Marsh Creek Road
Brentwood, CA 94513-4808

Bryan W. Welch
1764 s. Paige Creek Place
Tucson, AZ 85748

Becky Welch Kitto
2707 N. Flanwill
Tucson, AZ 85716

Stacy Welch Green
5655 N. Via Umbrosa
Tucson, AZ 85750

Phoebe Jane Welch, IV
3501 146th Street
Lubbock, TX 79423

Wendell Terry Welch
P.O. Box 8418
Nikiski, AK 99635

Michael Irwin Welch
12010 Topeka Avenue
Lubbock, TX 79124

Sanders Thomas Welch
49730 Baun Drive
Kenai, AK 99611

EXHIBIT

A

Paul E. Siegel, Successor Fiduciary
607 North Broadway
Hastings, MI 49058

PetroYates, Inc.
P.O. Box 1608
Albuquerque, NM 87103-1608

Michael S. Richardson
P.O. Box 819
Roswell, NM 88202-0819

COG Operating LLC
Concho Oil & Gas LLC
600 West Illinois Ave.
Midland, TX 79701

Rita Lea Bonifield Spencer
6436 Nicklas
Oklahoma City, OK 73132

Morna Ruth Bonifield Canon
9403 Winding Ridge
Dallas, TX 75238

Carolyn Sue Bonifield Sandner
Vienna, Austria
OU, 43 1876

Pacific Enterprises Oil Company (USA) or
Union Pacific Resources Company
Address unknown

Braille Institute of America, Inc.
P.O. BOX 840738
Dallas, TX 75284

R. R. Hinkle Company, Inc.
1213 West Third Street
Roswell, NM 88201

McQuiddy Communications & Energy, Inc.
P.O. Box 2072
Roswell, NM 88201

Bank of America, N.A., Trustee of the
Selma E. Andrews Perpetual Charitable
Trust and the Selma E. Andrews Trust
f/b/o Peggy Barrett
P.O. Box 830308
Dallas, TX 75283

Marshall & Winston, Inc.
6 Desta Drive Ste 3100
Midland, TX, 79705-5538

Samuel H. Marshall, Jr. and William S. Marshall,
Trustees u/w/o Samuel Marshall, deceased
112 East Cherry Lane
Carlsbad, NM 88220

Mary Lynn Forehand
112 East Cherry Lane
Carlsbad, NM 88220

Charlotte Forehand Albright
1705 Boyd Drive
Carlsbad, NM 88220

Mark Pate and Elizabeth A. Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59400

Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

Monty D. McLane and Karen R. McLane
P.O. Box 9451
Midland, TX 79708

Alan Jochimsen
4209 Cardinal Lane
Midland, TX 79707

States Royalty Limited Partnership
300 N. Breckenridge Avenue
Breckenridge, TX 76424

EXHIBIT

A

2

Randy Mike Whelan
221 Mockingbird Lane
Coppell, TX 75019

Paula Su Whelan
166 Roy St.
Seattle, WA 98109

Kelley Morand
1326 8th Ave.
Helena, MT 59601

Mel Whelan
1000 Cordova Pl. #632
Santa Fe, NM 87505

Tracy Morand
4 Oak Circle
Helena, MT 59601

Robin Williams
143 Jewett Lane
Three Forks, MT 59752

Katherine Coe Fodell
803 Montecello St. Apt. H
Houston, TX 77024-4515

HARRIS

Jeffrey Wayne Coe
924 Chateau Valee Circle
Bedford, TX 76022-7408

Lisa Diane Coe
248 W Colleen Ct
Gardner, KS 66030

Margaret H. Eccleston, Trustee
of the Margaret H. Eccleston Trust
271 Hillandale Court
Riverside, CA 92507

Sue F. Bennett
419 Chesapeake Drive
Great Falls, VA 22066

LML, LLC
6565 Americas Parkway NE, Ste 1000
Albuquerque, NM 87110

John T. Hinkle and Linda J. Hinkle, Trustees
of the Hinkle Living Trust
2604 Coronado Drive
Roswell, NM 88202

Laura Crumbaugh and Cheryl Ann Harrison,
Co-Trustees of the Bettianne H. Bowen Living Trust
238 Beverly Court
King City, CA 93930

Diamond Lil Properties, LLC
Spirit Trail, LLC
P.O. Box 1818
Roswell, NM 88202-1818

Catherine Coll, Trustee of the
Trust u/w/o Max W. Coll, II
83 La Barbaria Trail
Santa Fe, NM 87505

Charles E. Hinkle
P.O. Box 149
Monterey, CA 93940

Cynthia (Cindy) Hinkle, Trustee
u/w/o Clarence E. Hinkle
Rt. 3, Box 519
Carmel, CA 93923

Eric J. Coll
P.O. Box 1818
Roswell, NM 88202-1818

Clarke C. Coll
P.O. Box 1818
Roswell, NM 88202-1818

Lynn S. Allensworth
610 West Frazier
Roswell, NM 88201

Marsha S. Melton
1214 East 52nd Street
Odessa, TX 79762

3

EXHIBIT A

William Joe Snipes
RR 4, 2305 East Pine Lodge Rd.
Roswell, NM 88201

Max W. Coll, III
7625-2 El Centro Blvd.
Las Cruces, NM 88012

John F. Coll, II
P.O. Box 1818
Roswell, NM 88202-1818

Melanie CollDeTemple
5653 Tobias Avenue
Van Nuys, CA 91411

Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

Estate of Sarah Elizabeth Garner
1027 N 6th St.
Carlsbad, NM 88220

Chalcam Exploration, L.L.C.
200 West First, Suite 434
Roswell, NM 88201

Tierra Oil Company
P.O. Box 700968
San Antonio, TX 78270-0968

Westview Boy's Home, Inc.
120 W. Broadway
Hollis, OK 73550

The Central Church of Christ
of Amarillo, Texas
1401 Monroe
Amarillo, TX 79101

High Plains Children's Home
and Family Services, Inc.
11461 S. Western St.
Amarillo, TX 79118

Rolla R. Hinkle, III
P.O. Box 59
Roswell, NM 88202-0059

Claudia Liz Carlson
1610 Evette Court
Merced, CA 95430

Katherine Fletcher
c/o Martha Hunter
1610 Evette Court
Merced, CA 95430

Jean Wallace
1709 Missouri
Joplin, MO 64804

Susan Hendricks
482 Walker, #4
Ashland, OR 97520

Liberty Energy LLC
175 Berkeley, 8th Floor
Boston, MA 02116

Quientesa Royalty LP
508 West Wall, Ste. 500
Midland, TX 79701

Michael D. Hayes and Kathryn A. Hayes
Co-Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, TX 79707

CEP Minerals LLC, Crown Oil Partners, LP,
Good News Minerals, LLC, Mavros Minerals II, LLC,
And Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710

Post Oak Crown IV-B, LLC,
and Post Oak Crown IV, LLC
5200 San Felipe
Houston, TX 77056

Collins & Jones Investments, LLC
508 W. Wall, Ste. 1200
Midland, TX 79710

EXHIBIT

A

LMC Energy, LLC
550 W. Texas Ave., Ste. 945
Midland, TX 79710

Gerard G. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101

Jesse A. Faight, Jr.
P.O. Box 52603
Midland, TX 79710

H. Jackson Wacker
5601 Hillcrest
Midland, TX 79707

David W. Cromwell
2008 Country Club Dr.
Midland, TX 79701

Mike Moylett
P.O. Box 50820
Midland, TX 79710

Kaleb Smith
P.O. Box 50820
Midland, TX 79710

Deane Durham
P.O. Box 50820
Midland, TX 79710

David Petroleum Corp.
116 W. 1st St.
Roswell, NM 88203

Thomas R. Nickoloff
128 Grant Ave., Suite 104,
Santa Fe, NM 87501

Carolyn Holmstrom, Trustee
of the John A. Holmstrom 2004 Trust
2925 Somerset Place
San Marino, CA 91108

EXHIBIT

A

5

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Robin Williams
143 Jewett Lane
Three Forks, MT 59752

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

7020 0090 0000 0600 0201

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Robin Williams

C. Date of Delivery 7/25/22

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

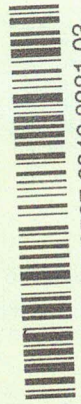
Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

Clarke C. Coil
P.O. Box 1818
Roswell, NM 88202-1818



9590 9402 6507 0346 2381 03

2. Article 7020 0090 0000 0605 1101 Delivery K (over \$500)

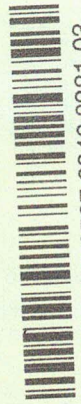
PS Form 3811, July 2020 PSN 7530-02-000-9053

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:

Clarke C. Coil
P.O. Box 1818
Roswell, NM 88202-1818



9590 9402 6507 0346 2381 03

2. Article 7020 0090 0000 0605 1101 Delivery K (over \$500)

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

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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 _____

Clarke C. Coil
P.O. Box 1818
Roswell, NM 88202-1818

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

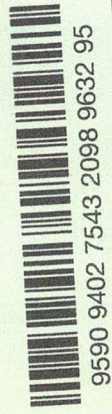
7020 0090 0000 0600 0201

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:

Robin Williams
143 Jewett Lane
Three Forks, MT 59752



9590 9402 7543 2098 9632 95

2. Article 7020 0090 0000 0605 1101 Delivery K (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Robin Williams 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

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt

7020 0090 0000 0605 1101 Delivery K

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CERTIFIED MAIL® 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 Susan Hendricks
482 Walker, #4
Ashland, OR 97520

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

7202 0090 0000 0865 0920

COMPLETE THIS SECTION ON DELIVERY

A. Signature S. Hendricks Agent Addressee

B. Received by (Printed Name) Susan Hendricks C. Date of Delivery 7/25/22

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

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

3. Service Type
 Adult Signature
 Certified Mail®
 Collect on Delivery

Article Number 7202 0090 0000 0865 1156 (over \$500)

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



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:

Diamond LIJ Properties, LLC
Spirit Trail, LLC
P.O. Box 1818
Roswell, NM 88202-1818

2. Article Nur 7202 0090 0000 0865 1156 (over \$500)

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



9590 9402 7543 2098 9632 02

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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 Diamond LIJ Properties, LLC
Spirit Trail, LLC
P.O. Box 1818
Roswell, NM 88202-1818

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

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

7202 0090 0000 0865 1156

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 Hendricks
482 Walker, #4
Ashland, OR 97520

2. Article Number 7202 0090 0000 0865 0920 (over \$500)

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



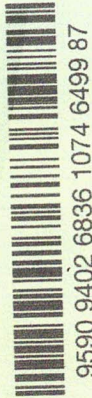
9590 9402 6836 1074 6498 40

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.

Article Addressed to:

Max W. Coll, III
7625-2 El Centro Blvd.
Las Cruces, NM 88012



9590 9402 6836 1074 6499 87

2. Article Number (Transfer from envelope label) 7020 0090 0000 0865 1064 (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

Signature Agent
 Addressee

B. Received by (Printed Name) Max Cottrell
C. Date of Delivery 7/25/22

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

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

7020 0090 0000 0865 1354

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

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

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

Postmark Here

Sent To
Street and Apt. No., or PO
City, State, ZIP+4®
COG Operating LLC
Concho Oil & Gas LLC
600 West Illinois Ave.
Midland, TX 79701

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:

COG Operating LLC
Concho Oil & Gas LLC
600 West Illinois Ave.
Midland, TX 79701



9590 9402 7543 2098 9635 16

2. Article Number 7020 0090 0000 0865 1354 (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Kalle Clinton
B. Received by (Printed Name) Addressee
C. Date of Delivery

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

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

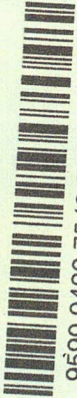
Article Number 7020 0090 0000 0865 1354 (over \$500)

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:

R. R. Hinkle Company, Inc.
1213 West Third Street
Roswell, NH 88201

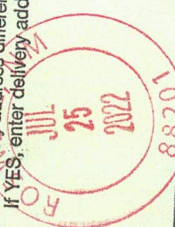


2. Article Number **7020 0090 0000 0865 1408** (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **[Signature]** Agent Addressee
- B. Received by (Printed Name) **DAVID Y. HINKLE** 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 Restricted Delivery
 - Certified Mail®
 - Collect on Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee

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

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

Postage

Postmark Here

Total Postage and Fees

Pamela J. Burke, Trustee of the P.I.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Sigfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702

Sent To
Street and Apt. No.,
City, State, ZIP+4®

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

See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark Here

R. R. Hinkle Company, Inc.
1213 West Third Street
Roswell, NH 88201

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

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

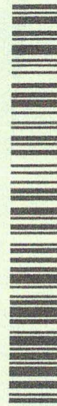
See Reverse for Instructions

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:

Pamela J. Burke, Trustee of the P.I.P. 1990 Trust, the
Claire Ann Iverson Revocable Living Trust, and the
Sigfried James Iverson, III, Revocable Living Trust
P.O. Box 10508
Midland, TX 79702



2. Article Number **7020 0090 0000 0865 1804** (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **[Signature]** Agent Addressee
- B. Received by (Printed Name) **PAH Burke** C. Date of Delivery **7-25-22**
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

Domestic Return Receipt

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:

T.L.G. Properties, L.P.
P.O. Box 10508
Midland, TX 79702



9590 9402 6746 1074 4016 68

2. Article Number (Transfer from service label)

7020 0090 0000 0865 1811

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

Domestic Return Receipt

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature John Burke Agent Addressee

B. Received by (Printed Name) John Burke C. Date of Delivery 7-25-22

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

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

Delivery

Domestic Return Receipt

K

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

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

Postmark Here

Total Postage and Fees

Sent To John F. Coll, II
P.O. Box 1818
Roswell, NM 88202-1818

Street and Apt. No., or P.O. Box, or FPO

City, State, ZIP+4®

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

See Reverse for Instructions

7020 0090 0000 0865 1057

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

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

Postmark Here

Total Postage and Fees

Sent To T.L.G. Properties, L.P.
P.O. Box 10508
Midland, TX 79702

Street and Apt. No., or P.O. Box, or FPO

City, State, ZIP+4®

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

See Reverse for Instructions

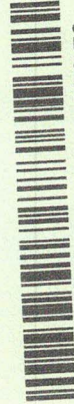
7020 0090 0000 0865 1057

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 F. Coll, II
P.O. Box 1818
Roswell, NM 88202-1818



9590 9402 6836 1074 6499 70

2. Article Number (Transfer from service label)

7020 0090 0000 0865 1057

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature John Burke Agent Addressee

B. Received by (Printed Name) John Burke C. Date of Delivery 7/25/22

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

Delivery

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

Delivery

Domestic Return Receipt

K

7020 0090 0000 0865 1057

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Kelley Morand
1326 8th Ave.
Helena, MT 59601

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

7202 0090 0000 0865 1477

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Rachel Carr C. Date of Delivery 7/25/22

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

Postmark Here

JUL 25 2022

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

0865 1477 Delivery

Insured Mail (over \$500)

Insured Mail Restricted Delivery

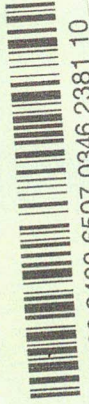
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Eric J. Coll
P.O. Box 1818
Roswell, NM 88202-1818



9590 9402 6507 0346 2381 10

2. Article Number 7020 0090 0000

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Eric J. Coll
P.O. Box 1818
Roswell, NM 88202-1818

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

8177 0990 0000 0865 1477

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:

Kelley Morand
1326 8th Ave.
Helena, MT 59601



9590 9402 7543 2098 9633 25

2. Article Number 7020 0090 0000

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Kelley Morand C. Date of Delivery 7/25/22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

0865 1477 Delivery

Insured Mail (over \$500)

Insured Mail Restricted Delivery

Domestic Return Receipt

K

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

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

OFFICIAL USE

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

Sent To
Collins & Jones Investments, LLC
508 W. Wall, Ste. 1200
Midland, TX 79710

Street and Apt. No.,
City, State, Zip+4®

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

7020 0090 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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:
 Article Addressed to:
 1. Article Addressed to:
 1. Article Addressed to:

2. Article Number (Transfer from service label)
 7020 0090 0000 0865 1453 (over 5500)
 PS Form 3811, July 2020 PSN 7530-02-000-9053

Tracy Morand
4 Oak Circle
Helena, MT 59601

9590 9402 7543 2098 9633 01

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Tracy Morand 7/27

C. Date of Delivery
 Yes
 No

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

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

Sent To
Tracy Morand
4 Oak Circle
Helena, MT 59601

Street and Apt. No., or P
City, State, Zip+4®

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

7020 0090 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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:
 Article Addressed to:
 1. Article Addressed to:
 1. Article Addressed to:

2. Article Number (Transfer from service label)
 7020 0090 0000 0865 0869
 PS Form 3811, July 2020 PSN 7530-02-000-9053

Collins & Jones Investments, LLC
508 W. Wall, Ste. 1200
Midland, TX 79710

9590 9402 6836 1074 6497 89

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Tracy Brown 7/27

C. Date of Delivery
 Yes
 No

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

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Quietessa Royalty LP
508 West Wall, Ste. 500
Midland, TX 79701

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

City, State, Zip+4® _____

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Quietessa Royalty LP C. Date of Delivery 7/21/22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

2. Article Number 7020 0090 0000 0865 0968 (over \$500)

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

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:

Quietessa Royalty LP
508 West Wall, Ste. 500
Midland, TX 79701

9590 9402 6836 1074 6498 88

2. Article Number 7020 0090 0000 0865 0968 (over \$500)

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

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Quietessa Royalty LP
508 West Wall, Ste. 500
Midland, TX 79701

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

City, State, Zip+4® _____

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

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:

Quietessa Royalty LP
508 West Wall, Ste. 500
Midland, TX 79701

9590 9402 6836 1074 6498 26

2. Article Number 7020 0090 0000 0865 0906 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) Quietessa Royalty LP C. Date of Delivery 7/21/22

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

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery Restricted Delivery

2. Article Number 7020 0090 0000 0865 0906 (over \$500)

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

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

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

OFFICIAL USE

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

Sent To William Joe Snipes
RR 4, 2305 East Pine Lodge Rd.
Street and Apt. No., or PO Box Roswell, NM 88201
 City, State, ZIP+4®

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

7202 0090 0000 0665 1071

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

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

OFFICIAL USE

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

Sent To Michael D. Hayes and Kathryn A. Hayes
Co-Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, TX 79707
 City, State, ZIP+4®

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

7202 0090 0000 0665 1071

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

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

OFFICIAL USE

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

Sent To William Joe Snipes
RR 4, 2305 East Pine Lodge Rd.
Street and Apt. No., or PO Box Roswell, NM 88201
 City, State, ZIP+4®

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

7202 0090 0000 0665 1071

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

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

OFFICIAL USE

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

Sent To Michael D. Hayes and Kathryn A. Hayes
Co-Trustees of the Hayes Revocable Trust
3608 Meadowridge Lane
Midland, TX 79707
 City, State, ZIP+4®

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

7202 0090 0000 0665 1071

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

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

OFFICIAL USE

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

Postmark
Here

Sent To
Charlotte Forehand Albright
1705 Boyd Drive
Carlsbad, NM 88220

Street and Apt. No., or
City, State, Zip+4®

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

2927 5980 0000 0600 2020

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Received by (Printed Name) C. Date of Delivery
8msawbuds 2/22/20

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

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

Domestic Return Receipt

Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

9590 9402 6836 1074 6499 56

2. Article Addressed to: 7020 0090 0000 0865 1033
(over \$500)

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
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.

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

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

OFFICIAL USE

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

Postmark
Here

Spiral, Inc.
P.O. Box 1933
Roswell, NM 88202-1933

Sent To
Street and Apt. No., or
City, State, Zip+4®

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

2927 5980 0000 0600 2020

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
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.

Charlotte Forehand Albright
1705 Boyd Drive
Carlsbad, NM 88220

9590 9402 7543 2098 9634 00

2. Article Addressed to: 7020 0090 0000 0865 1262
(over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Received by (Printed Name) C. Date of Delivery
Charlotte Albright

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

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

Domestic Return Receipt

K

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

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

OFFICIAL USE

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

Postmark Here

Sent To Marshall & Winston, Inc.
6 Desta Drive, Ste 3100
Midland, TX, 79705-5538

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

7221 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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:
 Mark Pate and Elizabeth A. Pate
 Davidson Trust Co., Agent
 8 Third St. North
 Great Falls, MT 59400

2. Article No. 7020 0090 0000 0865 1279 (over \$500) **K**

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Pat Kometos
 C. Date of Delivery 7-25-22

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

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

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

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

OFFICIAL USE

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

Postmark Here

Sent To Mark Pate and Elizabeth A. Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59400

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

6221 5980 0000 0600 0202

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 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:
 Marshall & Winston, Inc.
 6 Desta Drive Ste 3100
 Midland, TX, 79705-5538

2. Article Number 7020 0090 0000 0865 1231 **R**

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) John Atkins
 C. Date of Delivery 7/21

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

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

OFFICIAL USE

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.

Article Addressed to:

Article Number (Transfer from service label)
7590 9402 6746 1074 3925 53

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

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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.

Article Addressed to:

Article Number (Transfer from service label)
7020 0090 0000 0865 1514

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Kate Ediger Addressee

B. Received by (Printed Name) *Kate Ediger* C. Date of Delivery *7-21-22*

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation
 Signature Confirmation Restricted Delivery

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

Postmark Here

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202

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

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Kate Ediger Addressee

B. Received by (Printed Name) *Kate Ediger* C. Date of Delivery *7-21-22*

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation
 Signature Confirmation Restricted Delivery

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

Postmark Here

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202

Street and Apt. No., or PO Box
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.

Article Addressed to:

Article Number (Transfer from service label)
7020 0090 0000 0865 1514

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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Kate Ediger Addressee

B. Received by (Printed Name) *Kate Ediger* C. Date of Delivery *7-21-22*

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation
 Signature Confirmation Restricted Delivery

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

Postmark Here

Yates Energy Corporation
P.O. Box 2323
Roswell, NM 88202

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

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

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® 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 *Yates Energy Corporation*
P.O. Box 2323
Roswell, NM 88202

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

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

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® 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 *Erin L. Coffin Revocable Trust*
43 Camino Arroyo Place
Palm Desert, CA 92260

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

U.S. Postal Service™
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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.
City, State, Zip+4®

Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

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

Postmark
Here

9421 5980 0000 0600 0202

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:

Monty D. McLane and Karen R. McLane
P.O. Box 9451
Midland, TX 79708

9590 9402 7543 2098 9633 70

2. A. 7020 0090 0000 0865 1293 (over 3500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Monty McLane
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

9451

- 3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Restricted Delivery

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

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

OFFICIAL USE

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

Sent To
Street and Apt. No.
City, State, Zip+4®

Monty D. McLane and Karen R. McLane
P.O. Box 9451
Midland, TX 79708

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

6221 5980 0000 0600 0202

Postmark
Here

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:

Paul Pate
Davidson Trust Co., Agent
8 Third St. North
Great Falls, MT 59401

9590 9402 7543 2098 9633 87

2. Article N 7020 0090 0000 0865 1286 (over 3500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Pat Komeitos
- C. Date of Delivery 8-7-25-22
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Restricted Delivery

9421 5980 0000 0600 0202

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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 Gerard C. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101

Street and Apt. No., or P.O. B. _____

City, State, ZIP+4® _____

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

5480 0845 5980 0000 0600 0202

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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 Gerard G. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101

Street and Apt. No., or P.O. B. _____

City, State, ZIP+4® _____

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

7020 0090 0000 0865 1170

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

Article Addressed to:

John T. Hinkle and Linda J. Hinkle, Trustees
of the Hinkle Living Trust
2604 Coronado Drive
Roswell, NM 88202

7020 0090 0000 0865 1170

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Gerard G. Vavrek* 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

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery

Collect on Delivery 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 John T. Hinkle and Linda J. Hinkle, Trustees
of the Hinkle Living Trust
2604 Coronado Drive
Roswell, NM 88202

Street and Apt. No., or P.O. B. _____

City, State, ZIP+4® _____

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

7020 0090 0000 0865 1170

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

Article Addressed to:

Gerard G. Vavrek
1521 2nd Ave. #1604
Seattle, WA 98101

7020 0090 0000 0865 1170

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Gerard G. Vavrek* 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

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Collect on Delivery

Collect on Delivery Restricted Delivery

U.S. Postal Service™
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OFFICIAL USE

9590 9402 7543 2098 9632 88

SENDER: COMPLETE THIS SECTION
1. Article Addressed to:
States Royalty Limited Partnership
300 N. Breckenridge Avenue
Breckenridge, TX 76424

COMPLETE THIS SECTION ON DELIVERY
A. Signature Agent
Katherine Coe Fodell
B. Received by (Printed Name) Addressee
Katherine Coe Fodell
C. Date of Delivery
7/23/22

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

2. Article N° *7020 0090 0000 0865 1316*
(over \$500) *K*
PS Form 3811, July 2020 PSN 7530-02-000-9053

U.S. Postal Service™
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Domestic Mail Only

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

9590 9402 7543 2098 9632 88

SENDER: COMPLETE THIS SECTION
1. Article Addressed to:
States Royalty Limited Partnership
300 N. Breckenridge Avenue
Breckenridge, TX 76424

COMPLETE THIS SECTION ON DELIVERY
A. Signature Agent
Katherine Coe Fodell
B. Received by (Printed Name) Addressee
Katherine Coe Fodell
C. Date of Delivery
7/23/22

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

2. Article N° *7020 0090 0000 0865 1439*
(over \$500) *K*
PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION
1. Article Addressed to:
Katherine Coe Fodell
803 Montecello St. Apt. H
Houston, TX 77024-4515

2. Article N° *7020 0090 0000 0865 1439*
(over \$500) *K*
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY
A. Signature Agent
Katherine Coe Fodell
B. Received by (Printed Name) Addressee
Katherine Coe Fodell
C. Date of Delivery
7/23/22

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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.

Article Addressed to:

Liberty Energy LLC
175 Berkeley, 8th Floor
Boston, MA 02116

9590 9402 6836 1074 6498 33

7020 0090 0000 0865 0913

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

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
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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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
Melanie Coliberte
5653 Tobias Avenue
Van Nuys, CA 91411

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

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

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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
Liberty Energy LLC
175 Berkeley, 8th Floor
Boston, MA 02116

Street and Apt. No., or P.O. Box No.
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:

Melanie Coliberte
5653 Tobias Avenue
Van Nuys, CA 91411

9590 9402 6836 1074 6499 63

7020 0090 0000 0865 1040

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

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
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
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OFFICIAL USE

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

Sent to Robert Welch Gillespie
 186 Sierra View
 Pasadena, CA 91105

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

7202 0090 0000 0600 0202

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:

Article Addressed to:
 Tierra Oil Company
 P.O. Box 700968
 San Antonio, TX 78270-0968

2. Article Number (Transfer from service label)
 7020 0090 0000 0665 1002

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

A. Signature Agent
 X Dolly Gabriel Addressee

B. Received by (Printed Name)
 Dolly Gabriel

C. Date of Delivery
 8/15/22

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

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 Robert Welch Gillespie
 186 Sierra View
 Pasadena, CA 91105

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

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:

Article Addressed to:
 Robert Welch Gillespie
 186 Sierra View
 Pasadena, CA 91105

2. Article Number (Transfer from service label)
 7020 0090 0000 0665 1767

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

A. Signature Agent
 X A W Addressee

B. Received by (Printed Name)
 A W

C. Date of Delivery
 7/26/22

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

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

7202 0090 0000 0600 0202

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

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

OFFICIAL USE

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
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery Restricted Delivery

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 _____
 City, State, ZIP+4® _____

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

4227 5980 0000 0600 0202

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
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery Restricted Delivery

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 _____
 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:
 2. Article Number _____ 7020 0090 0000 0865 1729
 3. Article Addressed to: _____
 4. Article Number _____ 7020 0090 0000 0865 1725

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

6227 5980 0000 0600 0202

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:
 2. Article Number _____ 7020 0090 0000 0865 1774
 3. Article Addressed to: _____
 4. Article Number _____ 7020 0090 0000 0865 1774

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

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
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Signature Confirmation™
 Collect on Delivery Restricted Delivery

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 _____
 City, State, ZIP+4® _____

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

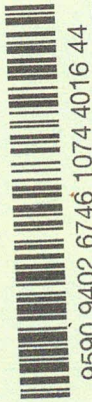
4227 5980 0000 0600 0202

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:

Vladin, LLC
P.O. Box 100
Artesia, NM 88211-0111



2. Article Addressed to (Transfer from service label)

7020 0090 0000 0865 1835

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X** *North Rivera*
- B. Received by (Printed Name) *North Rivera* C. Date of Delivery *7-22-22*
- D. Is delivery address different from item 1? Yes No
- If YES, enter delivery address below:

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

Restricted Delivery

R

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

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

OFFICIAL USE

Certified Mail Fee

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

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

Postmark Here

Total Postage and Fees

Sent To *John A. Yates, Trustee of Trust Q*
w/o Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88211-0111

City, State, ZIP+4®

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

See Reverse for Instructions

9297 5980 0000 0600 0202

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

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

OFFICIAL USE

Certified Mail Fee

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

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

Postmark Here

Total Postage and Fees

Sent To *Vladin, LLC*
P.O. Box 100
Artesia, NM 88211-0111

City, State, ZIP+4®

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

See Reverse for Instructions

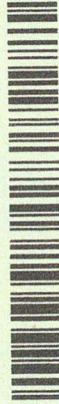
55 945 1835 0000 0600 0202

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 A. Yates, Trustee of Trust Q
w/o Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88211-0111



2. Article Addressed to

7020 0090 0000 0865 1828

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X** *North Rivera*
- B. Received by (Printed Name) *North Rivera* C. Date of Delivery *7-22-22*
- D. Is delivery address different from item 1? Yes No
- If YES, enter delivery address below:

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

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

R

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Westview Boy's Home, Inc.
120 W. Broadway
Hollis, OK 73550

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

6660 5980 0000 0600 0202

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) 7/2/21 C. Date of Delivery

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

3. Service Type

Priority Mail Express®

Adult Signature Restricted Delivery

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Certified Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Collect on Delivery / Restricted Delivery

Article Number (Transfer from article label) 7020 0090 0000 0865 1859 (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

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.

Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211-0840

9590 9402 6746 1074 4016 20

2. Article Number (Transfer from article label) 7020 0090 0000 0865 1859 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

Priority Mail Express®

Adult Signature Restricted Delivery

Registered Mail™

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Certified Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Article Number 7020 0090 0000 0865 0999 (over \$500)

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service™
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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 Sharbro Energy, LLC
P.O. Box 840
Artesia, NM 88211-0840

Street and Apt. No., or P.O. Box No. _____

City, State, ZIP+4® _____

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

6597 5980 0000 0600 0202

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.

Article Addressed to:

The Central Church of Christ
of Amarillo, Texas
1401 Monroe
Amarillo, TX 79101

9590 9402 6836 1074 6499 01

2. Article # 7020 0090 0000 0865 0982 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Melie Morris Addressee

B. Received by (Printed Name) *M MORRIS* C. Date of Delivery *7/29/22*

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

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

Postmark Here

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Postmark Here

Total Postage and Fees \$

Sent To High Plains Children's Home and Family Services, Inc.
11461 S. Western St.
Amarillo, TX 79118

Street and Apt. No., or PO

City, State, ZIP+4[®]

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

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Postmark Here

Total Postage and Fees \$

Sent To The Central Church of Christ
of Amarillo, Texas
1401 Monroe
Amarillo, TX 79101

Street and Apt. No., or PO

City, State, ZIP+4[®]

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

R: 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.

Article Addressed to:

High Plains Children's Home and Family Services, Inc.
11461 S. Western St.
Amarillo, TX 79118

9590 9402 6836 1074 6498 95

2. Article Number (Transfer from service label) 7020 0090 0000 0865 0975

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X HPCF Addressee

B. Received by (Printed Name) *HPCF* C. Date of Delivery *7-20*

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

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

Postmark Here

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

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

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

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
Jean Wallace
1709 Missouri
Joplin, MO 64804
Street and Apt. No., or PO Box
City, State, Zip+4

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

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
B. Received by (Printed Name)
C. Date of Delivery
7-22-22
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

1. Article Addressed to:
Jean Wallace
1709 Missouri
Joplin, MO 64804

2. Article Number (Domestic Mail Only)
7020 0090 0000 0865 0937
(over \$500)

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

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

ENDER: 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.

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
CEP Minerals LLC, Crown Oil Partners, LP,
Good News Minerals, LLC, Mavros Minerals II, LLC,
And Oak Valley Mineral and Land, LP
P.O. Box 50820
Midland, TX 79710
Street and Apt. No.
City, State, Zip+4

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

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

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.

Article Addressed to:

Bank of America, N.A., Trustee of the
Selma E. Andrews Perpetual Charitable
Trust and the Selma E. Andrews Trust
P/O. Peggy Barrett
P.O. Box 830308
Dallas, TX 75283



9590 9402 7543 2098 9634 48

Article N 7020 0090 0000 0865 1224 Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9065

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery

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

JUL 25 2022

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

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

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

OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

Total Postage and Fees

Sent To
Morna Ruth Bonifield Canon
9403 Winding Ridge
Dallas, TX 75238

Street and Apt. No., P.O. Box, or APO/FPO
City, State, ZIP+4®
See Reverse for Instructions

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

**U.S. Postal Service™
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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 \$

Postmark
Here

Bank of America, N.A., Trustee of the
Selma E. Andrews Perpetual Charitable
Trust and the Selma E. Andrews Trust
P/O. Peggy Barrett
P.O. Box 830308
Dallas, TX 75283

Sent To

Street and Apt. No., P.O. Box, or APO/FPO
City, State, ZIP+4®
See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
2. Article Number: 7020 0090 0000 0865 1378 Delivery
3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

Morna Ruth Bonifield Canon
9403 Winding Ridge
Dallas, TX 75238



9590 9402 7543 2098 9634 93

Article N 7020 0090 0000 0865 1378 Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9065

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery 7/29/22
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

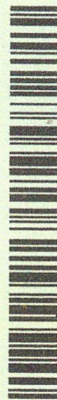
Domestic Return Receipt

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:

PetroVates, Inc.
P.O. Box 1608
Albuquerque, NM 87103-1608



9590 9402 7543 2098 9635 30

2. Article Number **7020 0090 0000 0865 1330**
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Julie A Pascal
 C. Date of Delivery 20 July 22
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

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

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

OFFICIAL USE

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

Total Postage and Fees \$
 Sent To EOG Resources, Inc.
Midland Division - Land Department
P.O. Box 2267
Midland, TX 79702
 Street and Apt. No., or PO Box
 City, State, ZIP+4®
 See Reverse for Instructions

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

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

Total Postage and Fees \$
 Sent To PetroVates, Inc.
P.O. Box 1608
Albuquerque, NM 87103-1608
 Street and Apt. No., or P.O. Box
 City, State, ZIP+4®
 See Reverse for Instructions

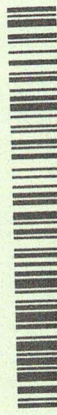
PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

EOG Resources, Inc.
 Midland Division - Land Department
 P.O. Box 2267
 Midland, TX 79702



9590 9402 6746 1074 4016 37

2. Article Number **7020 0090 0000 0865 1342**
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Julie A Pascal
 C. Date of Delivery 20 July 22
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

(over \$500)