

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

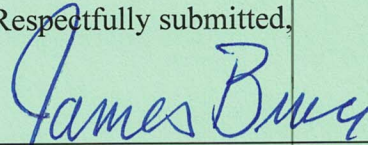
NOTICE OF FILING REPLACEMENT EXHIBIT

(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](mailto: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](mailto: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.

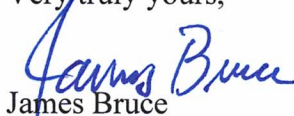
ATTACHMENT 

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](http://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](mailto: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](http://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  
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™

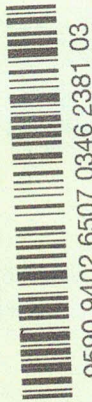
Signature Confirmation Restricted Delivery

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 0665 1101 Delivery K  
(over \$500)

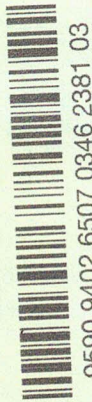
PS Form 3811, July 2020 PSN 7530-02-000-9053

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 0665 1101 Delivery K  
(over \$500)

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

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
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For delivery information, visit our website at [www.usps.com](http://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  
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

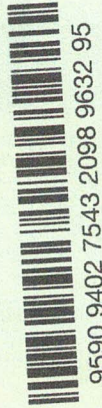
7020 0090 0000 0600 0201

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 0665 1144 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 0665 1144

Delivery K

(over \$500)

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

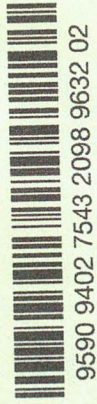


SENDER: COMPLETE THIS SECTION

- 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:

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



2. Article Number **7020 0090 0000 0865 1156**  
 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Susan Hendricks*  
 B. Received by (Printed Name) **Phanelia**  
 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™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery  
 Collect on 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 **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

7020 0090 0000 0865 0920

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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

7020 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 **7020 0090 0000 0865 0920**  
 (over \$500)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Susan Hendricks*  
 B. Received by (Printed Name) **Phanelia**  
 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™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

restricted Delivery  
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

K



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

For delivery information, visit our website at [www.usps.com](http://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

City, State, ZIP+4®

Postmark Here

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

7020 0090 0000 0865 1354

SENDER: COMPLETE THIS SECTION

- Agent
- Addressee

C. Date of Delivery  
7/25/22

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

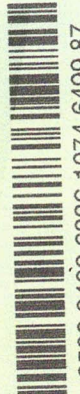
3. Service Type
- Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Certified Mail®
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Collect on Delivery

Article Number (Transfer from envelope, if applicable)  
7020 0090 0000 0865 1064 (over \$500)

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

Domestic Return Receipt

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



9590 9402 6836 1074 6499 87

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:

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

For delivery information, visit our website at [www.usps.com](http://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®

Postmark Here

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

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

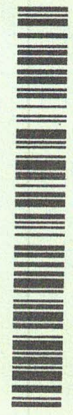
7020 0090 0000 0865 1064

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  X *Kalle Clinton*  Agent
- B. Received by (Printed Name)  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™
  - Registered Mail Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery

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

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

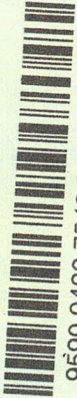


SENDER: COMPLETE THIS SECTION

- 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:

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

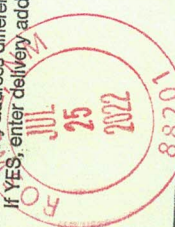


2. Article Number **7020 0090 0000 0865 1408** (over \$500)  
PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **[Signature]**  Agent  Addressee
- B. Received by (Printed Name) **DAVID Y. HINKLE**  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](http://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® \_\_\_\_\_

See Reverse for Instructions

Postmark Here

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

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

City, State, ZIP+4® \_\_\_\_\_

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

7020 0090 0000 0865 1408

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

For delivery information, visit our website at [www.usps.com](http://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® \_\_\_\_\_

See Reverse for Instructions

Postmark Here

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

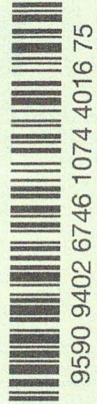
PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

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) **PAW BURKE**  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

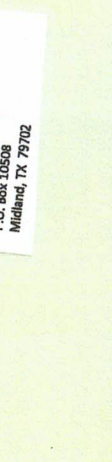
Domestic Return Receipt



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.I.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

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John F. Coll, II*  Agent  Addressee  
 B. Received by (Printed Name) *John F. Coll, II* 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 Restricted Delivery

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only  
 For delivery information, visit our website at [www.usps.com](http://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 *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®

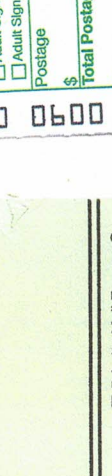
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Domestic Return Receipt

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John F. Coll, II*  Agent  Addressee  
 B. Received by (Printed Name) *John F. Coll, II* 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 Restricted Delivery

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only  
 For delivery information, visit our website at [www.usps.com](http://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 *T.I.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



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

For delivery information, visit our website at [www.usps.com](http://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

88201

3. Service Type

Priority Mail Express®

Registered Mail™

Adult Signature Restricted Delivery

Certified Mail®

Signature Confirmation™

Signature Confirmation Restricted Delivery

0865 1118 Delivery

Insured Mail (over \$500)

Insured Mail Restricted Delivery

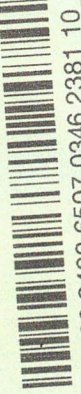
Domestic Return Receipt

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](http://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

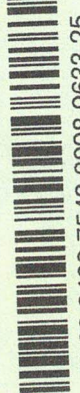
8117 0990 0000 0865 1118

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®

Signature Confirmation™

Signature Confirmation Restricted Delivery

0865 1477 Delivery

Insured Mail (over \$500)

Domestic Return Receipt

K



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

For delivery information, visit our website at [www.usps.com](http://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.

Tracy Morand  
4 Oak Circle  
Helena, MT 59601

9590 9402 7543 2098 9633 01

2. Article Number (transfer from service label)  
7020 0090 0000 0865 1453 (over 5500) Delivery **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) Tracy Morand C. Date of Delivery 7/27  
 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

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

For delivery information, visit our website at [www.usps.com](http://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.

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

9590 9402 6836 1074 6497 89

2. Article Number (transfer from service label)  
7020 0090 0000 0865 0869

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) Tracy Brown C. Date of Delivery 7/27/22  
 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



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

For delivery information, visit our website at [www.usps.com](http://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 \_\_\_\_\_

Quintessa 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

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 0968 (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): Robine Deck 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

Postmark Here

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

For delivery information, visit our website at [www.usps.com](http://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 \_\_\_\_\_

Quintessa 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

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 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): [Signature] C. Date of Delivery: [Signature]

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

Postmark Here



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

For delivery information, visit our website at [www.usps.com](http://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

2020 0900 0000 0665 1071

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

For delivery information, visit our website at [www.usps.com](http://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 0865 1071

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

For delivery information, visit our website at [www.usps.com](http://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.  
Roswell, NM 88201  
 City, State, ZIP+4®

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

7202 0090 0000 0865 1071

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

For delivery information, visit our website at [www.usps.com](http://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 0865 1071



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

For delivery information, visit our website at [www.usps.com](http://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

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 0202

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

*S. Sawyers*  Date of Delivery

B. Received by (Printed Name) *S. Sawyers*

C. Date of Delivery *7/20/20*

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™

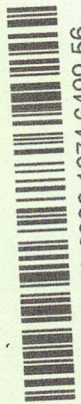
Signature Confirmation Restricted Delivery

Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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*

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

7020 0090 0000 0865 1033

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

For delivery information, visit our website at [www.usps.com](http://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

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

Street and Apt. No., or

City, State, Zip+4®

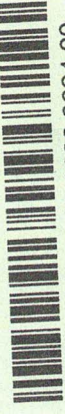
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Charlotte Forehand Albright  
1705 Boyd Drive  
Carlsbad, NM 88220



9590 9402 7543 2098 9634 00

2. Article Addressed to: *7020 0090 0000 0865 1262*

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

*Charlotte Albright*  Date of Delivery

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®

Adult Signature

Certified Mail Restricted Delivery

Collect on Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Domestic Return Receipt

(over \$500)

*K*



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

For delivery information, visit our website at [www.usps.com](http://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** \$ \_\_\_\_\_

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

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

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 **X** \_\_\_\_\_

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  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

Delivery \_\_\_\_\_

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

For delivery information, visit our website at [www.usps.com](http://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** \$ \_\_\_\_\_

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

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

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:

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 1231 (over \$500) **R**

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

**Domestic Return Receipt**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** **John Atkins**

Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery **7/21**

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

Delivery \_\_\_\_\_



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

For delivery information, visit our website at [www.usps.com](http://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 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

7590 9402 6746 1074 3925 53

**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: \_\_\_\_\_

1. Article Addressed to: \_\_\_\_\_

2. Article Number (Transfer from service label) 5 1750 (over \$500)

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

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

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Erin L Coffin C. Date of Delivery 7-26-22

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
4

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.

Article Addressed to: \_\_\_\_\_

1. Article Addressed to: \_\_\_\_\_

2. Article Number (Transfer from service label) 5 1750 (over \$500)

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

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

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Erin L Coffin C. Date of Delivery 7-26-22

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
4

Domestic Return Receipt

7590 9402 6746 1074 3925 53

**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: \_\_\_\_\_

1. Article Addressed to: \_\_\_\_\_

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

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

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

A. Signature [Signature]  Agent  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: \_\_\_\_\_

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.

Article Addressed to: \_\_\_\_\_

1. Article Addressed to: \_\_\_\_\_

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

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

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

A. Signature [Signature]  Agent  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: \_\_\_\_\_

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 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

7590 9402 6746 1074 3925 53



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

For delivery information, visit our website at [www.usps.com](http://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®

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

A. Signature  Agent

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

Monty McLane

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

9451

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Paul Pate

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

9451

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

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

For delivery information, visit our website at [www.usps.com](http://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

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:

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

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent

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

Pat Komeitos

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

1286

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

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

K



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For delivery information, visit our website at [www.usps.com](http://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 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

**U.S. Postal Service™  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 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

**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

**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®

Certified Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500) \_\_\_\_\_

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://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 John T. Hinkle and Linda J. Hinkle, Trustees  
of the Hinkle Living Trust  
2604 Coronado Drive  
Roswell, NM 88202

Street and Apt. No., or \_\_\_\_\_

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

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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  
Katherine Coe Fodell  
803 Montecello St. Apt. H  
Houston, TX 77024-4515  
Street and Apt. No., or PO Box  
City, State, ZIP+4®  
Postmark Here

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

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

2. Article N 7020 0090 0000 0865 1316  
(over \$500)

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

4. Delivery  
Domestic Return Receipt

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

5990 0000 0600 0202

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

Sent To  
States Royalty Limited Partnership  
300 N. Breckenridge Avenue  
Breckenridge, TX 76424  
Street and Apt. No., or PO Box  
City, State, ZIP+4®  
Postmark Here

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

9590 9402 7543 2098 9632 88

### 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)

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

4. Delivery  
Domestic Return Receipt

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

9590 9402 7543 2098 9632 88

### 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)

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

4. Delivery  
Domestic Return Receipt

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  
7/23/22

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

3. Service Type  
 Addit Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery

Domestic Return Receipt

9590 9402 7543 2098 9632 88



**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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**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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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



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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**

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.

2. Article Number **7020 0090 0000 0665 1002** ev **k** Domestic Return Receipt

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Dolly Gabriel*

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:

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

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

9590 9402 6836 1074 6499 25

Transfer from service label

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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 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**

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.

2. Article Number **7020 0090 0000 0665 1767** Delivery **k** Domestic Return Receipt

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*AWG*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *7/26/22*

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 Restricted Delivery

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

9590 9402 6746 1074 3925 60

Transfer from service label

7202 0090 0000 0600 0202



**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 Marian Welch Pendegrass  
2705 Gaye Drive  
Roswell, NM 88201

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**

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:

Agent  Addressee

Received by (Printed Name) Bryan W. Welch C. Date of Delivery 7-22-20

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

2. Article Number 7020 0090 0000 0865 1729

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

Released to Imaging: 9/1/2022 7:50:41 AM

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

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

6227 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:

Agent  Addressee

Received by (Printed Name) Marian Welch Pendegrass C. Date of Delivery 7-22-20

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

2. Article Number 7020 0090 0000 0865 1774

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent

B. Received by (Printed Name) Marian Welch Pendegrass C. Date of Delivery 7-22-20

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™

Collect on Delivery

Collect on Delivery Restricted Delivery

Domestic Return Receipt R

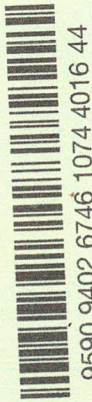


SENDER: COMPLETE THIS SECTION

- 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** *Boat Rivera*
- B. Received by (Printed Name) *Boat 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)

R

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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 *John A. Yates, Trustee of Trust A  
w/o Peggy A. Yates, deceased*

Street and Apt. No., or PO Box *P.O. Box 100*

City, State, ZIP+4® *Artesia, NM 88211-0111*

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

9297 5980 0000 0600 0202

U.S. Postal Service™  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 *Vladin, LLC  
P.O. Box 100  
Artesia, NM 88211-0111*

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

555 1835 0865 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 A  
w/o Peggy A. Yates, deceased  
P.O. Box 100  
Artesia, NM 88211-0111



2. Article Addressed to

7020 0090 0000 0865 1835

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent  Addressee
- X** *Boat Rivera*
- B. Received by (Printed Name) *Boat 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



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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 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

7202 0990 0000 0600 0202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*Bridget N*

C. Date of Delivery *7/21*

B. Received by (Printed Name) *Bridget N*

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) *7202 0090 0000 0865 1859* (over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

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

9590 9402 6746 1074 4016 20

2. Article Number (Transfer from article label) *7202 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

*Adrienne Owens*

C. Date of Delivery \_\_\_\_\_

B. Received by (Printed Name) *Adrienne Owens*

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 *7202 0090 0000 0865 0999* (over \$500)

Insured Mail Restricted Delivery  (over \$500)

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

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

9590 9402 6836 1074 6499 18

2. Article Number *7202 0090 0000 0865 0999* (over \$500)

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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

7202 0990 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

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™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery

Postmark Here

Domestic Return Receipt

**U.S. Postal Service™**  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 The Central Church of Christ  
of Amarillo, Texas  
1401 Monroe  
Amarillo, TX 79101

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 0865 0975

**U.S. Postal Service™**  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 High Plains Children's Home  
and Family Services, Inc.  
11461 S. Western St.  
Amarillo, TX 79118

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

**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) *H-20* 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™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery

Postmark Here

Domestic Return Receipt



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

For delivery information, visit our website at [www.usps.com](http://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®  
See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name) 7-22-17  
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 Restricted Delivery

2. Article Addressed to:  
7020 0090 0000 0865 0883  
(over \$500)  
Domestic Return Receipt  
PS Form 3811, July 2020 PSN 7530-02-000-9053

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:  
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

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

2. Article Addressed to:  
7020 0090 0000 0865 0883  
(over \$500)  
Domestic Return Receipt  
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](http://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  
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®  
See Reverse for Instructions

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

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™  
 Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery

2. Article Addressed to:  
7020 0090 0000 0865 0937  
(over \$500)  
Domestic Return Receipt  
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.

Article Addressed to:

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

7020 0090 0000 0605 1224

9590 9402 7543 2098 9634 48

Article N

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

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?  
 If YES, enter delivery address below:

**JUL 25 2022**

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

7020 0090 0000 0605 1224

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](http://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

Morna Ruth Bonifield Canon  
 9403 Winding Ridge  
 Dallas, TX 75238

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](http://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

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

Sent To

7020 0090 0000 0605 1224

9590 9402 7543 2098 9634 48

Article N

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

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Morna Ruth Bonifield Canon  
 9403 Winding Ridge  
 Dallas, TX 75238

2. Article Number

7020 0090 0000 0605 1224

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

4. Article Addressed to:

Morna Ruth Bonifield Canon  
 9403 Winding Ridge  
 Dallas, TX 75238

5. Article Number

7020 0090 0000 0605 1224

6. Service Type

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

9590 9402 7543 2098 9634 93

7020 0090 0000 0605 1224

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

Domestic Return Receipt

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:

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  
*Julie A Pascal*  
 B. Received by (Printed Name) C. Date of Delivery  
*Julie A Pascal* *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](http://www.usps.com)®

**OFFICIAL USE**

Certified Mail Fee

Postmark Here

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®

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](http://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 **PetroVates, Inc.**  
 P.O. Box 1608  
 Albuquerque, NM 87103-1608

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

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

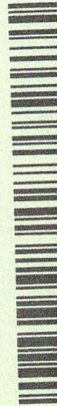
See Reverse for Instructions

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:

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**

*Transfer from previous label*  
 (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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