

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

**APPLICATION OF SPUR ENERGY
PARTNERS LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 23046

NOTICE OF SUPPLEMENTAL EXHIBITS

Spur Energy Partners LLC is providing the following supplemental exhibits to update the exhibits previously filed in this matter on October 4, 2022: (1) Updated Plat of Tracts, Tract Ownership, Pooled Parties and Unit Recapitulation (Exhibit A-3); (2) Updated Chart of Notice to All Interested Parties (Exhibit C-2); and (3) Updated Copies of Certified Mail Receipts and Returns (Exhibit C-3).

Respectfully submitted,

HINKLE SHANOR, LLP

/s/ Dana S. Hardy

Dana S. Hardy

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Counsel for Spur Energy Partners, LLC

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Notice of Supplemental Exhibits was sent to the following counsel of record by electronic mail on November 1, 2022.

Earl E. DeBrine, Jr.
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Attorneys for Apache Corporation

/s/ Dana S. Hardy

**Alto Amm
Township 19 South, Range 25 East, NMPM
Section 21
Eddy County, New Mexico**

Section 21

Tract 1	Tract 1	Tract 2	Tract 2	Tract 3	Tract 3	Tract 4	Tract 4
Tract 1	Tract 1	Tract 2	Tract 2	Tract 3	Tract 3	Tract 4	Tract 4
Tract 5	Tract 5	Tract 5	Tract 5	Tract 6	Tract 6	Tract 6	Tract 6
Tract 5	Tract 5	Tract 5	Tract 5	Tract 6	Tract 6	Tract 6	Tract 6

Nelson East DSU

Township 19 South, Range 25 East, NMPM

Section 21: S/2N/2, N/2S/2

320.00 acres

Lea County, New Mexico

Tract 1: SW/4NW/4, 40.00 acres

Tract 2: SE/4NW/4, 40.00 acres

Tract 3: SW/4NE/4, 40.00 acres

Tract 4: SE/4NE/4, 40.00 acres

Tract 5: N/2SW/4, 80.00 acres

Tract 6: N/2SE/4, 80.00 acres

Spur Energy Partners, LLC

Case No. 23046

Exhibit A-3

Spur Energy Partners LLC

Case No. 23046

Exhibit A-3

Alto Amm (Top of Yeso to Base of Yeso)- TRACT/DSU WORKING INTEREST SUMMARY

TRACT NUMBER	LOCATION	SECTION	ACRES
TRACT 1	SW/4NW/4	21-19S-25E	40
TRACT 2	SE/4NW/4	21-19S-25E	40
TRACT 3	SW/4NE/4	21-19S-25E	40
TRACT 4	SE/4NE/4	21-19S-25E	40
TRACT 5	N/2SW/4	21-19S-25E	80
TRACT 6	N/2SE/4	21-19S-25E	80

320

Parties to be pooled are highlighted in yellow

TRACT	Interest Type	Record Title Ownership		
		WI	Gross Ac	Net Ac
TRACT 1				
SEP Permian LLC	WI	0.2916667	40.0000000	11.6666680
Santo Legado, LLC (interest leased from Bow Brook, LLLP, Santo Legado, LLLP & Tulipan, LLLC)	WI	0.2499999	40.0000000	9.9999960
Hollyhock, Ltd.	UMI	0.0833334	40.0000000	3.3333360
Hondo Minerals LP	UMI	0.1250000	40.0000000	5.0000000
Spiral, Inc.	WI	0.2500000	40.0000000	10.0000000
TOTAL		1.0000000	40.0000000	40.0000000
TRACT 2				
SEP Permian LLC	WI	0.210182	40.000000	8.407278
SEP Permian LLC	UMI	0.375000	40.000000	15.000000
Sharbro Energy, LLC	WI	0.003906	40.000000	0.156250
James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship	UMI	0.024306	40.000000	0.972222
Ralph E. Ross and Laurie A. Ross, Trustees of the Ralph Ellis Ross & Laurie Ann Ross Revocable Living Trust dated August 29, 1999	UMI	0.005208	40.000000	0.208333
Troy James Heard	UMI	0.024306	40.000000	0.972222
Charley Zane Heard	UMI	0.005208	40.000000	0.208333
Gary Ross	UMI	0.024306	40.000000	0.972222
Gary S. Brannan	UMI	0.005208	40.000000	0.208333
Jay Powell	UMI	0.020833	40.000000	0.833333
Patricia Ann Barber	UMI	0.020833	40.000000	0.833333
Phyllis J. Miller	UMI	0.010417	40.000000	0.416667
Ronald Ross	UMI	0.024306	40.000000	0.972222
Jon F. Coll, II	UMI	0.007440	40.000000	0.297583
Christopher Dale Coll	UMI	0.005208	40.000000	0.208333
Marshall & Winston, Inc.	UMI	0.062500	40.000000	2.500000
Clarke C. Coll	UMI	0.014063	40.000000	0.562500
Eric J. Coll	UMI	0.014063	40.000000	0.562500
Kenneth James Coll	UMI	0.005208	40.000000	0.208333
Kristi Rose Minerals, LLC	UMI	0.012500	40.000000	0.500000
Michael T. Coll	UMI	0.005208	40.000000	0.208333
Diamond Lil Properties, LLC	UMI	0.031250	40.000000	1.250000
OXY USA WTP Limited Partnership/Kerr-McGee North American Onshore Corporation	UMI	0.062500	40.000000	2.500000
Richard Keith Coll	UMI	0.005208	40.000000	0.208333
Estate of Neva Eichenberger	UMI	0.006944	40.000000	0.277778
Estate of Eva Troike	UMI	0.013889	40.000000	0.555556
TOTAL		1.0000000	80.0000000	40.0000000
TRACT 3				
Sharbro Energy, LLC	WI	0.002604	40.000000	0.104167
SEP Permian LLC	UMI	0.375000	40.000000	15.000000
SEP Permian LLC	WI	0.249132	40.000000	9.965278
OXY USA WTP Limited Partnership/Kerr-McGee North American Onshore Corporation	UMI	0.062500	40.000000	2.500000
ZPZ Delaware I, LLC	UMI	0.125000	40.000000	5.000000
Estate of Neva Eichenberger	UMI	0.006944	40.000000	0.277778
Estate of Eva Troike	UMI	0.013889	40.000000	0.555555
Ronald Ross	UMI	0.024306	40.000000	0.972222
Phyllis J. Miller	UMI	0.010417	40.000000	0.416667
Patricia Ann Barber	UMI	0.020833	40.000000	0.833333
Jay Powell	UMI	0.020833	40.000000	0.833333
Gary S. Brannan	UMI	0.005208	40.000000	0.208333
Gary Ross	UMI	0.024306	40.000000	0.972222
Charley Zane Heard	UMI	0.005208	40.000000	0.208333
Troy James Heard	UMI	0.024306	40.000000	0.972222
Ralph E. Ross and Laurie A. Ross, Trustees of the Ralph Ellis Ross & Laurie Ann Ross Revocable Living Trust dated August 29, 1999	UMI	0.005208	40.000000	0.208333
James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship	UMI	0.024306	40.000000	0.972222
TOTAL		1.0000000	80.0000000	40.0000000
TRACT 4				
SEP Permian LLC	WI	1.000000	40.000000	40.000000
TOTAL		1.0000000	40.0000000	40.0000000
TRACT 5				
SEP Permian LLC	WI	0.175460	80.000000	14.036780
Sharbro Energy, LLC	WI	0.003906	80.000000	0.312500
PBEX, LLC/E.G.L. Resources, Inc.	WI	0.029514	80.000000	2.361110
SEP Permian LLC	UMI	0.375000	80.000000	30.000000
Diamond Lil Properties, LLC	UMI	0.031250	80.000000	2.500000
OXY USA WTP Limited Partnership/Kerr-McGee North American Onshore Corporation	UMI	0.062500	80.000000	5.000000
Marshall & Winston, Inc.	UMI	0.062500	80.000000	5.000000
Jon F. Coll, II	UMI	0.002231	80.000000	0.178500
Clarke C. Coll	UMI	0.014063	80.000000	1.125000
Eric J. Coll	UMI	0.014063	80.000000	1.125000
Spirit Trail, LLC	UMI	0.031250	80.000000	2.500000
Kristi Rose Minerals, LLC	UMI	0.012500	80.000000	1.000000
Estate of Neva Eichenberger	UMI	0.006944	80.000000	0.555555
Estate of Eva Troike	UMI	0.013889	80.000000	1.111110
Ronald Ross	UMI	0.024306	80.000000	1.944445
Phyllis J. Miller	UMI	0.010417	80.000000	0.833334
Patricia Ann Barber	UMI	0.020833	80.000000	1.666666
Jay Powell	UMI	0.020833	80.000000	1.666666
Gary S. Brannan	UMI	0.005208	80.000000	0.416666
Gary Ross	UMI	0.024306	80.000000	1.944444
Charley Zane Heard	UMI	0.005208	80.000000	0.416666
Troy James Heard	UMI	0.024306	80.000000	1.944445
Living Trust dated August 29, 1999	UMI	0.005208	80.000000	0.416666
James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship	UMI	0.024306	80.000000	1.944445
TOTAL		1.0000000	80.0000000	80.0000000
TRACT 6				
SEP Permian LLC	WI	0.184896	80.000000	14.791666
Sharbro Energy, LLC	WI	0.007813	80.000000	0.625000
PBEX, LLC/E.G.L. Resources, Inc.	UMI	0.059028	80.000000	4.722222
SEP Permian LLC	UMI	0.375000	80.000000	30.000000
OXY USA WTP Limited Partnership/Kerr-McGee North American Onshore Corporation	UMI	0.062500	80.000000	5.000000
ZPZ Delaware I, LLC	UMI	0.125000	80.000000	10.000000
Estate of Neva Eichenberger	UMI	0.006944	80.000000	0.555555
Estate of Eva Troike	UMI	0.013889	80.000000	1.111111
Ronald Ross	UMI	0.024306	80.000000	1.944445
Phyllis J. Miller	UMI	0.010417	80.000000	0.833334
Patricia Ann Barber	UMI	0.020833	80.000000	1.666666
Jay Powell	UMI	0.020833	80.000000	1.666666
Gary S. Brannan	UMI	0.005208	80.000000	0.416666
Gary Ross	UMI	0.024306	80.000000	1.944445
Charley Zane Heard	UMI	0.005208	80.000000	0.416666
Troy James Heard	UMI	0.024306	80.000000	1.944445
Ralph E. Ross and Laurie A. Ross, Trustees of the Ralph Ellis Ross & Laurie Ann Ross Revocable Living Trust dated August 29, 1999	UMI	0.005208	80.000000	0.416666
James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship	UMI	0.024306	80.000000	1.944445
TOTAL		1.0000000	80.0000000	80.0000000

Yellow indicates a party to be force-pooled

ALTO AMM RECORD TITLE INTEREST DSU RECAPITULATION		
	Net Ac	DSU WI %
Diamond Lil Properties, LLC	3.750000	0.011719
Charley Zane Heard	1.249999	0.003906
Christopher Dale Coll	0.208333	0.000651
Clarke C. Coll	1.687500	0.005273
Eric J. Coll	1.687500	0.005273
Gary Ross	5.833334	0.018229
Gary S. Brannan	1.249999	0.003906
Estate of Eva Troike	3.333332	0.010417
Estate of Neva Eichenberger	1.666666	0.005208
Hollyhock, Ltd.	3.333334	0.010417
Hondo Minerals LP	5.000000	0.015625
James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship	5.833334	0.018229
Jay Powell	4.999999	0.015625
Jon F. Coll, II	0.476083	0.001488
Kenneth James Coll	0.208333	0.000651
OXY USA WTP Limited Partnership/Kerr-McGee North American Onshore Corporation	15.000000	0.046875
Kristi Rose Minerals, LLC	1.500000	0.004688
Marshall & Winston, Inc.	7.500000	0.023438
Michael T. Coll	0.208333	0.000651
Patricia Ann Barber	4.999999	0.015625
PBEX, LLC/E.G.L. Resources, Inc.	7.083333	0.022135
Phyllis J. Miller	2.500001	0.007813
Ralph E. Ross and Laurie A. Ross, Trustees of the Ralph Ellis Ross & Laurie Ann Ross Revocable Living Trust dated August 29, 1999	1.249999	0.003906
Ronald Ross	5.833334	0.018229
Santo Legado, LLC (interest leased from Bow Brook, LLLP, Santo Legado, LLLP & Tulipan, LLLC)	10.000000	0.031250
SEP Permian LLC	188.867670	0.590211
Sharbro Energy, LLC	1.197917	0.003743
Spiral, Inc.	10.000000	0.031250
Spirit Trail, LLC	2.500000	0.007813
Troy James Heard	5.833334	0.018229
Richard Keith Coll	0.208333	0.000651
ZPZ Delaware I, LLC	15.000000	0.046875
Totals	320.000000	1.000000

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CASE No. 23046

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Patricia Ann Barber 341 N Bolton Rural Rd Artesia, NM 88210	09/02/22	09/12/22
Kimberly Stewart Blanton P.O. Box 53 Noble, OK 73069	09/02/22	09/12/22
Bow Brook, LLLP 4814 Guadalupe Trl. NW Albuquerque, NM 87107	09/02/22	09/08/22
Gary S. Brannan 16320 Burke Ave N. Shoreline, WA 98133	09/02/22	09/29/22 Return to sender.
Catherine Coll, Trustee of the Testamentary Trust created by Article IV of the Will of Max W. Coll, II 83 La Barberia Trail Santa Fe, NM 87505	09/02/22	09/12/22 Return to sender.
Charles H. Coll 5207 S. Hummingbird Lane Roswell, NM 88201	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/09/22 – Item in transit to next facility.
Christopher Dale Coll 3096 Frandoias Circle Oakley, CA 94561	09/02/22	09/12/22 No signature.
Clarke C. Coll 3972 S Spring Loop Roswell, NM 88203	09/02/22	09/12/22
Eric J. Coll P.O. Box 1818 Roswell, NM 88202	09/02/22	09/12/22
Jon F. Coll, II 7335 Walla Walla San Antonio, TX 78250	09/02/22	09/12/22
Kenneth James Coll 4623 Burnet Ave Sherman Oaks, CA 91403	09/02/22	09/12/22

**Spur Energy Partners LLC
Case No. 23046
Exhibit C-2**

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

**APPLICATION OF SPUR ENERGY
PARTNERS LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO**

CASE No. 23046

NOTICE LETTER CHART

Max W. Coll, III 7625 El Centro Blvd 1 Las Cruces, NM 88012	09/02/22	09/12/22
Michael T. Coll 3801 E Yucca St Phoenix, AZ 85028	09/02/22	09/12/22
Richard Keith Coll 5081 Saquaro Rd Roswell, NM 88201	09/02/22	09/12/22
Melanie Coll DeTempe 5653 Tobias Ave Van Nuys, CA 91411	09/02/22	09/12/22
E.G.L. Resources, Inc. 223 W. Wall, Street, Suite 900 Midland, TX 79702	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/06/22 – Item delivered to address.
Neva Eichenberger 6713 Glorywhite Street Lakewood, CA 90713-2221	09/02/22	10/24/22 Return to sender.
The Estate of Eva Troike, deceased Attn: Unknown Heirs 10631 W Quartz Dr Casa Grande, AZ 85193	09/02/22	10/14/22 Return to sender.
The Estate of Eva Troike, deceased Attn: Unknown Heirs 1982 Benita Dr, Unit 4 Rancho Cordova, CA 95670	09/02/22	10/10/22 Return to sender.
The Estate of Neva Eichenberger Attn: Unknown Heirs 16250 Homecoming Dr, Unit 1416 Chino, CA 91708	09/02/22	09/19/22 Return to sender.
The Estate of Neva Eichenberger Attn: Unknown Heirs 5823 Denmead St Lakewood, CA 90713	09/02/22	09/12/22

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CASE No. 23046

NOTICE LETTER CHART

The Estate of Neva Eichenberger Attn: Unknown Heirs 91 E 55th St Long Beach, CA 90805	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/08/22 – Item in transit to next facility.
The Estate of Neva Eichenberger Attn: Unknown Heirs PO Box 2737 Los Alamitos, CA 90720	09/02/22	09/15/22 Return to sender.
Harlow Easton, LLC 8810 County Road 6875 Lubbock, TX 79407	09/02/22	09/16/22
Morris Alvin Heard 3845 Walnut Ridge Lane Plano, TX 75074-1637	09/02/22	09/12/22
Charley Zane Heard 33 Marcus Lane Castle Pines, CO 80108	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/10/22 – Item in transit to next facility.
Troy James Heard 122 Warwick Drive Prattville, AL 36066	09/02/22	09/12/22
Sherman Hickam and Diana Hickam, Trustees of the Sherman Hickam and Diana Hickam Revocable Trust UTA dated December 21, 2010 809 Pickett Rd The Villages, FL 32163	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/09/22 – Item in transit to next facility.
Hollyhock Ltd. 12855 Westella Drive Houston, TX 77077	10/12/22	10/18/22
Hollyhock, Ltd. 3313 EBBETS Midland, TX 79707	09/02/22	09/21/22

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CASE No. 23046

NOTICE LETTER CHART

Hondo Minerals LP 3220 Plumb Street Houston, TX 77005	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/09/22 – Item in transit to next facility.
Kerr-McGee North American Onshore Corporation 5 Greenway Plaza, Suite 110 Houston, Texas 77046	09/02/22	09/12/22
Kristi Rose Minerals, LLC 152 B Arroyo Hondo Road Santa Fe, NM 87508	09/02/22	09/08/22
Lodewick, LLC 7017 Chipperton Dr. Dallas, TX 75225	09/02/22	USPS Tracking's Latest Update (last checked 10/31/22): 09/07/22 – Delivered to an individual at address.
Marshall & Winston, Inc. #6 Desta Drive, Suite #3100 Midland, TX 79705	09/02/22	09/16/22
Phyllis J. Miller 10205 Lexington Ave NE Albuquerque, NM 87112	09/02/22	09/18/22
Oxy USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston, Texas 77046	09/02/22	09/12/22
Pitch Energy Corporation P.O. Box 400 Ruidoso, NM 88355	09/02/22	09/12/22
Jay Powell 5071 Rio Penasco Road Hope, NM 88250-9715	09/02/22	09/16/22
Gary Ross 205 Indian Trail Searcy, AR 72143-5321	09/02/22	09/12/22

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NOTICE LETTER CHART

James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship P.O. Box 216 Lakewood, NM 88211	09/02/22	09/12/22
Ralph E. Ross and Laurie A. Ross, Trustees of the Ralph Ellis Ross & Laurie Ann Ross Revocable Living Trust dated August 29, 1999 P.O. Box 234 Lakewood, NM 88254	09/02/22	09/08/22
Robert Dean Ross and Kary L. Ross, or their successors, as Trustees of the Robert Dean Ross and Kary L. Ross Living Trust dated November 6, 2008, and any amendments thereto #3 Southpoint Searcy, AR 72143	09/02/22	09/12/22
Ronald Ross 1902 W. Hermosa Drive Artesia, NM 88210	09/02/22	09/12/22
William Ross 3401 S. 13th Street Artesia, NM 88210-9336	09/02/22	09/12/22
SKV, LLC PO Box 1138 Roswell, NM 88202	09/02/22	09/14/22
Santo Legado, LLLP PO Box 1020 Artesia, NM 88211	09/02/22	09/12/22
Sharbro Oil Ltd. Co. (Sharbro Energy, LLC) P.O. Box 840 Artesia, NM 88211	09/02/22	09/12/22
Silverback New Mexico, LLC 19797 IH 10 West, Suite 201 San Antonio, TX 78257	09/02/22	09/15/22 Return to sender.

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NOTICE LETTER CHART

Spiral, Inc. PO Box 1933 Roswell, NM 88202	09/02/22	09/12/22
Spirit Trail, LLC 408 West College Blvd. Roswell, NM 88201	09/02/22	09/08/22
Eva Troike 630 32nd Street Richmond, CA 94804	09/02/22	09/12/22
Tulipan, LLLC 428 Sandoval St., Suite 200 Santa Fe, NM 87501	09/02/22	09/12/22 No signature – COVID 19
Wedderburn Properties, LLC 8513 Wedderburn Lane Vienna, VA 22180	09/02/22	10/25/22 Return to sender.
ZPZ Delaware, LLC 2000 Post Oak Blvd., Suite 100 Houston, Texas 77056	09/02/22	09/12/22

7020 0640 0000 0304 2514

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 fees as appropriate)

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

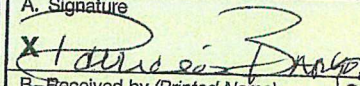
Postage
 \$

Total Postage and Fees
 \$

Sent To
 Patricia Ann Barber
 341 N Bolton Rural Rd
 Artesia, NM 88210
 23046 Spur - Alto Amm

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

Postmark Here
 SEP 02 2022
 SANTA FE NM MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Patricia Barber</p> <p>C. Date of Delivery 9-10-22</p>																	
<p>1. Article Addressed to:</p> <p>Patricia Ann Barber 341 N Bolton Rural Rd Artesia, NM 88210 23046 Spur - Alto Amm</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: SEP 12 2022 Hinkle Shanor LLP Santa Fe NM 87504</p>																	
<p>2. Article Number (Transfer from service label) 7020 0640 0000 0304 2514</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt																	

Spur Energy Partners LLC
Case No. 23046
Exhibit C-3

7021 0950 0002 0369 7241

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OFFICIAL USE

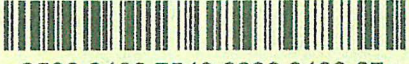
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To
 Kimberly Stewart Blanton
 P.O. Box 53
 Noble, OK 73069
 23046 Spur - Alto Amm

Postmark Here
 SEP 02 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kim S Blanton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kim S Blanton</i> C. Date of Delivery <i>9-6-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Kimberly Stewart Blanton P.O. Box 53 Noble, OK 73069 23046 Spur - Alto Amm</p>  <p>9590 9402 7543 2098 9408 07</p>	<p>RECEIVED SEP 12 2022 Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0369 7241</p>	<p>3. Service Type <i>Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0368 0434

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OFFICIAL USE

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



Sent To
 Street and Apt. No., or PO Box No. Bow Brook, LLLP
 4814 Guadalupe Trl. NW
 City, State, ZIP+4® Albuquerque, NM 87107
 23046 Spur - Alto Amm

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Bow Brook, LLLP 4814 Guadalupe Trl. NW Albuquerque, NM 87107 23046 Spur - Alto Amm</p>	<p>B. Received by (Printed Name) </p>	<p>C. Date of Delivery 9/6</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0368 0434</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 7543 2098 9438 22</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLLP <input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87504 <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

RECEIVED

SEP 08 2022

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To Christopher Dale Coll
Street and Apt. No., or PO Box No. 3096 Frandoias Circle
Oakley, CA 94561
City, State, ZIP+4® 23046 Spur - Alto Amm

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

7021 0950 0002 0368 0465

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Christopher Dale Coll 3096 Frandoias Circle Oakley, CA 94561 23046 Spur - Alto Amm</p> <p>9590 9402 7543 2098 9407 08</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED SEP 12 2022</p>
<p>Article Number (Transfer from service label) 7021 0950 0002 0368 0465</p>	<p>3. Service Type Hinkle Shanor LLC</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0368 0472

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO-Box No. Clarke C. Coll
3972 S Spring Loop
Roswell, NM 88203

City, State, ZIP+4® 23046 Spur - Alto Amm



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>CLARKE C. COLL</u></p> <p>C. Date of Delivery <u>9-7-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>
<p>1. Article Addressed to:</p> <p>Clarke C. Coll 3972 S Spring Loop Roswell, NM 88203</p> <p>23046 Spur - Alto Amm</p>	<p>RECEIVED SEP 12 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0368 0472</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7021 0950 0002 0368 0359

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

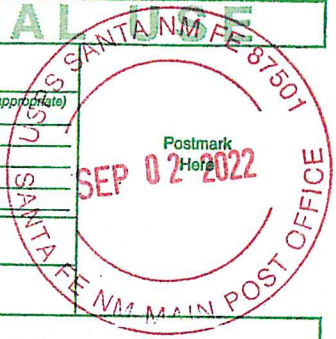
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Eric J. Coll
 P.O. Box 1818
 Roswell, NM 88202

City, State, ZIP+4® _____ 23046 Spur - Alto Amm

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Eric J. Coll P.O. Box 1818 Roswell, NM 88202 23046 Spur - Alto Amm</p>		<p>B. Received by (Printed Name) <i>Rachel Corn</i></p> <p>C. Date of Delivery <i>9/8/22</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0368 0359</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>SEP 12 2022</p>	
<p>3. Service Type <i>Hinkle Shanor LLP</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. Jon F. Coll, II
 7335 Walla Walla
 San Antonio, TX 78250
 City, State, ZIP+4® 23046 Spur - Alto Amm

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

7019 2970 0000 7642 5630



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Michelle Coll</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michelle Coll</i> C. Date of Delivery <i>9/5/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED SEP 12 2022</p>
<p>1. Article Addressed to:</p> <p>Jon F. Coll, II 7335 Walla Walla San Antonio, TX 78250 23046 Spur - Alto Amm</p> <p>9590 9402 7543 2098 9438 46</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <i>Hinkle Sharp LLP</i> <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7019 2970 0000 7642 5630</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Postmark Here
SEP 02 2022

SANTA FE NM MAIN POST OFFICE
SANTA FE NM FE 87501

7019 2970 0000 7641 7222

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

Sent To

Street and Apt. No., or PO Box No. Kenneth James Coll
4623 Burnet Ave
Sherman Oaks, CA 91403

City, State, ZIP+4® 23046 Spur - Alto Amm

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kenn J. Coll</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Kenn J. Coll</i> <i>9/2/22</i></p> <p>D. Is delivery address different from item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (enter delivery address below) <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">SEP 12 2022</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe, NM 87504</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kenneth James Coll 4623 Burnet Ave Sherman Oaks, CA 91403</p> <p style="text-align: right; font-size: 0.8em;">23046 Spur - Alto Amm</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2970 0000 7641 7222</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>																

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7021 0950 0002 0371 5570

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

SANTA NM FE 87501

SEP 02 2022

SANTA FE NM MAIN POST OFFICE

Max W. Coll, III
 7625 El Centro Blvd 1
 Las Cruces, NM 88012

23046 Spur - Alto Amm

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:

Max W. Coll, III
 7625 El Centro Blvd 1
 Las Cruces, NM 88012

23046 Spur - Alto Amm

9590 9402 6746 1074 2263 08

2. Article Number (Transfer from service label)

7021 0950 0002 0371 5570

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

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

Max Coll III 9/6/22

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

If YES, enter delivery address below:

RECEIVED

SEP 12 2022

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

Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)

Hinkle Shanor LLP
 Santa Fe NM 87504

Domestic Return Receipt

7021 0950 0002 0371 5563

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

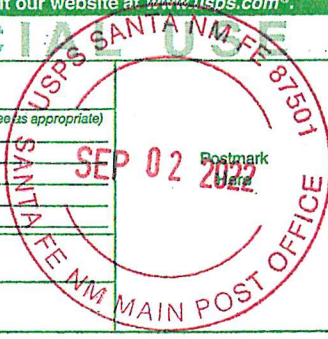
Total Postage and Fees \$ _____


Sent To _____

Michael T. Coll
 3801 E Yucca St
 Phoenix, AZ 85028

23046 Spur - Alto Amm

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Coll</i></p> <p>C. Date of Delivery <i>09-06-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED SEP 12 2022</p>
<p>1. Article Addressed to:</p> <p>Michael T. Coll 3801 E Yucca St Phoenix, AZ 85028</p> <p>23046 Spur - Alto Amm</p> <p></p> <p>9590 9402 6746 1074 2471 74</p> <p>? Article Number (Transfer from service label) 7021 0950 0002 0371 5563</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7018 2290 0000 3427 7631

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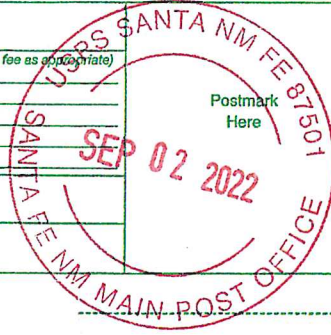
OFFICIAL USE

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
 Richard Keith Coll
 5081 Saquaro Rd
 Roswell, NM 88201
 23046 Spur - Alto Amm

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Sharon Coll</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sharon Coll</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Richard Keith Coll 5081 Saquaro Rd Roswell, NM 88201 23046 Spur - Alto Amm</p>	<p>RECEIVED SEP 12 2022 SANTA FE NM 87501</p>
<p>2. Article Number (Transfer from service label) 9590 9402 6746 1074 3816 87 7018 2290 0000 3427 7631</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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7021 0950 0002 0371 5556

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

St Melanie Coll DeTempe
 5653 Tobias Ave
 Van Nuys, CA 91411

23046 Spur - Alto Amm

Postmark: SEP 02 2022

USPS SANTA FE NM 87501 MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Melanie Coll DeTempe 5653 Tobias Ave Van Nuys, CA 91411</p> <p>23046 Spur - Alto Amm</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED SEP 12 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0371 5556</p>	<p>3. Service Type Hinkle Shanor H Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87501 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 6746 1074 2262 92</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

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OFFICIAL USE

7020 0640 0000 0304 2620

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
The Estate of Neva Eichenberger Attn: Unknown Heirs 5823 Denmead St Lakewood, CA 90713	
23046 Spur - Alto Amm	

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>The Estate of Neva Eichenberger Attn: Unknown Heirs 5823 Denmead St Lakewood, CA 90713 23046 Spur - Alto Amm</p>		<p>RECEIVED SEP 12 2022</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 0304 2620</p>		<p>3. Service Type Hinkle Shanor <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. Harlow Easton, LLC
 8810 County Road 6875
 Lubbock, TX 79407

City, State, ZIP+4® 23046 Spur - Alto Amm

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

Postmark Here
 SEP 02 2022
 SANTA FE NM FE 87501
 SANTA FE NM POST OFFICE

7021 0950 0002 0366 0337

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Kathy Thompson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Harlow Easton, LLC 8810 County Road 6875 Lubbock, TX 79407</p> <p>23046 Spur - Alto Amm</p>		<p>B. Received by (Printed Name) <i>Kathy Thompson</i></p> <p>C. Date of Delivery RECEIVED SEP 16 2022</p>	
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0366 0337</p>		<p>3. Service Type Hinkle Shano <input type="checkbox"/> Priority Mail Express® Santa Fe NM <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7021 0950 0002 0371 5549

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Postmark Here
SEP 02 2022

Address:
 Morris Alvin Heard
 3845 Walnut Ridge Lane
 Plano, TX 75074-1637

City: 23046 Spur - Alto Amm

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Linda Heard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED SEP 12 2022 Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>Morris Alvin Heard 3845 Walnut Ridge Lane Plano, TX 75074-1637</p> <p style="text-align: right;">23046 Spur - Alto Amm</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6746 1074 2471 81</p> <p>7021 0950 0002 0371 5549</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	

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OFFICIAL USE

Certified Mail Fee \$

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

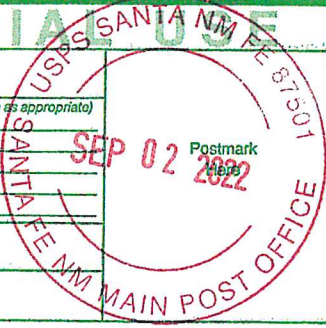
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To

Street Troy James Heard
122 Warwick Drive

City Prattville, AL 36066

23046 Spur - Alto Amm

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

7018 3090 0001 4741 6667

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:

Troy James Heard
122 Warwick Drive
Prattville, AL 36066

23046 Spur - Alto Amm



9590 9402 6746 1074 2499 94

2. Article Number (Transfer from service label)

7018 3090 0001 4741 6667

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Troy Heard

- Agent
 Addressee

B. Received by (Printed Name)

Troy J Heard

C. Date of Delivery

9-27-22

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

If YES, enter delivery address below: No

RECEIVED

SEP 12 2022

3. Service Type

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

Hinkle Shanor LLP
Santa Fe NM 87504

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

Domestic Return Receipt

7020 0090 0000 0867 3639

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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 \$ _____

Hollyhock Ltd.
 12855 Westella Drive
 Houston, TX 77077

23046 Spur - Alto Amm

PS Form 3800, April 2015 PSN 7630-02-000-9047 See Reverse for Instructions

Postmark Here
 OCT 12 2022
 SANTA FE NM POST OFFICE
 87501-9998

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 10/15/22</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Hollyhock Ltd. 12855 Westella Drive Houston, TX 77077</p> <p>23046 Spur - Alto Amm</p> <p>9590 9402 7543 2098 9503 56</p>	<p>OCT 18 2022</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0867 3639</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL RECEIPT

7021 0950 0002 0366 0320

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. Hollyhock, Ltd.
3313 EBBETS
Midland, TX 79707

City, State, ZIP+4® _____ 23046 Spur - Alto Amm

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

Postmark Here SEP 07 2022

SANTA FE NM MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so 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:

Hollyhock, Ltd.
3313 EBBETS
Midland, TX 79707

23046 Spur - Alto Amm

9590 9402 6746 1074 3937 89

2. Article Number (Transfer from service label)
7021 0950 0002 0366 0320

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Hollyhock, Ltd. Agent Addressee

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

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

RECEIVED
 SEP 21 2022

3. Service Type

Adult Signature Hinkle Shanor Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

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OFFICIAL USE

SEP 02 2022

SANTA FE NM MAIN POST OFFICE 87501

Postmark

7021 0950 0002 0369 7258

Certified Mail Fee		\$
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		\$
Total Postage and Fees		\$
Sent To		
Street and Apt. No., or PO-Box No.		Kerr-McGee North American Onshore Corporation 5 Greenway Plaza, Suite 110 Houston, Texas 77046
City, State, ZIP+4®		23046 Spur - Alto Amm

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">SEP 12 2022</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kerr-McGee North American Onshore Corporation 5 Greenway Plaza, Suite 110 Houston, Texas 77046</p> <p style="text-align: right; font-size: 0.8em;">23046 Spur - Alto Amm</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor <input type="checkbox"/> Adult Signature Restricted Delivery 87501 <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7021 0950 0002 0369 7258</p>	<p style="text-align: center;">9590 9402 7543 2098 9412 48</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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OFFICIAL RECEIPT

7019 2970 0000 7641 7208

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

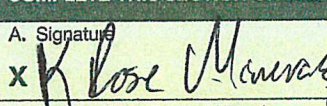

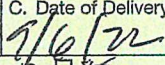

Total Postage and Fees \$ _____

Sent To

Kristi Rose Minerals, LLC
 152 B Arroyo Hondo Road
 Santa Fe, NM 87508
 23046 Spur - Alto Amm

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

SANTA FE, NM 87501
 SEP 02 2022
 MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Kristi Rose Minerals, LLC 152 B Arroyo Hondo Road Santa Fe, NM 87508 23046 Spur - Alto Amm</p> <p></p> <p>9590 9402 7543 2098 9410 02</p>	<p>RECEIVED SEP 08 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7208</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Adult Signature Santa Fe NM 87508 <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7019 2970 0000 7641 7192

U.S. Postal Service™
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OFFICIAL RECEIPT

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 \$ _____

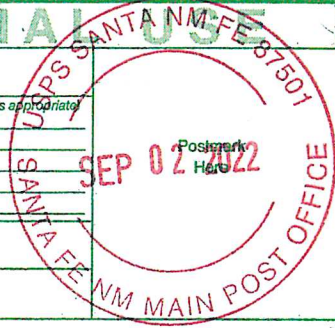
Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Marshall & Winston, Inc.
 #6 Desta Drive, Suite #3100
 Midland, TX 79705

City, State, ZIP+4® 23046 Spur - Alto Amm

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>SM</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Shirley</i> C. Date of Deliver <i>9.6.22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Marshall & Winston, Inc. #6 Desta Drive, Suite #3100 Midland, TX 79705</p> <p>23046 Spur - Alto Amm</p>	<p>RECEIVED</p> <p>SEP 16 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 2970 0000 7641 7192</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>Domestic Return Receipt</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

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OFFICIAL USE

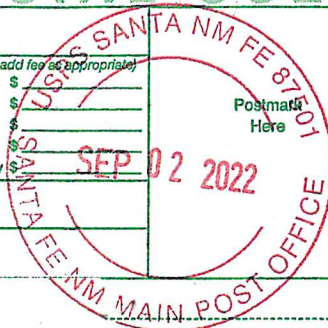
Certified Mail Fee

\$

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

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

Postmark
Here



Postage

\$

Total Postage and Fees

\$

Phyllis J. Miller
10205 Lexington Ave NE
Albuquerque, NM 87112

23046 Spur - Alto Amm

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

See Reverse for Instructions

7018 3090 0001 4741 6612

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:

Phyllis J. Miller
10205 Lexington Ave NE
Albuquerque, NM 87112

23046 Spur - Alto Amm



9590 9402 6746 1074 2495 98

2. Article Number (transfer from service label)

7018 3090 0001 4741 6612

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)

C. Date of Delivery

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

RECEIVED

SEP 08 2022

3. Service Type *Phyllis J. Miller*
- Adult Signature *Santa Fe NM 87504*
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7018 2290 0000 3427 7594

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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


Oxy USA WTP Limited Partnership
 5 Greenway Plaza, Suite 110
 Houston, Texas 77046

23046 Spur - Alto Amm

Postmark: SANTA FE NM SEP 02 2022

USPS SANTA FE NM 87501 MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Oxy USA WTP Limited Partnership 5 Greenway Plaza, Suite 110 Houston, Texas 77046</p> <p>23046 Spur - Alto Amm</p>  <p>9590 9402 6746 1074 3819 77</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED</p> <p>SEP 12 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3427 7594</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

7021 0950 0002 0370 8107

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Pitch Energy Corporation
 P.O. Box 400
 Ruidoso, NM 88355
 23046 Spur - Alto Amm

Postmark: SEP 02 2022 SANTA FE NM

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MISTI McHenry</u></p> <p>C. Date of Delivery <u>9-7-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED SEP 12 2022</p>
<p>1. Article Addressed to:</p> <p>Pitch Energy Corporation P.O. Box 400 Ruidoso, NM 88355</p> <p>23046 Spur - Alto Amm</p> <p>9590 9402 6746 1074 2262 85</p>	<p>3. Service Type <u>Hinkle Shanor</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87504</u> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0370 8107</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

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

Jay Powell
5071 Rio Penasco Road
Hope, NM 88250-9715

City, State, ZIP+4®

Postmark
Here

SEP 02 2022

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

See Reverse for Instructions

7019 2970 0000 7641 7062

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:

Jay Powell
5071 Rio Penasco Road
Hope, NM 88250-9715

23046 Spur - Alto Amm



9590 9402 7543 2098 9408 83

2. Article Number (Transfer from service label)

7019 2970 0000 7641 7062

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carrier for Jay Powell* Agent Addressee

B. Received by (Printed Name)

Jay Powell

C. Date of Delivery

9-14-22

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

RECEIVED

SEP 16 2022

3. Service Type

Hinkle Shanor Priority Mail Express®

Adult Signature

Santa Fe NM 87501 Registered Mail™

Adult Signature Restricted Delivery

Registered Mail Restricted Delivery

Certified Mail®

Signature Confirmation™

Certified Mail Restricted Delivery

Signature Confirmation Restricted Delivery

Collect on Delivery

Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

U.S. Postal Service™
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 Domestic Mail Only

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OFFICIAL USE

7021 0950 0002 0366 0351

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. Gary Ross
 205 Indian Trail
 Searcy, AR 72143-5321

City, State, ZIP+4® 23046 Spur - Alto Amm

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

SEP 02 2022
 Postmark Here
 SANTA FE NM MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Gary Ross</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Gary Ross 205 Indian Trail Searcy, AR 72143-5321 23046 Spur - Alto Amm</p> <p>9590 9402 7543 2098 9409 51</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p>RECEIVED SEP 12 2022 Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0366 0351</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0369 7265

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship
 P.O. Box 216
 Lakewood, NM 88211

Postmark Here
SEP 02 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 9/6/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>James T. Ross and Ruth A. Ross, as community property and as joint tenants with right of survivorship P.O. Box 216 Lakewood, NM 88211 23046 Spur - Alto Amm</p>	<p>RECEIVED SEP 12 2022 SEP 6 2022</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0369 7265</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7018 2290 0000 3427 7648

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

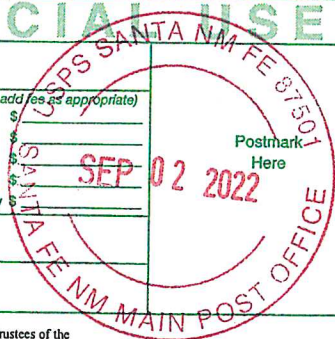
Postage \$

Total Postage and Fees \$

Ralph E. Ross and Laurie A. Ross, Trustees of the
 Ralph Ellis Ross & Laurie Ann Ross Revocable
 Living Trust dated August 29, 1999
 P.O. Box 234
 Lakewood, NM 88254

23046 Spur
 Alto Amm

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ross</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 9/6/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ralph E. Ross and Laurie A. Ross, Trustees of the Ralph Ellis Ross & Laurie Ann Ross Revocable Living Trust dated August 29, 1999 P.O. Box 234 Lakewood, NM 88254</p> <p>23046 Spur - Alto Amm</p>	<p>RECEIVED SEP 6 2022 SEP 08 2022</p>
<p>2. Article Number (Transfer from service label) 7018 2290 0000 3427 7648</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>9590 9402 6746 1074 2495 81</p>	<p>Hinkle Shaper L.L.C. Santa Fe NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7018 2290 0000 3427 7624

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here
 SEP 02 2022

Post Office: SANTA FE NM FE 87501
 MAIN POST OFFICE

Robert Dean Ross and Kary L. Ross, or their successors, as Trustees of the Robert Dean Ross and Kary L. Ross Living Trust dated November 6, 2008, and any amendments thereto
 #3 Southpoint
 Searcy, AR 72143

23046 Spur - Alto Amm

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Karen Ross</u></p> <p>C. Date of Delivery <u>9-7-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>SEP 12 2022</p> <p>Hinkle Shanor LLP</p>
<p>1. Article Addressed to:</p> <p>Robert Dean Ross and Kary L. Ross, or their successors, as Trustees of the Robert Dean Ross and Kary L. Ross Living Trust dated November 6, 2008, and any amendments thereto #3 Southpoint Searcy, AR 72143</p> <p>23046 Spur - Alto Amm</p> <p>9590 9402 6746 1074 3820 04</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3427 7624</p>	<p>Domestic Return Receipt</p>

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

7018 2290 0000 3427 7617

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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 \$

Ronald Ross
 1902 W. Hermosa Drive
 Artesia, NM 88210 23046 Spur - Alto Amm

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

Postmark Here
 SEP 02 2022
 SANTA FE NM FE 87501
 SANTA FE NM MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Barbara Ross</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Barbara Ross</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p>RECEIVED SEP 12 2022 Linkle Shanon LLP</p>
<p>1. Article Addressed to:</p> <p>Ronald Ross 1902 W. Hermosa Drive Artesia, NM 88210 23046 Spur - Alto Amm</p> <p>9590 9402 6746 1074 3819 91</p>	<p>3. Service Type Santa Fe NM 87501</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3427 7617</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0371 5518

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

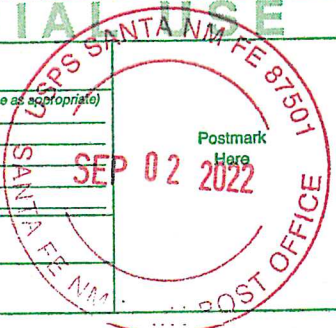
Postage
 \$ _____


Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. William Ross
 3401 S. 13th Street
 Artesia, NM 88210-9336

City, State, ZIP+4® 23046 Spur - Alto Amm

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature: <i>Phillip Briscoe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Phillip Briscoe</i> C. Date of Delivery <i>9-7-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED SEP 12 2022</p>
<p>1. Article Addressed to:</p> <p>William Ross 3401 S. 13th Street Artesia, NM 88210-9336 23046 Spur - Alto Amm</p> <p> 9590 9402 6746 1074 2470 13</p>	<p>3. Service Type <i>Hinkle Shanor H.P. Santa Fe NM 87501</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7021 0950 0002 0371 5518</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To SKV, LLC
 Street and A PO Box 1138
 Roswell, NM 88202
 City, State, ZIP+4® 23046 Spur - Alto Amm

Postmark Here
 SEP 02 2022

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

7018 3090 0001 4741 6636

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:

SKV, LLC
 PO Box 1138
 Roswell, NM 88202
 23046 Spur - Alto Amm

2. Article Number (Transfer from service label)
 7018 3090 0001 4741 6636

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

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

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

RECEIVED
 SEP 14 2022

3. Service Type

Adult Signature Hinkle Shanor LLC Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Santa Fe NM 87504 Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

7018 2290 0000 3427 7600

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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 \$ _____

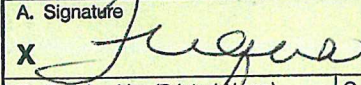
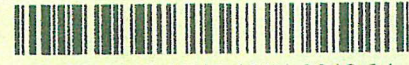
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Santo Legado, LLLP
 PO Box 1020
 Artesia, NM 88211
 23046 Spur - Alto Amm

Postmark Here
 SEP 02 2022
 SANTA FE NM FE 87501
 SANTA FE NM MAIN POST OFFICE

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) FERNANDO</p> <p>C. Date of Delivery 9/7/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Santo Legado, LLLP PO Box 1020 Artesia, NM 88211 23046 Spur - Alto Amm</p>  <p>9590 9402 6746 1074 3819 84</p>	<p>RECEIVED SEP 12 2022</p> <p>3. Service Type Certified Mail® NM 87504 <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 2290 0000 3427 7600</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0370 8091

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OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Sent To
 Street and Apt. No., or PO Box No. Sharbro Oil Ltd. Co.
 (Sharbro Energy, LLC)
 P.O. Box 840
 City, State, ZIP+4® Artesia, NM 88211 23046 Spur - Alto Amm

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:

Sharbro Oil Ltd. Co.
 (Sharbro Energy, LLC)
 P.O. Box 840
 Artesia, NM 88211
 23046 Spur - Alto Amm



9590 9402 6746 1074 2472 42

2. Article Number (Transfer from service label)
 7021 0950 0002 0370 8091

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Hinkle Shanor LLP

C. Date of Delivery
 SEP 12 2022

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

Hinkle Shanor LLP
 Santa Fe NM 87504

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

Domestic Return Receipt

7018 3090 0001 4741 6643

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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

Street and City, State Spiral, Inc.
 PO Box 1933
 Roswell, NM 88202

23046 Spur - Alto Amm

Postmark Here
 SEP 02 2022

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Jm Saunders SEP 12 2022</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Spiral, Inc. PO Box 1933 Roswell, NM 88202</p> <p>23046 Spur - Alto Amm</p> <p>9590 9402 6746 1074 3893 79</p>	<p>3. Service Type Hinkle Shanor</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 4741 6643</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7018 3090 0001 4741 6650

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OFFICIAL USE

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

Postage \$
 Total Postage and Fees \$

Sent To
 Street Spirit Trail, LLC
 408 West College Blvd.
 City Roswell, NM 88201
 23046 Spur - Alto Amm

Postmark Here
 SEP 02 2022
 SANTA FE NM FE 87501
 SANTA FE NM MAIN POST OFFICE

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Spirit Trail, LLC 408 West College Blvd. Roswell, NM 88201</p> <p>23046 Spur - Alto Amm</p>		<p>B. Received by (Printed Name) Rachel Carr</p> <p>C. Date of Delivery 9/6/22</p>	
<p>2. Article Number (Transfer from service label) 7018 3090 0001 4741 6650</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED SEP 08 2022</p>	
<p>9590 9402 6746 1074 3893 62</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature Hinkle Shanor <input type="checkbox"/> Adult Signature Restricted Delivery M 87501 <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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OFFICIAL RECEIPT

7021 0950 0002 0368 0366

Certified Mail Fee
\$

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

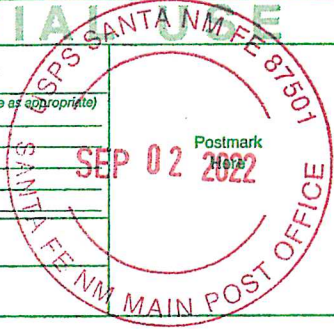
Return Receipt (hardcopy) \$

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. Eva Troike
630 32nd Street
City, State, ZIP+4® Richmond, CA 94804 23046 Spur - Alto Amm

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Eva Troike 630 32nd Street Richmond, CA 94804 23046 Spur - Alto Amm</p>	<p>RECEIVED SEP 12 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0368 0366</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LL <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postmark Here

SEP 02 2022

SANTA FE NM MAIN POST OFFICE

Postage \$

Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Tulipan, LLLC
428 Sandoval St., Suite 200
Santa Fe, NM 87501

City, State, ZIP+4® 23046 Spur - Alto Amm

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

7021 0950 0002 0370 8121

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:

Tulipan, LLLC
428 Sandoval St., Suite 200
Santa Fe, NM 87501

23046 Spur - Alto Amm



9590 9402 6746 1074 2472 28

2. Article Number (Transfer from service label)

7021 0950 0002 0370 8121

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid 19 Agent
 Addressee

B. Received by (Printed Name) VANCEIS

C. Date of Delivery

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

RECEIVED
SEP 12 2022

3. Service Type: Priority Mail Express

Adult Signature Required Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Insured Mail

Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL U.S. MAIL

7021 0950 0002 0371 5525

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. ZPZ Delaware, LLC
 2000 Post Oak Blvd., Suite 100
 Houston, Texas 77056
 City, State, ZIP+4® 23046 Spur - Alto Amm

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

Postmark: SEP 02 2022

SANTA FE NM FE 87501 MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>ZPZ Delaware, LLC 2000 Post Oak Blvd., Suite 100 Houston, Texas 77056</p> <p>23046 Spur - Alto Amm</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED SEP 12 2022</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0002 0371 5525</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87501 <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7021 0950 0002 0368 Page 10 of 60

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

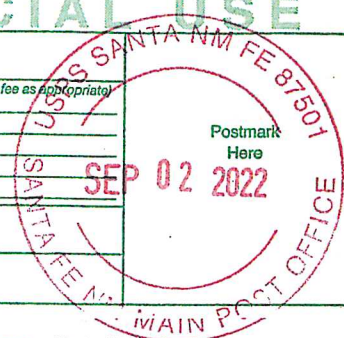
Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. Charles H. Coll
5207 S. Hummingbird Lane
Roswell, NM 88201

City, State, ZIP+4® 23046 Spur - Alto Amm

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



7021 0950 0002 0371 5532

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OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

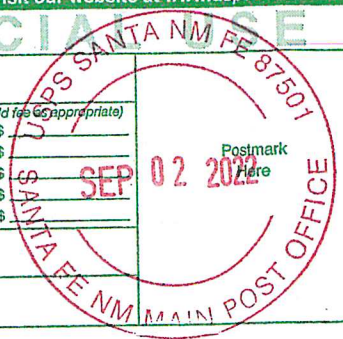
Total Postage and Fees \$

Sent To

Street and Apt. No., or PO Box No. E.G.L. Resources, Inc.
223 W. Wall, Street, Suite 900
Midland, TX 79702

City, State, ZIP+4® 23046 Spur - Alto Amm

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



7021 0950 0002 0370 8060

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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 \$

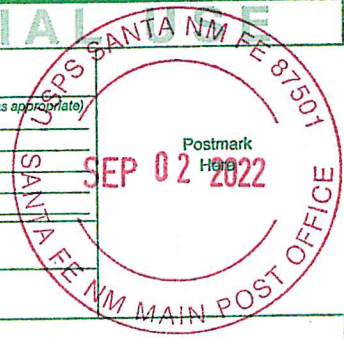
Total Postage and Fees \$

Sent To

The Estate of Neva Eichenberger
 Attn: Unknown Heirs
 91 E 55th St
 Long Beach, CA 90805

23046 Spur - Alto Amm

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



7021 0950 0002 0368 0441

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Return Receipt (hardcopy) \$

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

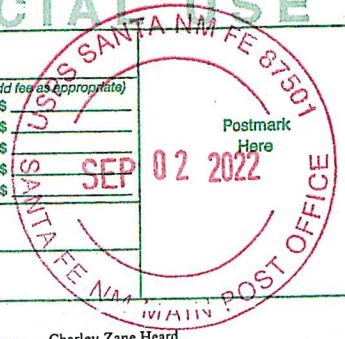
Total Postage and Fees \$

Sent To

Charley Zane Heard
 33 Marcus Lane
 Castle Pines, CO 80108

23046 Spur - Alto Amm

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Adult Signature Required \$

Adult Signature Restricted Delivery \$

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Total Postage and Fees \$

Sent To

Sherman Hickam and Diana Hickam, Trustees of the Sherman Hickam and Diana Hickam Revocable Trust UTA dated December 21, 2010
 809 Pickett Rd
 The Villages, FL 32163

23046 Spur Alto Amm

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Return Receipt (hardcopy) \$

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

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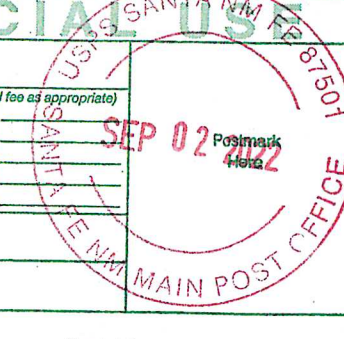
Total Postage and Fees \$

Sent To

Hondo Minerals LP
 3220 Plumb Street
 Houston, TX 77005

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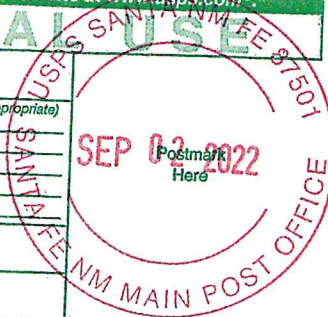
- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ _____
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 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

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Street and Apt. No., or PO Box No. Lodewick, LLC
7017 Chipperton Dr.
City, State, ZIP+4® Dallas, TX 75225
23046 Spur - Alto Amm



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Adult Signature Required \$ _____

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Postage \$ _____

Total Postage and Fees \$ _____

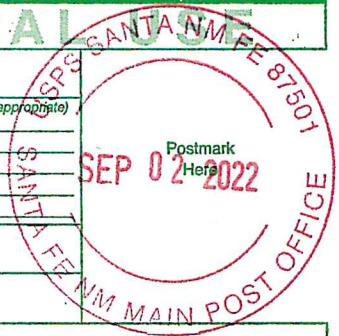
Sent To

Street and Apt. No., or PO Box No. Gary S. Brannan
 16320 Burke Ave N.
 Shoreline, WA 98133

City, State, ZIP+4® 23046 Spur - Alto Amm

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 16320 Burke Ave N.
 Shoreline, WA 98133

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 Adult Signature Restricted Delivery \$
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Sent To
 Street and Apt. No., or PO Box No. Catherine Coll, Trustee of the Testamentary Trust created by Article IV of the Will of Max W. Coll, II
 83 La Barberia Trail
 City, State, ZIP+4® Santa Fe, NM 87505 23046 Spur - Alto Amm

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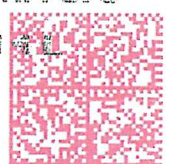
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 SANTA FE, NEW MEXICO 87504



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Catherine Coll, Trustee of the Testamentary
 Trust created by Article IV of the Will of Max W.
 Coll, II
 83 La Barberia Trail
 Santa Fe, NM 87505

NIXIE 871 FB 1 0009/08/22

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNDELIVERED TO ADDRESSEE

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Adult Signature Required \$ _____

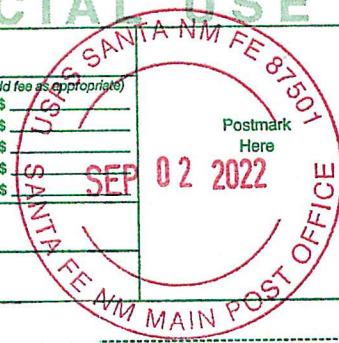
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Neva Eichenberger
 6713 Glorywhite Street
 Lakewood, CA 90713-2221
 23046 Spur - Alto Amm

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Adult Signature Restricted Delivery

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Sent To

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

The Estate of Eva Troike, deceased

Attn: Unknown Heirs

10631 W Quartz Dr

Casa Grande, AZ 85193

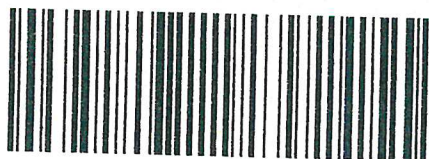
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The Estate of Eva Troike, deceased
Attn: Unknown Heirs
10631 W Quartz Dr
Casa Grande, AZ 85193

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Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

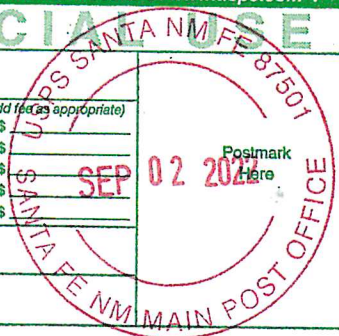
Sent To

Street and Apt. No., or PO Box No. The Estate of Eva Troike, deceased
 Attn: Unknown Heirs
 1982 Benita Dr, Unit 4

City, State, ZIP+4® Rancho Cordova, CA 95670 23046 Spur - Alto Amm

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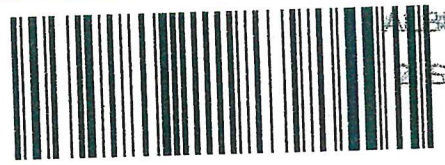
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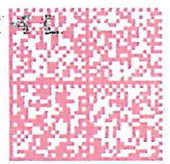
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 Attn: Unknown Heirs
 1982 Benita Dr, Unit 4
 Rancho Cordova, CA 95670

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- 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:

The Estate of Neva Eichenberger
Attn: Unknown Heirs
16250 Homecoming Dr, Unit 1416
Chino, CA 91708

23046 Spur - Alto Amm

9590 9402 5760 0003 2724 02

2. Article Number (Transfer from service label)
7021 0950 0002 0370 8053

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X 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

RECEIVED
SEP 12 2022
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3. Service Type Santa Fe NM 87501 Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Certified Mail Restricted Delivery
 Collect on Delivery Return Receipt for Merchandise
 Collect on Delivery Restricted Delivery Signature Confirmation™
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 Insured Mail Restricted Delivery (over \$500)

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 Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To
The Estate of Neva Eichenberger
Attn: Unknown Heirs
16250 Homecoming Dr, Unit 1416
Chino, CA 91708

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SANTA FE, NEW MEXICO 87504

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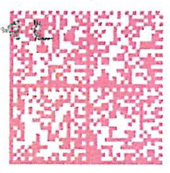


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Santa Fe NM 87504

The Estate of Neva Eichenberger
Attn: Unknown Heirs
16250 Homecoming Dr, Unit 1416
Chino, CA 91

NIXIE 911 DE 1 0000/14/23

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NO ACTION TO BE TAKEN
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Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees \$ _____

The Estate of Neva Eichenberger
Attn: Unknown Heirs
PO Box 2737
Los Alamitos, CA 90720

23046 Spur - Alto Amm

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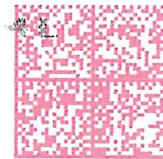


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The Estate of Neva Eichenberger
Attn: Unknown Heirs
PO Box 2737
Los Alamitos, CA 90720

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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Street and Apt. No., or PO Box No. Silverback New Mexico, LLC
 19797 IH 10 West, Suite 201

City, State, ZIP+4® San Antonio, TX 78257
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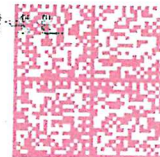


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Silverback New Mexico, LLC
 19797 IH 10 West, Suite 201
 San Antonio, TX 78257

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Postage	\$
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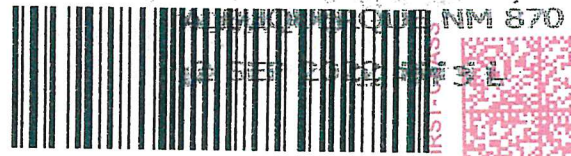
Postmark: SEP 02 2022

Sent To: Wedderburn Properties, LLC
 8513 Wedderburn Lane
 Vienna, VA 22180
 23046 Spur - Alto Amm

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OCT 25 2022

Hinkle Shanor LLP
 Santa Fe NM 87504

Wedderburn Properties, LLC
 8513 Wedderburn Lane
 Vienna, VA 22180

23046 Spur - Alto Amm

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