

**BEFORE THE OIL CONSERVATION DIVISION
EXAMINER HEARING APRIL 6, 2023**

Case No. 23404

Jet Federal Com 402H

Jet Federal Com 502H

Jet Federal Com 602H

Eddy County, New Mexico



LEGACY
RESERVES

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

**APPLICATIONS OF LEGACY RESERVES
OPERATING LP FOR A HORIZONTAL SPACING
UNIT AND COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO**

Case No. 23404

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COMPULSORY POOLING APPLICATION CHECKLIST

ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS

Case:	APPLICANT'S RESPONSE
Date	March 30, 2023
Applicant	Legacy Reserves Operating LP
Designated Operator & OGRID (affiliation if applicable)	294281
Applicant's Counsel:	James Parrot, Beatty & Wozniak, P.C.
Case Title:	Application of Legacy Reserves Operating LP for a Horizontal Spacing Unit and Compulsory Pooling, Eddy County, New Mexico
Entries of Appearance/Intervenors:	N/A
Well Family	Jet
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Entire Formation
Pool Name and Pool Code:	Bone Spring [pending]
Well Location Setback Rules:	Statewide Rules
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	240, more or less
Building Blocks:	Quarter-Quarter sections
Orientation:	North-South
Description: TRS/County	E/2E/2 of Section 33, T-18-S, R-31-E, Eddy County and E/2NE/4 of Section 4, T-19-S, R-31-E, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N
Proximity Tracts: If yes, description	No
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit C

Well(s)	
Well #1	Jet Fed Com 402 H Well (API No. Pending) SHL: NE/4NE/4 (Lot A) of Section 33, Township 18 South, Range 31 East, N.M.P.M. BHL: SE/4NE/4 (Lot H) of Section 4, Township 19 South, Range 31 East, N.M.P.M. Completion Target: Bone Spring Formation Well Orientation: North to South Completion Location: Standard
Well #2	Jet Fed Com 502 H Well (API No. Pending) SHL: NE/4NE/4 (Lot A) of Section 33, Township 18 South, Range 31 East, N.M.P.M. BHL: SE/4NE/4 (Lot H) of Section 4, Township 19 South, Range 31 East, N.M.P.M. Completion Target: Bone Spring Formation Well Orientation: North to South Completion Location: Standard
Well #3	Jet Fed Com 602 H Well (API No. Pending) SHL: NE/4NE/4 (Lot A) of Section 33, Township 18 South, Range 31 East, N.M.P.M. BHL: SE/4NE/4 (Lot H) of Section 4, Township 19 South, Range 31 East, N.M.P.M. Completion Target: Bone Spring Formation Well Orientation: North to South Completion Location: Standard
Horizontal Well First and Last Take Points	Exhibit C-2
Completion Target (Formation, TVD and MD)	Exhibit D-2
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	N/A
Production Supervision/Month \$	N/A
Justification for Supervision Costs	N/A
Requested Risk Charge	N/A
Notice of Hearing	
Proposed Notice of Hearing	Exhibits B and E
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit E

Proof of Published Notice of Hearing (10 days before hearing)	Exhibit F
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibits C-3 and C-4
Tract List (including lease numbers and owners)	Exhibits C-3 and C-4
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibits C-4 and C-5
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	None
Joinder	
Sample Copy of Proposal Letter	N/A
List of Interest Owners (ie Exhibit A of JOA)	Exhibits C-4 and C-5
Chronology of Contact with Non-Joined Working Interests	N/A
Overhead Rates In Proposal Letter	N/A
Cost Estimate to Drill and Complete	N/A
Cost Estimate to Equip Well	N/A
Cost Estimate for Production Facilities	N/A
Geology	
Summary (including special considerations)	Exhibit D
Spacing Unit Schematic	Exhibits C-2, C-3, D-1, D-4, and D-7
Gunbarrel/Lateral Trajectory Schematic	Exhibits C-3, D-1, D-2, D-4, D-5, D-7, and D-8
Well Orientation (with rationale)	Exhibit D
Target Formation	Exhibit D
HSU Cross Section	Exhibit D-2, D-5, and D-8
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit C-2
Tracts	Exhibit C-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibits C-4
General Location Map (including basin)	Exhibit C-1
Well Bore Location Map	Exhibit C-2, D-1, D-2, D-4, D-5, D-7, and D-8
Structure Contour Map - Subsea Depth	Exhibit D-2, D-5, and D-8
Cross Section Location Map (including wells)	Exhibit D-1, D-4, and D-7
Cross Section (including Landing Zone)	Exhibit D-3, D-6, and D-9

Additional Information	
Special Provisions/Stipulations	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	James P. Parrot
Signed Name (Attorney or Party Representative):	
Date:	March 30, 2023

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

**APPLICATION OF LEGACY RESERVES
OPERATING LP FOR A HORIZONTAL SPACING
UNIT AND COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO**

Case No. _____

APPLICATION

Legacy Reserves Operating LP (“Legacy”) OGRID No. 294281 through its undersigned attorneys, hereby files this Application with the Oil Conservation Division (“Division”) pursuant to the provisions of NMSA 1978, Section 70-2-17, for an order (1) creating a standard 240-acre, more or less, horizontal spacing and proration unit (“HSU”) composed of the E½E½ of Section 33, Township 18 South, Range 31 East, N.M.P.M., and E½NE¼ of Section 4, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and (2) pooling all uncommitted mineral interests in the Bone Spring formation, designated as an oil pool, underlying said unit.

In support of its Application, Legacy states the following:

1. Legacy is a working interest owner with the right to drill in the proposed HSU.
2. Legacy seeks to dedicate the above-referenced HSU to the following proposed horizontal wells:
 - a. **Jet Federal Com 402H Well**, an oil well, to be horizontally drilled from an approximate surface location in the NE¼NE¼ of Section 33, Township 18 South, Range 31 East, N.M.P.M., to a bottom hole location in the SE¼NE¼ of Section 4, Township 19 South, Range 31 East, N.M.P.M.

b. **Jet Federal Com 502H Well**, an oil well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.

c. **Jet Federal Com 602H Well**, an oil well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.

3. The wells are orthodox in their locations, and their take points and laterals comply with Statewide Rules for setbacks.

4. Legacy has sought in good faith, but has been unable to obtain, voluntary agreement from all interest owners to participate in the drilling of the wells or in the commitment of their interests to the wells for their development within the proposed HSU.

5. The pooling of all interests in the Bone Spring formation within the proposed HSU, and creation of the HSU, will avoid the drilling of unnecessary wells, prevent waste and protect correlative rights. In order to provide for its just and fair share of the oil and gas underlying the subject lands, Legacy requests that all uncommitted interests in this HSU be pooled and that Legacy be designated the operator of the proposed horizontal wells and HSU.

WHEREFORE, Legacy requests that this Application be set for hearing on April 21, 2023, before an Examiner of the Oil Conservation Division, and after notice and hearing as required by law, the Division enter an order:

a. Approving the creation of a standard 240-acre, more or less, spacing and proration unit comprised of the E $\frac{1}{2}$ E $\frac{1}{2}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., and E $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico;

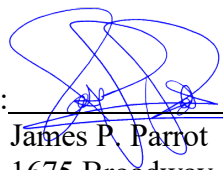
- b. Pooling all uncommitted mineral interests in the Bone Spring formation underlying the proposed HSU.
- c. Approving the drilling of the following 1.5-mile wells in the HSU: (1) Jet Federal Com 402H Well, (2) Jet Federal Com 502H Well, and (3) Jet Federal Com 602H Well.
- d. Designating Legacy as operator of this HSU and the horizontal wells to be drilled thereon;
- e. Authorizing Legacy to recover its costs of drilling, equipping, and completing the wells;
- f. Approving actual operating charges and costs of supervision, to the maximum extent allowable, while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- g. Setting a 200% charge for the risk assumed by Legacy in drilling and completing the wells in the event a working interest owner elects not to participate in the wells.

Dated: February 14, 2023.

Respectfully submitted,

BEATTY & WOZNIAK, P.C.

By: _____


James P. Parrot
1675 Broadway, Suite 600
Denver, CO 80202
(303) 407-4457
jparrot@bwenergylaw.com

Application of Legacy Reserves Operating LP for a Horizontal Spacing Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 240-acre, more or less, spacing and proration unit comprised of the E $\frac{1}{2}$ E $\frac{1}{2}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., and E $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and (2) pooling all uncommitted mineral interests in the Bone Spring formation, designated as an oil pool, underlying said unit. The proposed wells to be dedicated to the horizontal spacing unit are the: (1) Jet Federal Com 402H Well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, T18S-R31E, to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.; (2) Jet Federal Com 502H Well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, T18S-R31E, to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.; and (3) Jet Federal Com 602H Well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, T18S-R31E, to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M. The wells are orthodox in location and the take points and laterals comply with Statewide Rules for setbacks; also to be considered will be the cost of drilling and completing the wells and the allocation of the costs thereof; actual operating costs and charges for supervision; the designation of the Applicant as Operator of the wells and unit; and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 28 miles northeast of Carlsbad, New Mexico.

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Case No. 23404

AFFIDAVIT OF TAYLOR THORESON

Taylor Thoreson, being first duly sworn upon oath, deposes and states as follows:

1. My name is Taylor Thoreson, and I am employed by Legacy Reserves Operating LP (“Legacy”) as its Director of Land.
2. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and had my credentials accepted as those of an expert. I have worked directly or in a supervisory role with the properties that are the subject of these matters.
 - a. I have a Bachelor of Business Administration in Energy Management from the University of Oklahoma and a Master of Business Administration from Southern Methodist University Cox School of Business
 - b. I am a Certified Professional Landman (CPL) certification by the American Association of Professional Landmen (AAPL).
 - c. I have worked in petroleum land matters since May of 2013, including experience in the Permian Basin.
3. I am submitting this affidavit in support of Legacy’s applications in the above-referenced cases pursuant to 19.15.4.12.(A)(1) NMAC.

4. I am familiar with the applications filed by Legacy in these consolidated cases and the status of the lands in the subject lands.

5. Under Case No. 23404, Legacy seeks orders from the Division (1) creating standard 240-acre, more or less, spacing and proration units comprising lands in Section 33, Township 18 South, Range 31 East, N.M.P.M. and Section 4, Township 19 South, Range 31 East, N.M.P.M. Eddy County, New Mexico, and (2) pooling all uncommitted mineral interests in the Bone Spring formation as follows:

a. The **Jet Fed Com 402 H Well** (API No. Pending), the **Jet Fed Com 502 H Well** (API No. Pending), and the **Jet Fed Com 602 H Well** (API No. Pending), which will be drilled to the Bone Spring Formation, one of which will be the initial well in the unit, all to be horizontally drilled from a surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., to a bottom hole location in the SW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.; and

6. **Legacy Exhibit C-1** is a general location map showing the proposed Bone Spring formation spacing units. The acreage subject to the applications are federal lands.

7. **Legacy Exhibit C-2** contains the Form C-102s reflecting that the proposed Bone Spring wells to be drilled and completed in the subject units. The location of each well is orthodox and meets the Division's offset requirements.

8. A review of the Bone Spring Formation underlying the subject lands indicated that there are no overlapping spacing units in the Bone Spring Formation.

9. **Legacy Exhibit C-3** outlines the proposed Bone Spring units and tracts therein.

10. **Legacy Exhibit C-4** sets forth the parties being pooled, the nature of their interests, and their last known address. The exhibit identifies the tract number, tract percentage

interest, and spacing unit percentage interest for each mineral owner. In compiling these addresses, I conducted a diligent search of the public records in Eddy County, New Mexico, where the wells are located, and of phone directories and did computer searches to locate the contact information for parties entitled to notification. All working interest owners and overriding royalty interest owners were locatable and noticed, and there are no unleased mineral interest owners. Legacy caused notice to be published in the Albuquerque Journal and in the Current-Argus, newspapers of general circulation in Eddy County, New Mexico. I provided the law firm of Beatty & Wozniak, P.C. with the names and addresses for these mineral owners and instructed that each owner be provided notice of the hearing in these matters.

11. **Legacy Exhibits C-5** sets forth a chronology of the contacts with owners. Legacy has made a good faith effort to obtain voluntary joinder of the working interest owners in the proposed wells.

12. The interest owners being pooled have been contacted regarding the proposed wells and have voluntarily committed their interests in the wells by entering into a Joint Operating Agreement. Since a mutually agreeable Joint Operating Agreement has been reached between Legacy and the other interest owner or owners, Legacy requests that the voluntary agreement become operative and supersede the Division's order for said parties, except to the extent the Division deems it necessary to maintain spacing criteria for the purpose of conservation, the prevention of waste, and the protection of correlative rights.

13. Legacy does not request overhead and administrative rates for drilling and producing each well, as there are no nonconsenting working interest owners.

14. Legacy does not request any cost recovery penalties, as there are no nonconsenting working interest owners.

15. Legacy requests that it be designated operator of the units and wells.

16. **Exhibit C-1** through **Exhibit C-5** were either prepared by me or compiled from Legacy's company business records under my direction and supervision.

17. The granting of these applications is in the best interest of conservation, the prevention of waste, and the protection of correlative rights, and will avoid the drilling of unnecessary wells.

18. I hereby swear that to the best of my knowledge and belief, all of the matters set forth herein and in the exhibits are true, correct, and accurate.

[Remainder of page left intentionally blank]

FURTHER AFFIANT SAYETH NOT.

Dated this 29th day of March, 2023.



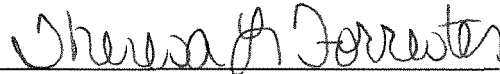
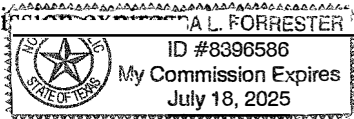
Taylor Thoreson
Legacy Reserves Operating LP

STATE OF COLORADO)
) ss.
CITY AND COUNTY OF DENVER)

The foregoing instrument was subscribed and sworn to before me this 29th day of March, 2023, by Taylor Thoreson, Director of Land for Legacy Reserves Operating LP.

Witness my hand and official seal.

My commi



Taylor Lynn Thoreson, CPL

6701 Fern Drive • Denver, CO 80221 • (817) 269-1411 • taylorthoreson@yahoo.com

SUMMARY

Results-oriented land professional with over eight years of experience contributing as a leader and team member within fast-paced and dynamic organizations. A demonstrated record of accomplishment in asset development and management, stakeholder relations, business development, lease and surface negotiations, contract management, leadership, long-term development strategy, acquisition integration, complex negotiations, and due diligence. And overall, an innovative and resourceful problem solver with a passion for value creation and delivering strong and consistent results.

PROFESSIONAL EXPERIENCE

Legacy Reserves Inc.

Vice President, Land and Business Development

March 2023 - Present

Director of Land

June 2021 – March 2023

Land Manager of Business Development

November 2020 – June 2021

- Manage and support all land, business development, and land administration functions across the entirety of Legacy's operated and non-operated portfolio of Permian, East Texas, Rockies, and Mid-Continent assets consisting of 250,000+ net acres
- Lead, mentor, and facilitate performance evaluations for a team of 8 employees and responsible for new-hire decisions and delivering staffing recommendations
- Negotiated, managed, and closed several divestitures, via internal and third-party marketed processes, cumulatively amounting to \$400MM in consideration, a complete operational exit of eight states, and a reduction in well count by 9,000 wells to rationalize the overall portfolio and accelerate a new strategic vision
- Increased Legacy's inventory of development locations by 75% by sourcing and presenting strategic asset acquisitions and trade opportunities adding \$350MM+ of incremental value and 5 years of new inventory via over 20 transactions
- Present accomplishments of the land and business development functions at quarterly board meetings
- Created new land processes and procedures to facilitate a multi-rig and dual-basin development program and modified existing processes to better accommodate needs of the business
- Advise team on technical issues and negotiations related to leasing, transactions, development, title matters, etc.
- Generate the proposed annual land budget and track costs and perform reconciliations on a quarterly basis

Centennial Resource Development, Inc.

Senior Landman

March 2019 – November 2020

Landman

January 2017 – March 2019

- Collaborated with geology, engineering, and regulatory teams to plan and execute a 5-8 rig drilling program across various prospect areas in Reeves and Ward County, Texas and Lea County, New Mexico comprised of fee, federal and state acreage to prepare 100+ well locations
- Initiated and closed 10+ acreage trades equating to +11,000 net acres traded and \$200MM+ in incremental value
- Reviewed and negotiated Purchase and Sale Agreements, Exchange Agreements, Operating Agreements, Term Assignments, State Pooling Agreements, Production Sharing Agreements, Communitization Agreements, Contract Operations Agreements, Lease Agreements, Surface Use Agreements and other land-related agreements
- Supervised numerous large brokerage teams throughout grass roots leasing programs, acquisition due diligence and complex title projects
- Identified and negotiated creative cost-free solutions for well obligation reprieve to preserve capital budget in support of a more efficient and effective drilling program
- Served as an expert witness at force pooling hearings in New Mexico and guide wells through NMOCD force pooling process

- Oversaw start of company internship program by reviewing applicants, conducting interviews, selecting the internship project, and serving as the first intern coach

Encana Oil & Gas (USA) Inc.

Land Negotiator – Midland Basin

January 2016 – January 2017

- Managed core assets of 20,000+ net acres and over 300 producing wells in Martin County, Texas
- Governed all aspects of title curative and performed Texas Railroad Commission compliance duties to allow for vertical and horizontal drilling of 40+ wells over a one-year period
- Closed transactions in the form of trades, acquisitions and divestitures valued at over \$100MM
- Completed analysis of 14,000 acres to determine a land strategy driven depletion plan resulting in \$117MM in future development savings

Land Negotiator – Tuscaloosa Marine Shale

January 2015 – January 2016

- Responsible for all actions of an outside broker's leasing project on an exploratory play to expand the companies lease acreage within tight budgets and deadlines (25+ brokers working on the project)
- Developed an integrated lease tracking process for the land department that was implemented across multiple assets
- Maintained leasehold position of 180,000+ acres by negotiating lease extensions, amendments, and top leases
- Mentored summer interns on the process of clearing wells to drill and leasehold maintenance
- Attended and participated in MSOGA hearings for regular and alternate risk units to secure operatorship and unlock future value across the leasehold position

EDUCATION

Southern Methodist University, Cox School of Business

August 2020 – December 2022

Master of Business Administration

The University of Oklahoma, Michael F. Price College of Business

August 2011 – December 2014

Bachelor of Business Administration, Energy Management

AFFILIATIONS AND ACTIVITIES

American Association of Professional Landmen

- Accreditation Committee – Chairman (2021-22), Assistant Chairman (2020-21), Voting Member (2019-23)
- Education Foundation – Board Member (2022-23)

Permian Summit Foundation

- Board of Directors (2022-23)

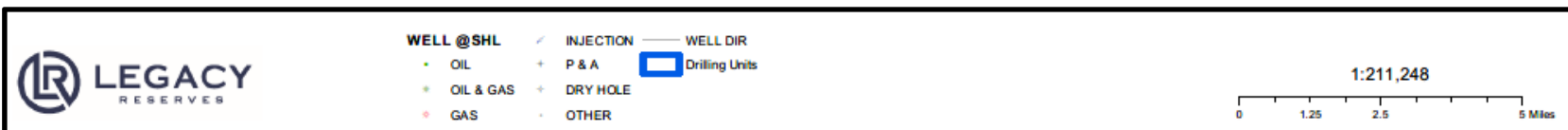
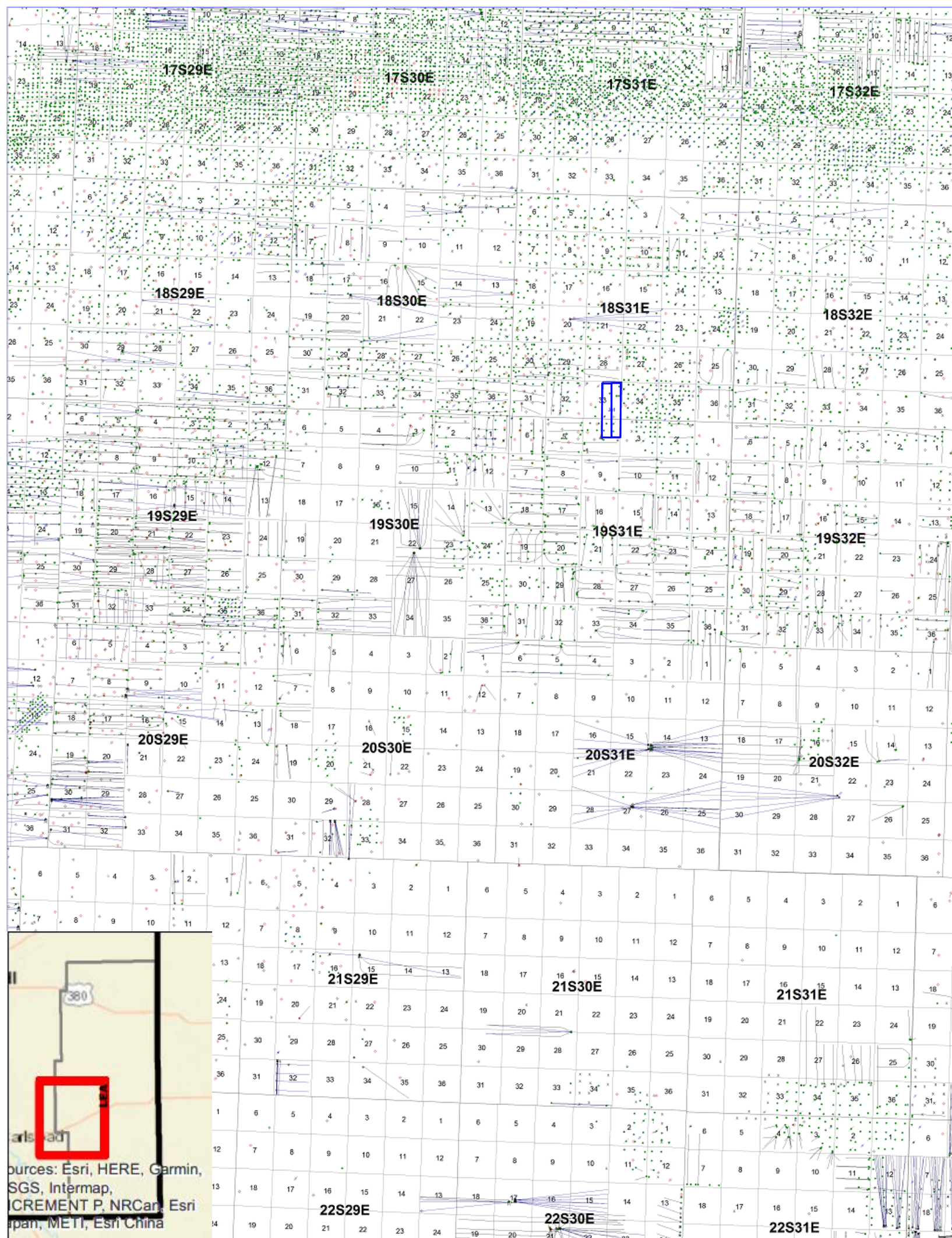
EnGen Colorado Oil and Gas Association Leadership Development Program

- Graduate in the Class of 2020-21
- City Year Denver Volunteer, Corporate Fundraiser and Campaign Leader (2020)

Denver Metro Partners At-Risk Youth Mentorship Program

- Senior Partner (2016-20)

Jet Unit



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

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name	
4 Property Code		5 Property Name JET FEDERAL COM			6 Well Number 402H
7 OGRID No.		8 Operator Name LEGACY RESERVES OPERATING			9 Elevation 3616.5'

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	33	18S	31E		550	NORTH	990	EAST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	4	19S	31E		2540	NORTH	660	EAST	EDDY

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16

- = SURFACE HOLE LOCATION
- ◆ = LANDING POINT/FIRST TAKE POINT
- = LAST TAKE POINT/BOTTOM HOLE LOCATION
- ▲ = SECTION CORNER LOCATED

NOTE:

- Distances referenced on plat to section lines are perpendicular.
- Basis of Bearings is a Transverse Mercator Projection with a Central Meridian of W103°53'00" (NAD 83)

LINE TABLE		
LINE	DIRECTION	LENGTH
L1	S89°53'27"W	2641.27'
L2	N36°09'33"E	558.15'

17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Fatma Abdallah 6/9/22
Signature Date
Fatma Abdallah
Printed Name
fatma.abdallah@reserves.com
E-mail Address

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

February 16, 2022
Date of Survey
Signature and Seal of Professional Surveyor:

Certificate Number:

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

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name
⁴ Property Code	⁵ Property Name JET FEDERAL COM	⁶ Well Number 502H
⁷ OGRID No.	⁸ Operator Name LEGACY RESERVES OPERATING	⁹ Elevation 3615.0'

¹⁰ Surface Location

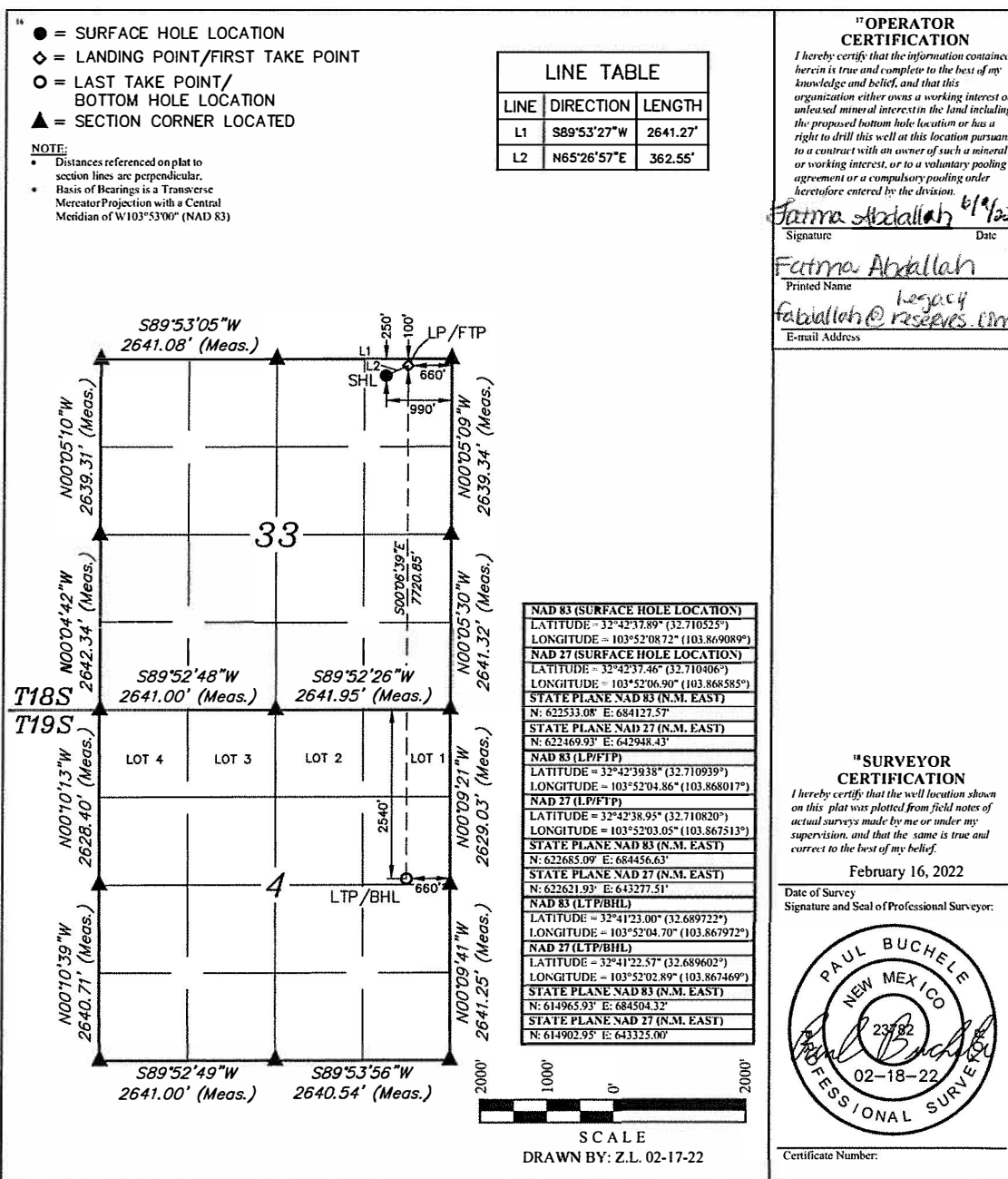
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	33	18S	31E		250	NORTH	990	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	4	19S	31E		2540	NORTH	660	EAST	EDDY

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



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

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

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name
⁴ Property Code	⁵ Property Name JET FEDERAL COM	⁶ Well Number 602H
⁷ OGRID No.	⁸ Operator Name LEGACY RESERVES OPERATING	⁹ Elevation 3614.9'

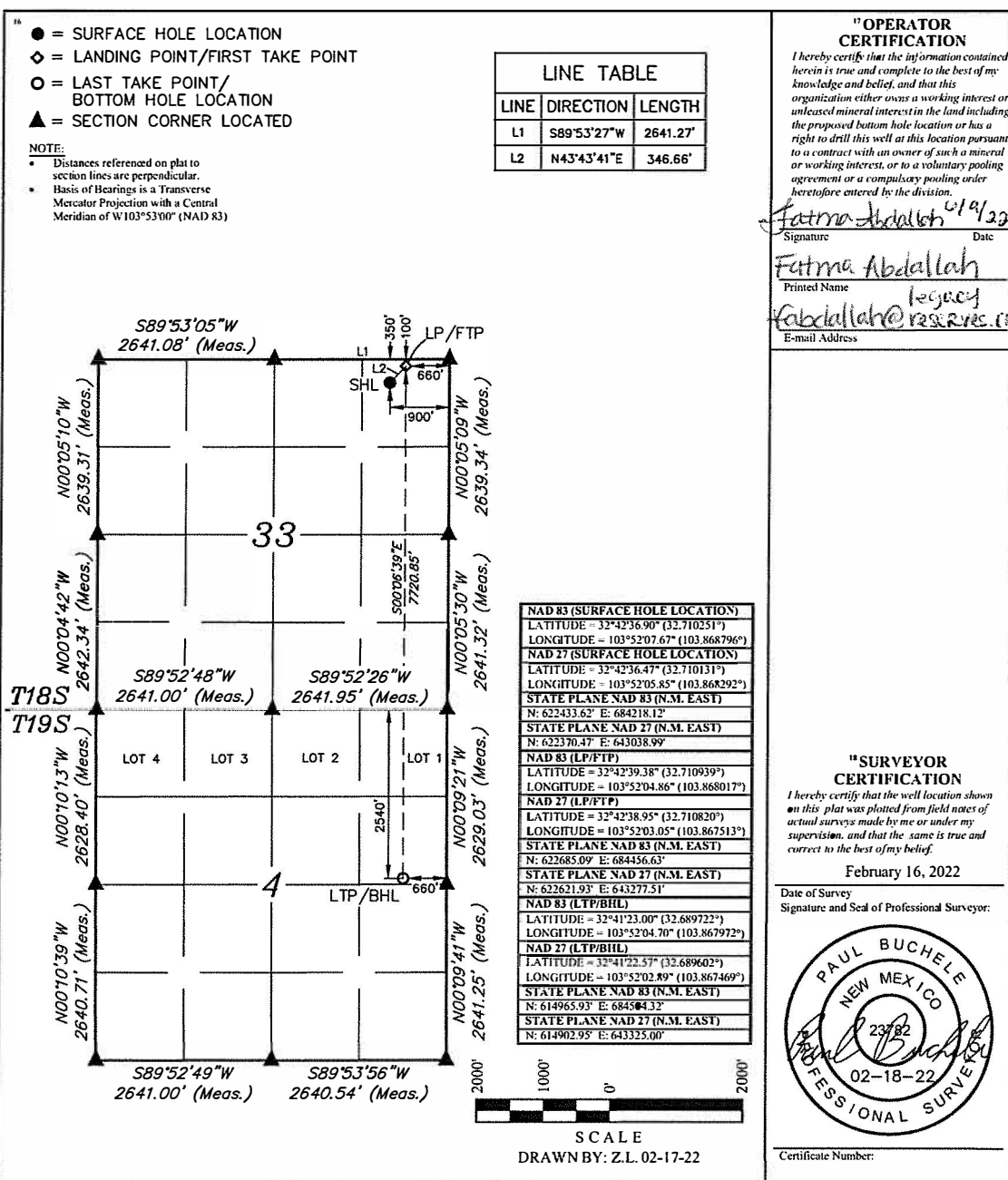
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	33	18S	31E		350	NORTH	900	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
II	4	19S	31E		2540	NORTH	660	EAST	EDDY
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.





LEGACY
RESERVES

BEFORE THE OIL CONSERVATION DIVISION
EXAMINER HEARING APRIL 6, 2023

Case No. 23404

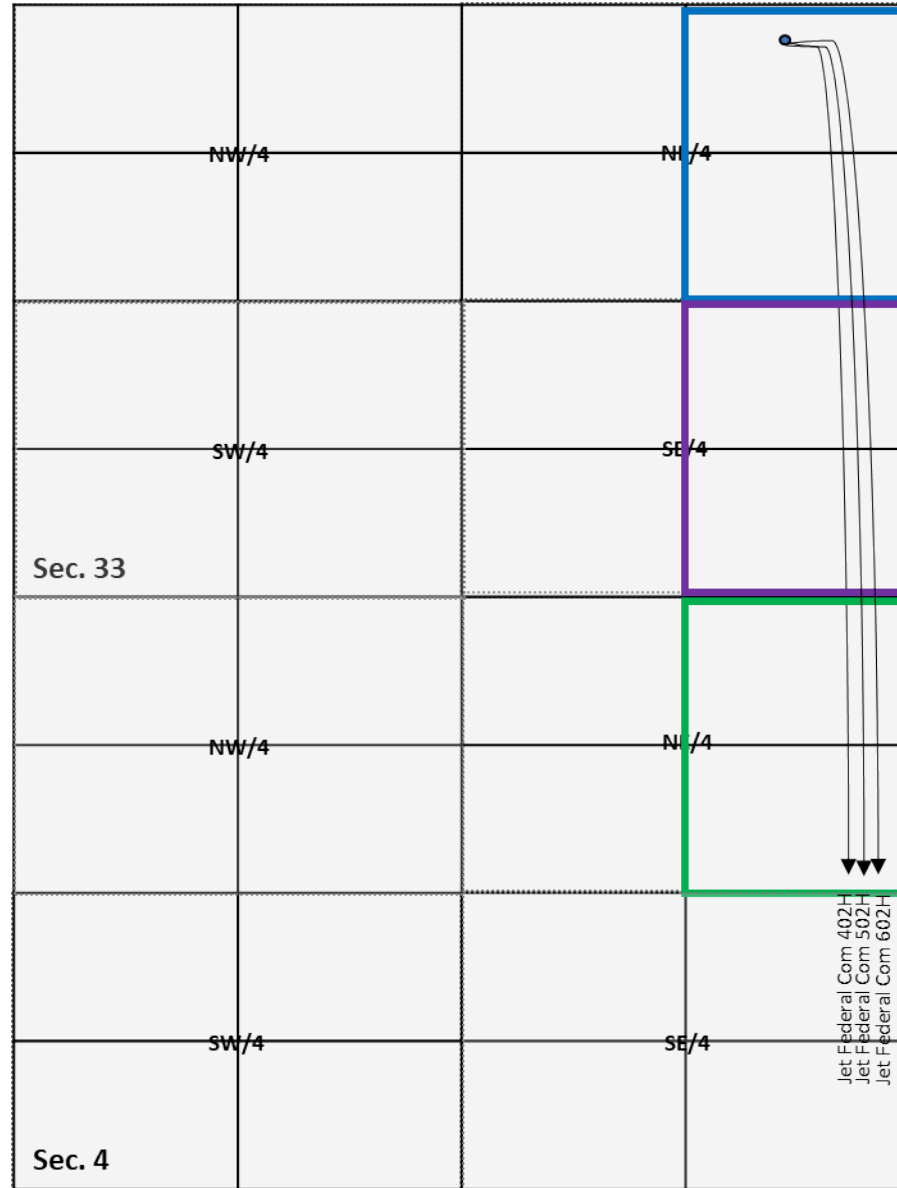
Case No. 23404

Jet Fed Com 402H
Jet Fed Com 502H
Jet Fed Com 602H

18 South, 31 East, N.M.P.M.
Section 33: E½E½

19 South, 31 East, N.M.P.M.
Section 4: E½NE¼

Eddy County, New Mexico
Bone Spring Formation



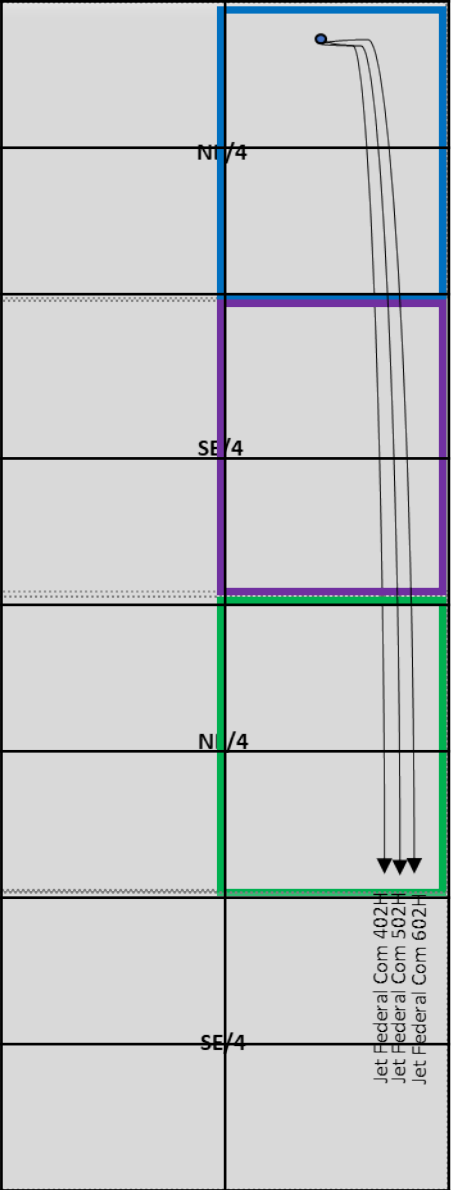
- Tract 1: NM-28790 (80 Acres)
- Tract 2: NMNM-12211 (80 Acres)
- Tract 3: LC-069041 (80 Acres)

Working Interest Ownership

Jet Fed Com 402H, 502H & 602H

OWNER	INTEREST	STATUS
Legacy Reserves Operating LP	66.6667%	Committed
COG Operating LLC	31.6667%	Uncommitted
Concho Oil & Gas LLC	1.6667%	Uncommitted

Working Interest (Tract Ownership) Jet Fed Com 402H, 502H & 602H



Tract 1: NM-28790 (80 Acres)

OWNER	NET ACRES	TRACT WI	STATUS
Legacy Reserves Operating LP	80.00	1.00000000	Committed



Tract 2: NMNM-12211 (80 Acres)

OWNER	NET ACRES	TRACT WI	STATUS
Legacy Reserves Operating LP	80.00	1.00000000	Committed



Tract 3: LC-069041 (80 Acres)

OWNER	NET ACRES	TRACT WI	STATUS
COG Operating LLC	76.00	0.95000000	Uncommitted
Concho Oil & Gas LLC	4.00	0.05000000	Uncommitted

Legacy Reserves Operating LP - Chronology of Contact

April 11: Called Jennifer Midkiff (Sr. Land Negotiator, Concho) to inquire as to whether or not they were going to participate in the Jet Unit well proposals. I did not connect with Ms. Midkiff on the phone and left a voice mail. We have not yet received a response from Ms. Midkiff.

April 25: Called Justin Wray (Sr. Land Negotiator, Concho) to make an offer to purchase of their interest in the Jet Unit. I did not connect with Mr. Wray on the phone and left a voice mail. We have not yet received a response from Mr. Wray.

May 11: Called Justin Williams (Land Manager, Concho) to make an offer to purchase of their interest in the Jet Unit. I did not connect with Mr. Williams on the phone and left a voice mail. We have not yet received a response from Mr. Williams.

As of the hearing date, Legacy Reserves and the other working interests owner have entered into a mutually agreeable Joint Operating Agreement.

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

**APPLICATIONS OF LEGACY RESERVES
OPERATING LP FOR A HORIZONTAL SPACING
UNIT AND COMPULSORY POOLING, EDDY
COUNTY, NEW MEXICO**

Case No. 23404

AFFIDAVIT OF JOHN STEWART

John Stewart, being first duly sworn upon oath, deposes and states as follows:

1. My name is John Stewart, and I am employed by Legacy Reserves Operating LP (“Legacy”) as a Senior Geologist.
2. I have not previously testified before the New Mexico Oil Conservation Division (“Division”). I have fifteen plus years of experience in petroleum geological matters, and I am familiar with the subject applications and the geology involved. I ask that the Division accept my credentials as those of an expert witness in petroleum geological matters and made a matter of record.
 - a. I have a Bachelor of Science Degree in Geology from The University of Texas of the Permian Basin and a Master of Science Degree in Geology from The University of Texas of the Permian Basin.
 - b. I have worked in matters of petroleum geology since 2006, which includes experience in the Permian Basin.
3. I am submitting this affidavit in support of Legacy’s applications in the above-referenced cases pursuant to 19.15.4.12.(A)(1) NMAC.

4. **Legacy Exhibits D-1, D-4, and D-7** are base maps of the lands showing the proposed Bone Spring formation spacing units and wells.

5. **Legacy Exhibits D-2, D-5, and D-8** are structure maps showing the depth (subsea) to the top of the 2nd Bone Spring formation, a marker that defines the top of the target interval for the proposed well(s). Contour interval of 25'. The units being pooled are outlined in bold, and the proposed wells are identified. The structure map shows regional down-dip to the southeast. I do not observe any faulting, pinchouts, or other geologic impediments to developing this target interval.

6. **Legacy Exhibits D-3, D-6, and D-9** are stratigraphic cross-sections flattened on the top of the 2nd Bone Spring formation. Each well in the cross-section contains a gamma ray, resistivity, and porosity log. The cross-section demonstrates continuity and consistent thickness across the target zone, and the well logs on the cross-section give a representative sample of the 2nd Bone Spring Sand. The landing zone is highlighted on the exhibit.

7. Based on the attached exhibits, I hereby conclude as follows:

a. The target formation is present and continuous throughout the lands subject to the applications.

b. The horizontal spacing and proration unit is justified from a geologic standpoint.

c. There are no structural impediments or faulting that will interfere with horizontal development.

d. Each quarter-quarter section in the unit will contribute more or less equally to production, and I can confirm each quarter section along the lateral will also contribute more or less equally to production.

e. To best accommodate our development, a North-South well orientation was chosen. The wells will run sub-perpendicular to the inferred orientation of the maximum horizontal stress.

8. **Exhibit D-1** through **Exhibit D-9** were prepared by me or compiled from Legacy's company business records under my direct supervision.


9. The granting of these applications is in the best interest of conservation, the prevention of waste, and the protection of correlative rights, and will avoid the drilling of unnecessary wells.

10. I hereby swear that to the best of my knowledge and belief, all of the matters set forth herein and in the exhibits are true, correct, and accurate.

[Remainder of page left intentionally blank]

FURTHER AFFIANT SAYETH NOT.

Dated this 29 day of March, 202~~2~~³.



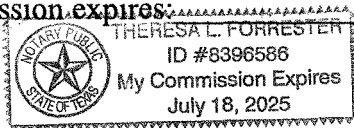
 John Stewart
 Legacy Reserves Operating LP

STATE OF TEXAS)
) ss.
 CITY AND COUNTY OF MIDLAND)

The foregoing instrument was subscribed and sworn to before me this 29th day of March, 202~~2~~³, by John Stewart, Senior Geologist for Legacy Reserves Operating LP.

Witness my hand and official seal.

My commission expires:





John Stewart

432-664-8607

jjstew8607@gmail.com

linkedin.com/in/john-s-b76232182

Senior Geologist/Exploration Manager

*Corporate Support • Process Development • Reserves Estimation
Technical Evaluation • Flexible & Adaptable • Private Equity Fund-raising • Regional Operations*

Proven exploration and operations geologist with 15 years' regional basin success through multi-dimensional analysis and in-depth resource evaluation. Able to evaluate conventional and unconventional assets while identifying sweet spots and perform regional geologic risk assessment of existing or emerging plays. Work with diverse teams consisting of engineers, petrophysicist, geophysicist to develop and execute exploration/appraisal drilling plans while monitoring industry activity in areas of interest.

PROVEN EXPERTISE

- | | | |
|----------------------------------|---------------------------------|-------------------------------|
| ➤ Conventional Evaluation | ➤ Business Development | ➤ Regional Risk Assessment |
| ➤ Unconventional Evaluation | ➤ Development Strategy/Planning | ➤ Exploration & Appraisal |
| ➤ Multi-Discipline Collaboration | ➤ Process Improvements | ➤ Divestitures & Acquisitions |

PROFESSIONAL EXPERIENCE

Legacy Reserves, Midland Texas

December 2018 – Present

Senior Geologist Permian Basin

- Project development- identify and evaluate commercial prospects-both solicited and unsolicited, well completion, identification of landing zones, resource exploration through offset analysis of existing and emerging plays, recommendations to pursue assets and identification of risk.
- Evaluation of multi-stacked plays in Spraberry/Bone Spring and Wolfcamp within the Permian Basin.
- Conventional and unconventional analysis for horizontal development working with asset team composed of G&G, drilling, production, finance and land.
- Developed remediation and protection plans for primary and secondary development based on lateral science in a multi-disciplined arena.
- Operational plan development, management of geosteering and mudlogging contractors.
- Board presentations for project approval, high level management discussions.

Stingray Exploration, Midland Texas

January 2018 – Dec 2018

Senior Geologist Permian Basin

- Dynamic team raising capital to develop self-sourced and market identified projects throughout the Permian Basin.
- Use of multi-disciplined analysis tying offset production and subsurface data to make comprehensive evaluations of prospects.

Charger Shale Exploration, Midland Texas

January 2016 – Jan 2018

Senior Geologist Permian Basin

- Project development- identify and evaluate commercial prospects-both solicited and unsolicited, well completion, identification of landing zones, resource exploration through offset analysis of existing and emerging plays, recommendations to pursue assets and identification of risk.
- Evaluation of multi-stacked plays in Spraberry/Bone Spring and Wolfcamp within the Permian Basin.
- Conventional and unconventional analysis for horizontal development working with asset team composed of G&G, drilling, production, finance and land.
- Developed remediation and protection plans for primary and secondary development based on lateral science in a multi-disciplined arena.
- Operational plan development, management of geosteering and mudlogging contractors.

John Stewart**PAGE 2****Tall City Exploration, Midland Texas****January 2014 – Jan 2016****Geologist Permian Basin**

- Project development- identify and evaluate commercial prospects-both solicited and unsolicited, well completion, identification of landing zones, resource exploration through offset analysis of existing and emerging plays, recommendations to pursue assets and identification of risk.
- Evaluation of multi-stacked plays in Spraberry/Bone Spring and Wolfcamp within the Permian Basin.
- Conventional and unconventional analysis for horizontal development working with asset team composed of G&G, drilling, production, finance and land.
- Developed remediation and protection plans for primary and secondary development based on lateral science in a multi-disciplined arena.
- Operational plan development, management of geosteering and mudlogging contractors.

Halliburton Energy Services, Midland Texas**January 2010 – Jan 2014****Log Analyst\Petrophysicist**

- Conventional and unconventional analysis for reservoir identification.
- Cement and casing inspection analysis.
- Acoustic analysis for stress evaluation and rock mechanics.
- High level customer presentations and meetings to deliver results and provide technical sales.

Other Industry Experience**January 2001 – Jan 2010****Geologist-Arcadis****Geologist-Larson & Associates****Mud Logger- Selman & Associates****Engineer Intern- BJ Services Company USA****Teaching Aid Geology-UTPB****District Science Lab Coordinator-ECISD****EDUCATION & TRAINING**

UNIVERSITY OF TEXAS IN THE PERMIAN BASIN
Master of Geology

2006

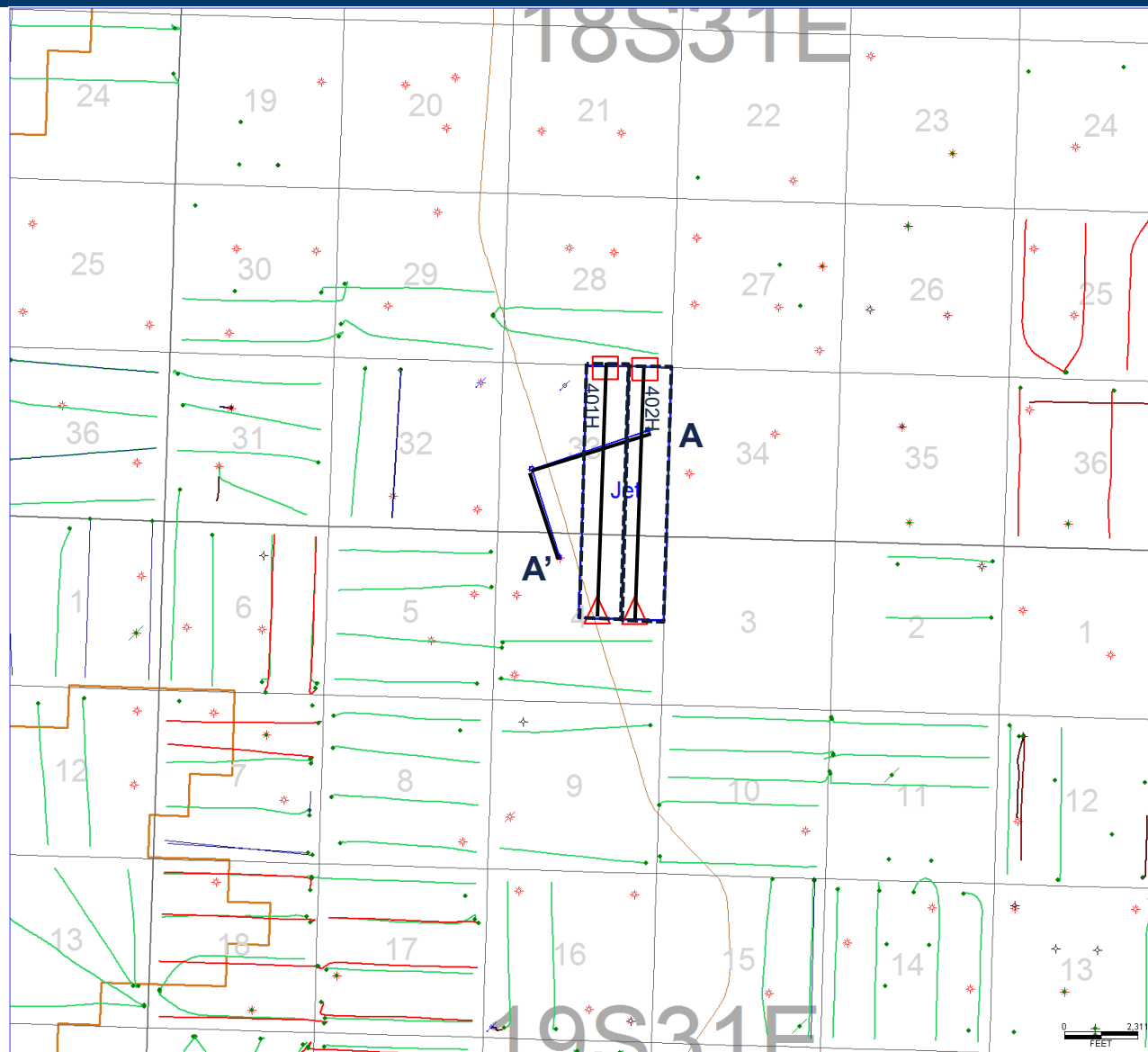
UNIVERSITY OF TEXAS IN THE PERMIAN BASIN
Bachelor of Geology

2003

Basic Exhibits



Jet Base Map Exhibit D-1



Base Map with Line of Section
A - A'



1st BSS Horizontal Wells



Horizontal Locations:

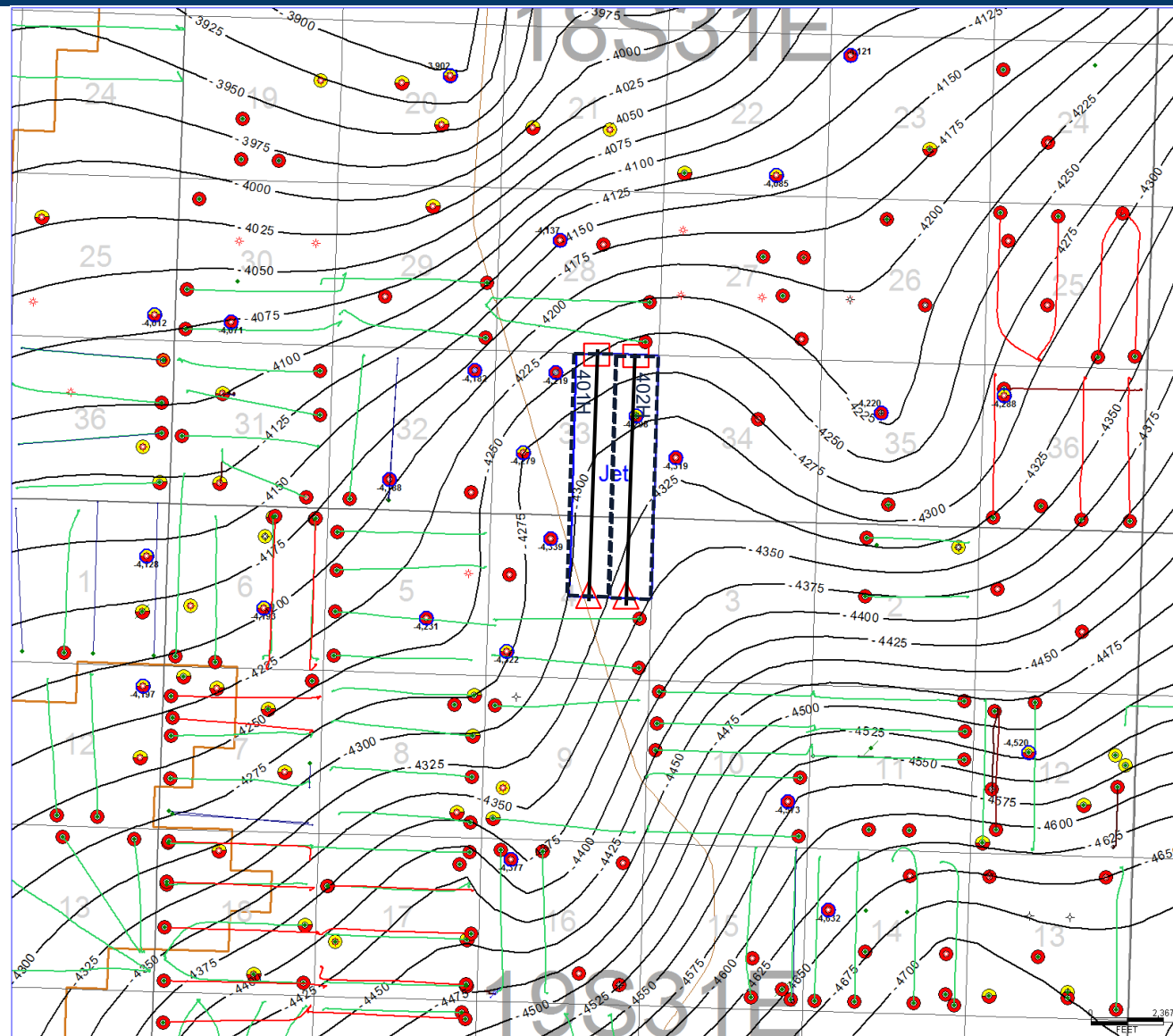
Jet Fed Com #401H

Jet Fed Com #402H

— Potash District

Only wells >9500'
shown.

Jet Structure Map Exhibit D-2



1st BSS Structure Map
CI=25 Feet



1st BSS Horizontal Wells

○ Control Points

△ BHL

□ FTP

Horizontal Locations:

Jet Fed Com #401H

Jet Fed Com #402H

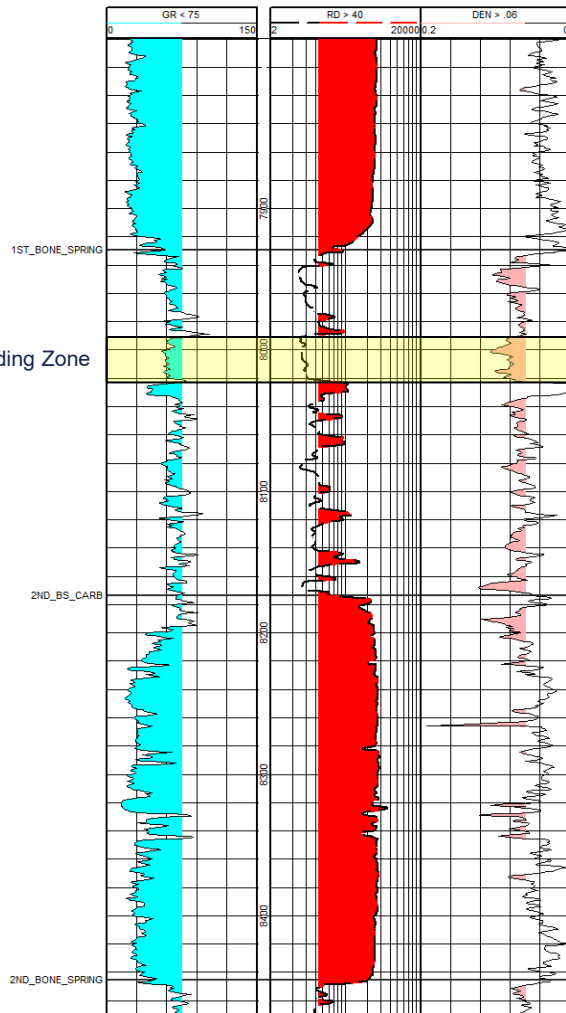
— Potash District

Only wells >9500'
shown.

Jet Stratigraphic Cross Section Exhibit D-3

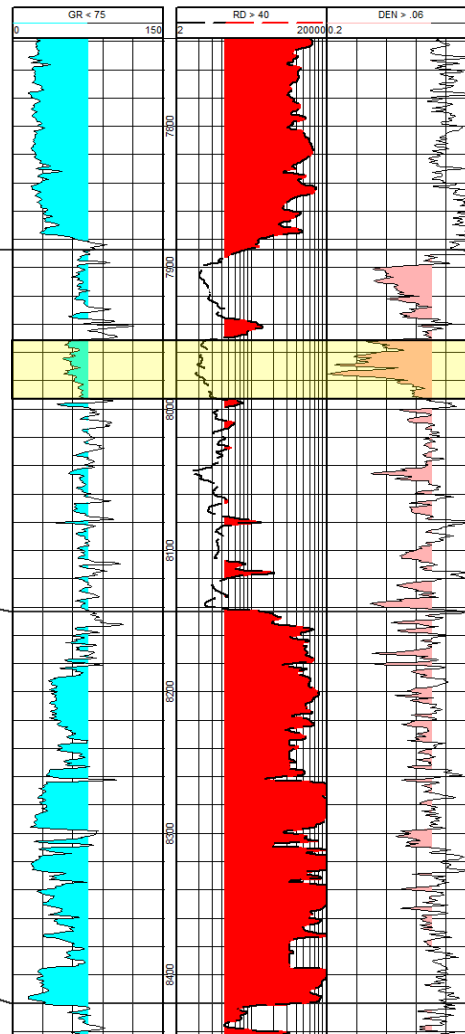
A

1 ☀
KOEHANE FEDERAL
30015224090000



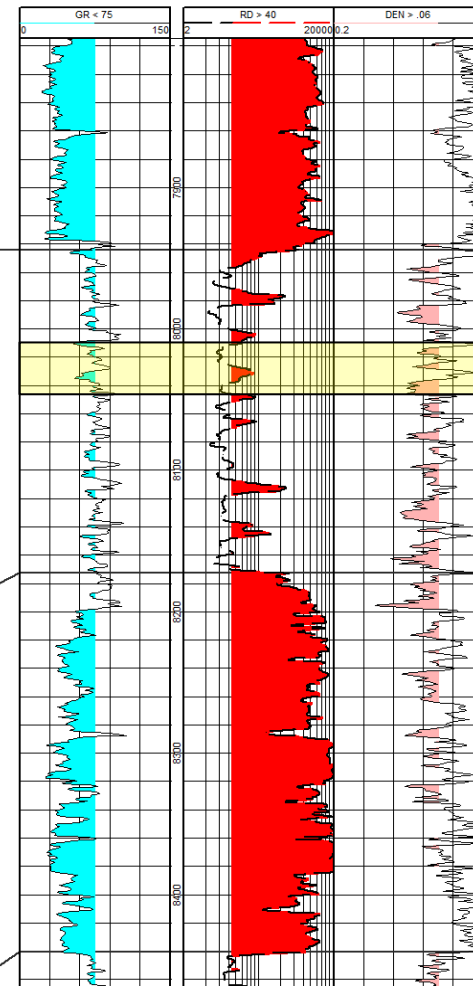
1 ☀

BLIND SQUIRREL FEDERAL
30015336720000



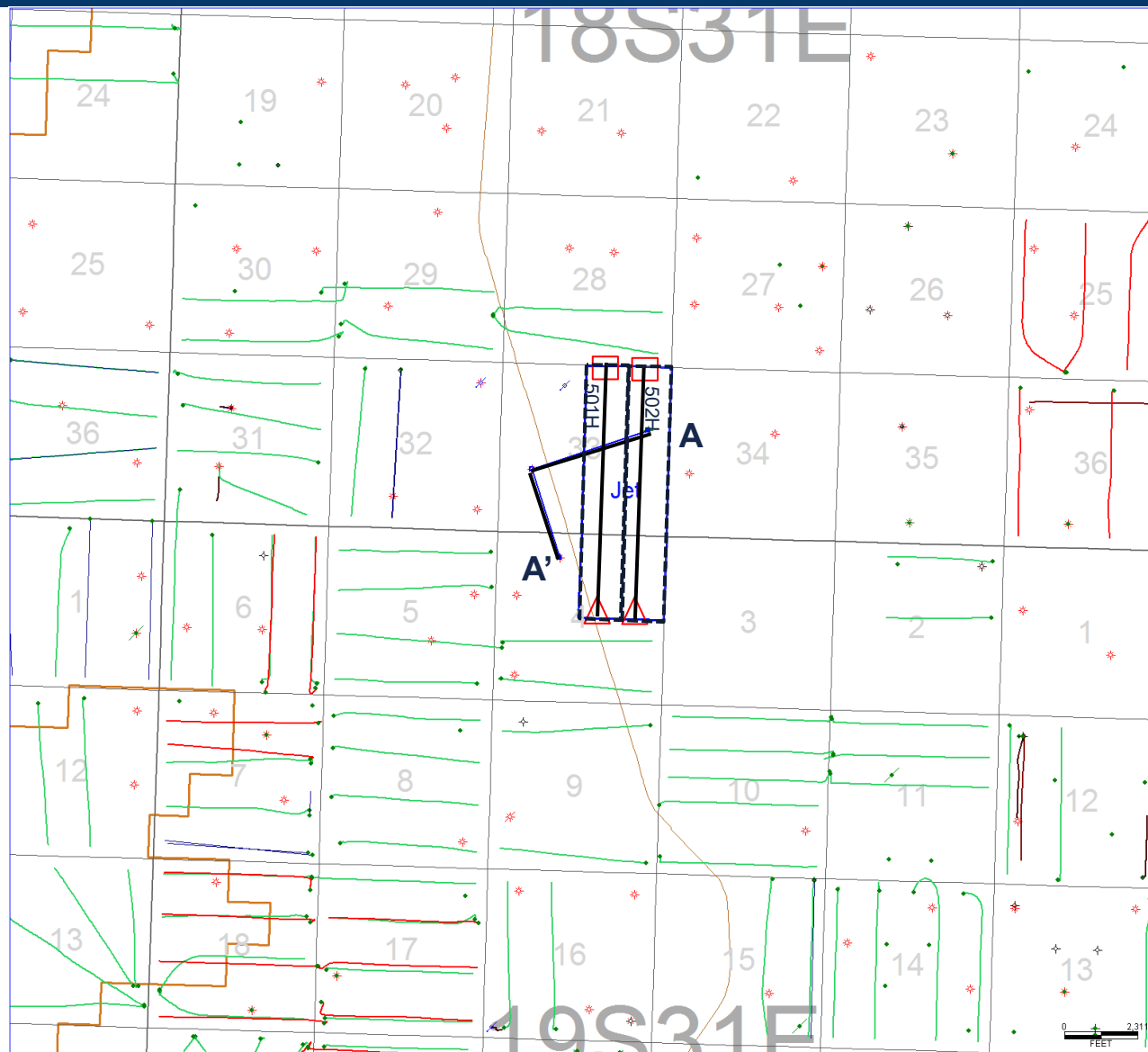
001 ☀

SOUTH SHUGART DEEP UNIT
30015239380000



A'

Jet Base Map Exhibit D-4



Base Map with Line of Section
A - A'



2nd BSS Horizontal Wells



Horizontal Locations:

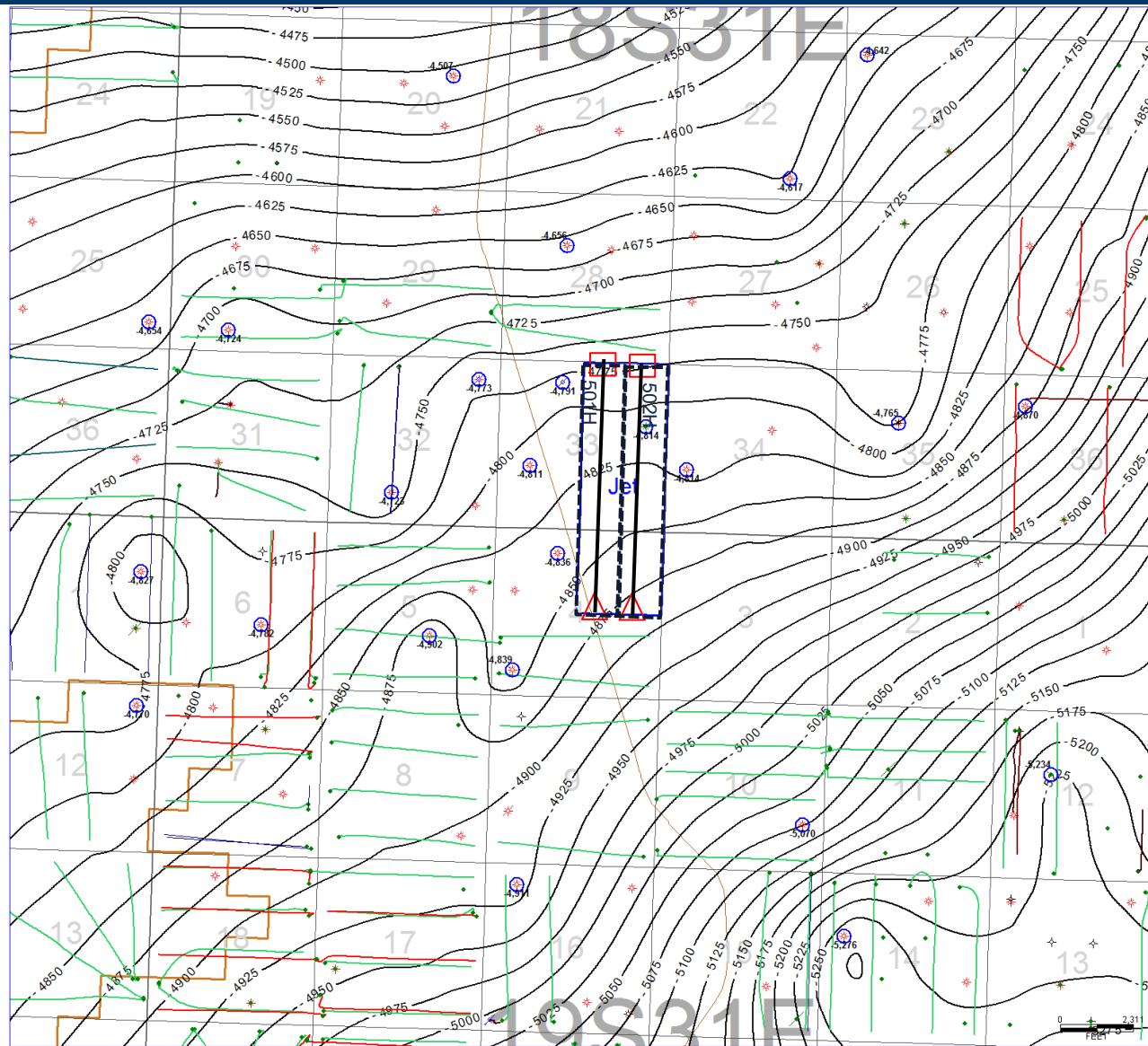
Jet Fed Com #501H

Jet Fed Com #502H

— Potash District

Only wells >9500'
shown.

Jet Structure Map Exhibit D-5



2nd BSS Structure Map
CI=25 Feet



2nd BSS Horizontal Wells

○ Control Points

△ BHL

□ FTP

Horizontal Locations:

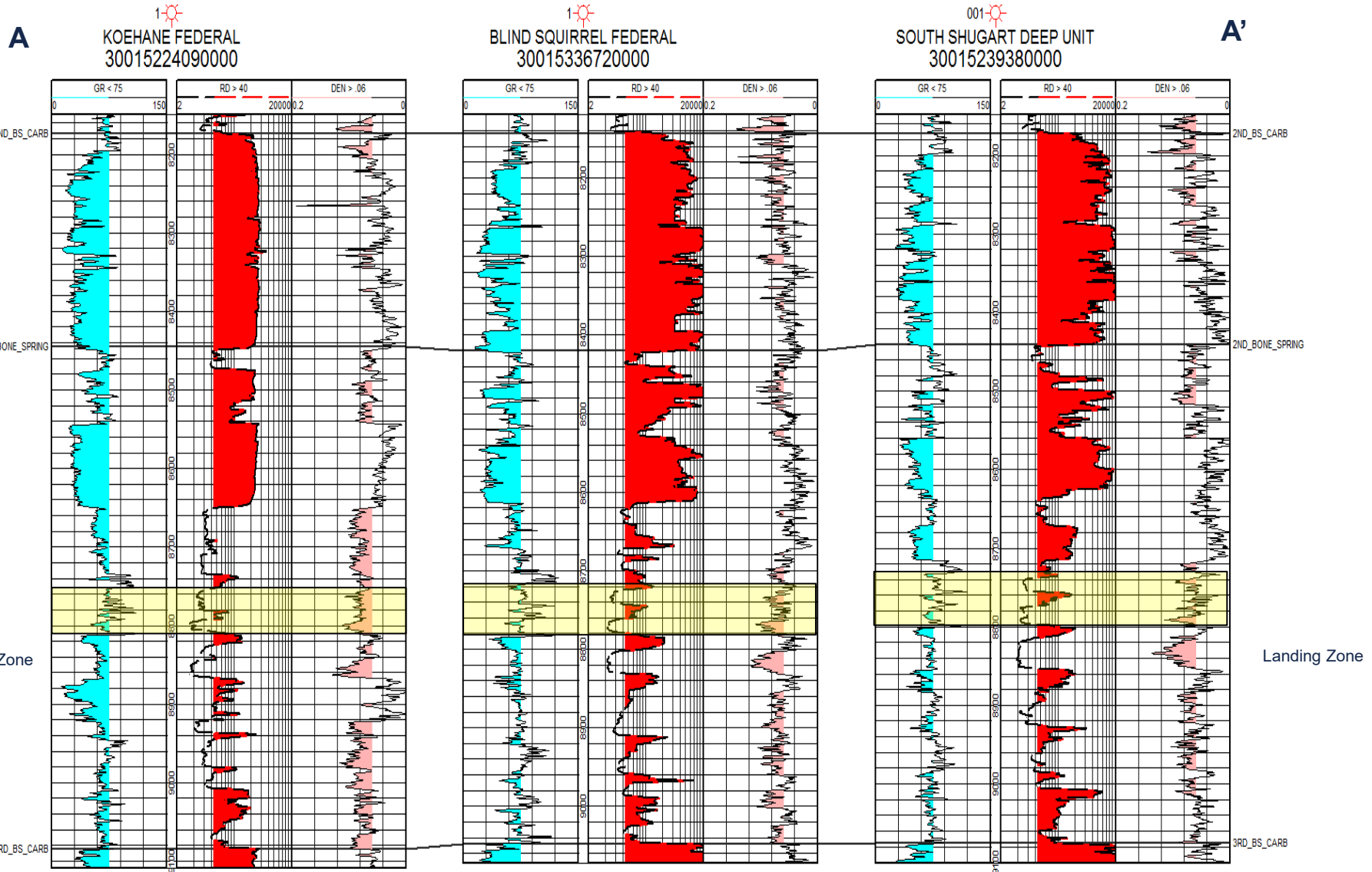
Jet Fed Com #501H

Jet Fed Com #502H

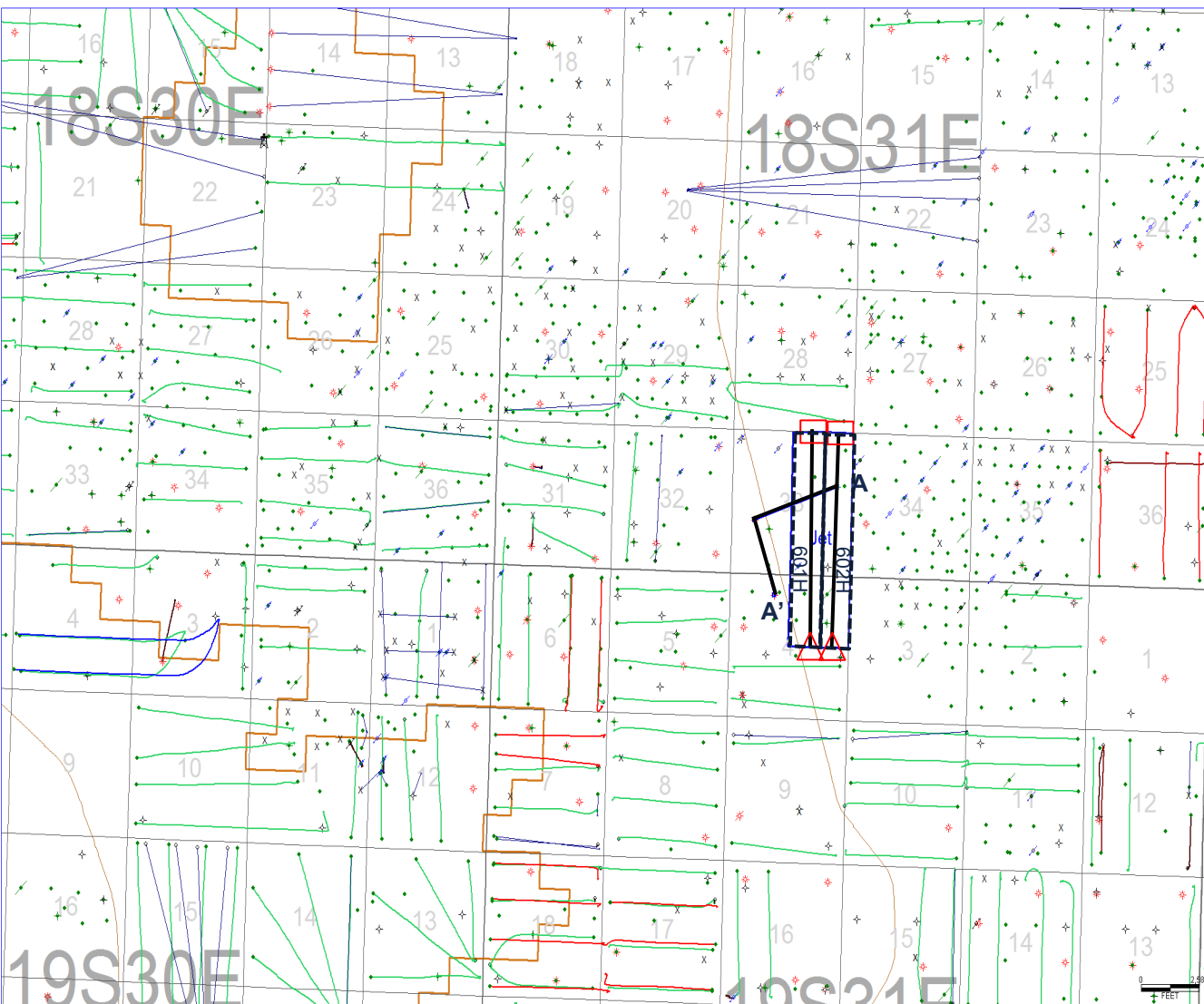
— Potash District

Only wells >9500'
shown.

Jet Stratigraphic Cross Section Exhibit D-6



Jet Base Map Exhibit D-7



Base Map with Line of Section
A - A'



3rd BSS Horizontal Wells

△ BHL

□ FTP

Horizontal Locations:

Jet Fed Com #601H

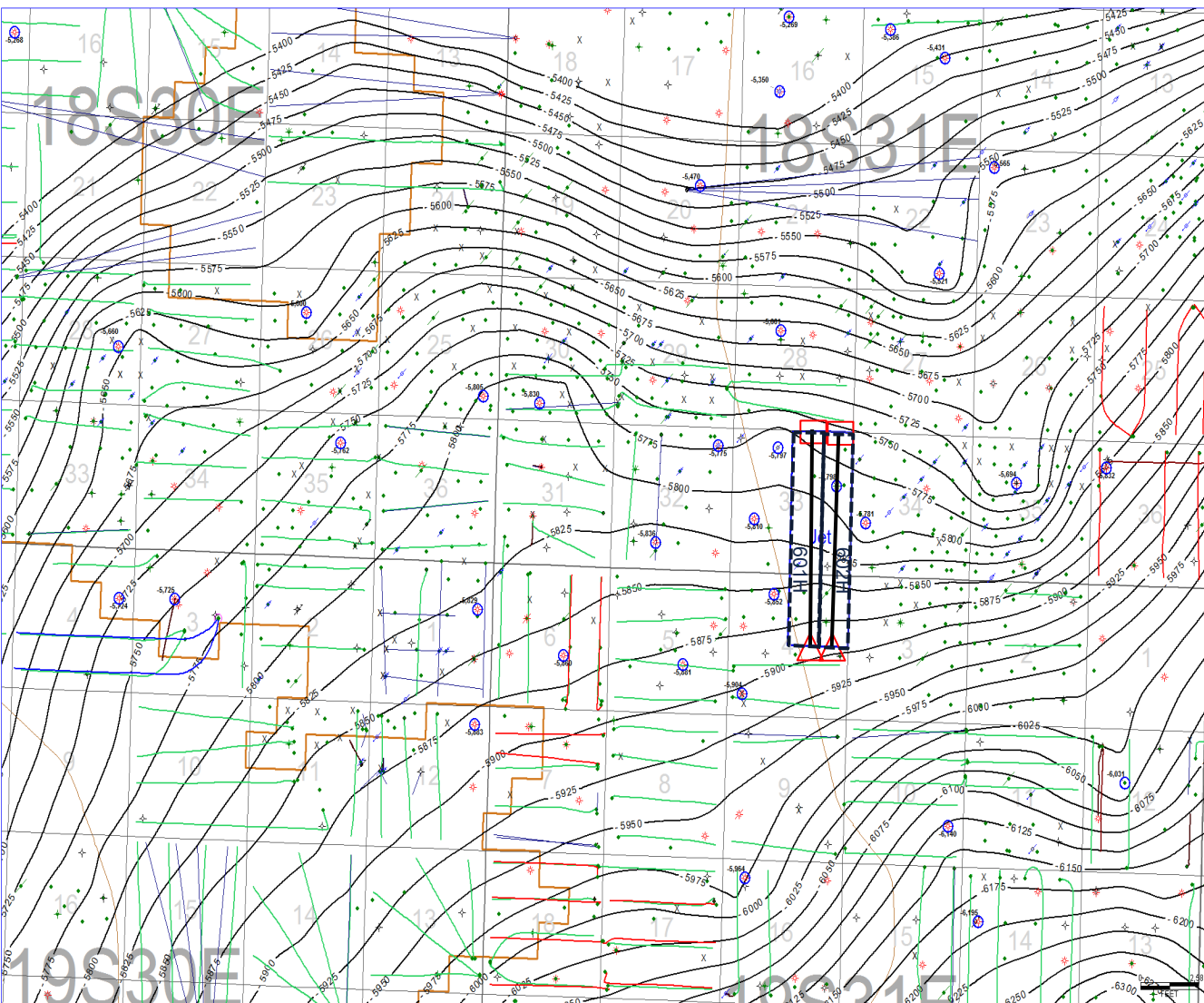
Jet Fed Com #602H

— Potash District

Only wells >9500'
shown.



Jet Structure Map Exhibit D-8



3rd BSS Structure Map
CI=25 Feet



3rd BSS Horizontal Wells

○ Control Points

△ BHL

□ FTP

Horizontal Locations:

Jet Fed Com #601H

Jet Fed Com #602H

— Potash District

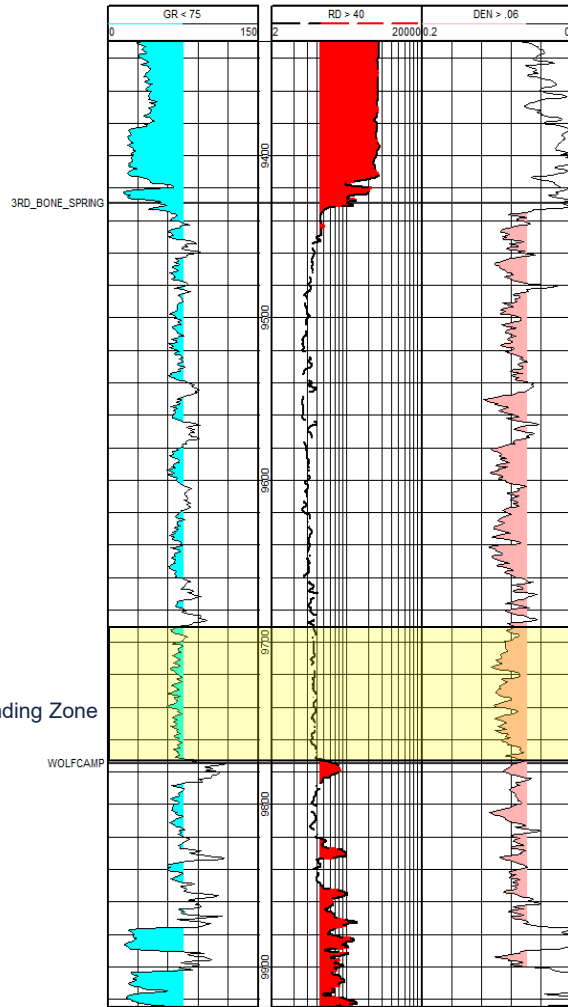
Only wells >9500'
shown.



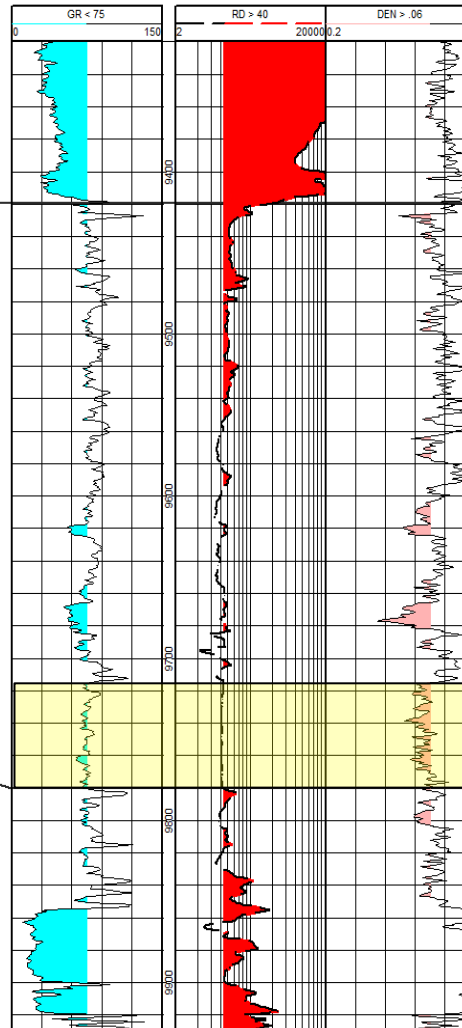
Jet Stratigraphic Cross Section Exhibit D-9

A

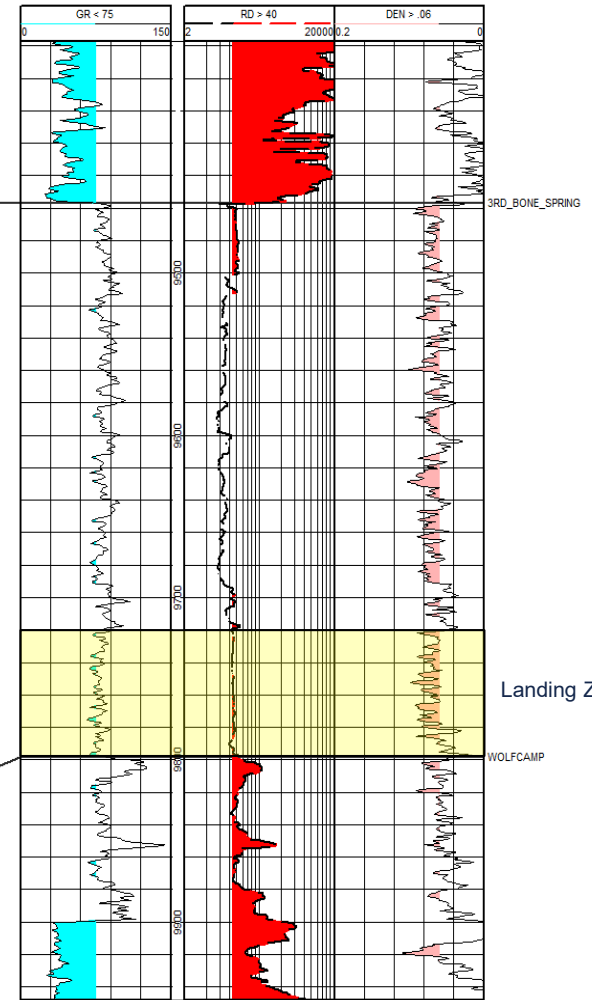
1-☀
KOEHANE FEDERAL
30015224090000



1-☀
BLIND SQUIRREL FEDERAL
30015336720000



001-☀
SOUTH SHUGART DEEP UNIT
30015239380000



A'

Landing Zone



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

**APPLICATION OF LEGACY RESERVES
OPERATING LP FOR A HORIZONTAL
SPACING UNIT AND COMPULSORY
POOLING, EDDY COUNTY, NEW
MEXICO.**

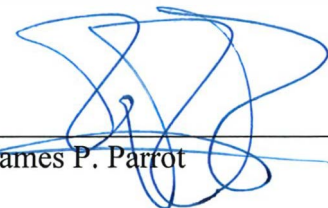
CASE NO. 23404

AFFIDAVIT

STATE OF COLORADO)
) ss.
CITY AND COUNTY OF DENVER)

James P. Parrot, attorney in fact and authorized representative of Legacy Reserves Operating LP, the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application have been provided under Notice Letters dated March 9, 2023, which the Applicant mailed via U.S. Postal Service Certified Mail. Notice was provided to the interested parties and was delivered on or around March 13, 2023 through March 27, 2023, as shown on certified mail receipts attached as Exhibit E. Notice could not be delivered to a number of parties, also shown on Exhibit E.

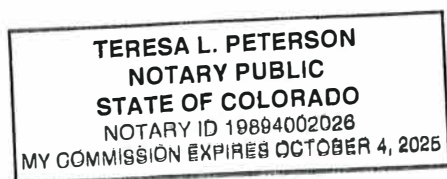
Applicant also published notice of the Application in the in the Carlsbad Current Argus on March 15, 2023. Proofs of publication are shown on Exhibit F.

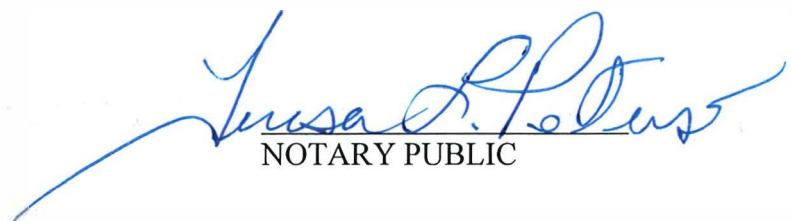


James P. Parrot

SUBSCRIBED AND SWORN to before me on April 4, 2023 by James P. Parrot.

My commission expires:





NOTARY PUBLIC

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

BEATTY & WOZNIAK, P.C.

ATTORNEYS AT LAW
1675 BROADWAY, SUITE 600
DENVER, CO 80202
TELEPHONE 303-407-4499
FAX 1-800-886-6566
www.bwenergylaw.com

OFFICE LOCATIONS
COLORADO
NEW MEXICO
TEXAS
WYOMING

JAMES P. PARROT

(303) 407-4458
JPARROT@BWENERGYLAW.COM

March 9, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL INTEREST OWNERS SUBJECT TO SPACING AND POOLING PROCEEDING

Re: Application of Legacy Reserves Operating LP for horizontal spacing and compulsory pooling, Eddy County, New Mexico
Jet Federal Com 402H, Jet Federal Com 502H, and Jet Federal Com 602H Wells
(Case No. 23404)

Dear Interest Owners:

This letter is to advise you that Legacy Reserves Operating LP ("Legacy") has filed the enclosed application, Case No. 23404, with the New Mexico Oil Conservation Division for creating a standard horizontal spacing unit and the compulsory pooling of the Bone Spring formation involving the Jet Federal Com 402H, Jet Federal Com 502H, and Jet Federal Com 602H Wells.

In Case No. 23404, Legacy plans to space and pool the E $\frac{1}{2}$ E $\frac{1}{2}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., and E $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, a standard unit encompassing 240 acres, more or less, dedicated to the Jet Federal Com 402H, Jet Federal Com 502H, and Jet Federal Com 602H Wells.

A hearing has been requested before a Division Examiner on April 6, 2023, and the status of the hearing can be monitored through the Division's website. Division hearings will commence at 8:15 a.m., traditionally in Porter Hall at the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. However, under the COVID-19 Public Health Emergency, the hearing will be conducted remotely. For information about remote access, you can visit the Division's website at: <https://www.emnrd.nm.gov/ocd/hearing-info/> or call (505) 476-3441.

You are being notified as an interest owner and are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

BEATTY & WOZNIAK, P.C.

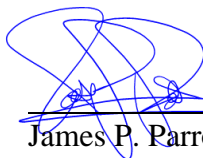
March 9, 2023
Case No. 23404
Page 2

Parties appearing in cases are required by Division Rule 19.15.4.13.B NMAC to file a Prehearing Statement at least four business days in advance of a scheduled hearing, but in no event later than 5 p.m. mountain time on the Thursday preceding the scheduled hearing date. This statement must be filed at the Division's Santa Fe office at the above specified address and should include: The names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact Taylor Thoreson at (720) 798-2477 or at tthoreson@legacyreserves.com.

Sincerely,

BEATTY & WOZNIAK, P.C.



James P. Parrot

Attorney for Legacy Reserves Operating LP

Delivered

BAISH LIMITED PARTNERSHIP

MARY ELIZABETH BAISH-WESTIN
BECKY COOPER
C/O EDWARDS JONES, ACCT NO 600

REBECCA R CUTRIGHT

MARY MARIE EAVES

ELYSE S PATTERSON TRUST FARMERS
NATIONAL CO, AGENT #61214801
OIL/GSD MANAGEMENT

JOHN MICHAEL FROST

MARIANNE KEOHANE FROST

THERESA ANN FROST

ROBERT WELCH GILLESPIE

JEANETTE Y GLAZE

GRAHAM FAMILY INVESTMENTS LLC

STACY WELCH GREEN

SUZANNE M HARRINGTON

HTI RESOURCES INC

18-31 INC

CLAIRE ANN IVERSON
REVOC LIVING TRUST, WENDELL W
IVERSON TRUSTEE

IVERSON FAMILY OIL & GAS LLC

IVERSON III INC

SIEGFRIED JAMES IVERSON III
REV LG TRUST, WENDELL W IVERSON
TRUSTEE

MARY ELLEN JOHNSTON

MARIAN WELCH PENDERGRASS

THE PIP 1990 TRUST WENDELL W
IVERSON TRUSTEE

TIG PROPERTIES LP

BECKY RANKIN

ROJO INC

KATHERINE MARY SCOTT

SANDRA W SHANK

RALPH A SHUGART TR

JAMES S STROHMEYER

MICHAEL J STROHMEYER

THE TOLES COMPANY LTD

MARJORIE WELCH WEISNER

BRYAN W WELCH

ESTATE OF VAN PHILLIP WELCH JR

VAN S WELCH II

GEORGE WESTALL

Undeliverable/UnclaimedTHE ALVIN M IVERSON JR
PETER M IVERSON, TTEECLAIRE IVERSON
DONALD S IVERSONJEWELL D IVERSON REV INTERVIV
JEWELL IVERSON REV INTERVIVOS, TR
DTD 9/22/81

SJ IVERSON III

MICHAEL R MCGUIRE

PAI INCORPORATED

ERIC S STROHMEYER

PHOEBE WELCH

PHOEBE JANE WELCH IV

WENDELL TERRY WELCH

PendingMARK & NANCY FROST FAMILY
TRUST AGREEMENT, MARK FROST &
NANCY FROST, TTEE

KATELYN M MEANS

MORGAN F PEARSALL

MAURICE M PIPPIN

JAMES GARY WELCH

MICHAEL IRWIN WELCH

KRISTY STROHMEYER

PAULA J STROHMEYER

SANDERS THOMAS WELCH

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted DeliveryPostmark
Here

2185-57

ESTATE OF VAN PHILLIP WELCH JR
839 S SUNSET CANYON DRIVE
BURBANK, CA 91501

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

ESTATE OF VAN PHILLIP WELCH JR
839 S SUNSET CANYON DRIVE
BURBANK, CA 91501

9590 9402 7578 2098 0786 81

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0681

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Person here

☐ Agent☒ Addressee

C. Date of Delivery

3/15

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

Domestic Return Receipt

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT**

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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 RequiredPostmark
Here

2185-57

TIG PROPERTIES LP
PO BOX 10508
MIDLAND, TX 79702

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

2185-57

TIG PROPERTIES LP
PO BOX 10508
MIDLAND, TX 79702

9590 9402 7578 2098 0785 44

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0582

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

PAM Burke

☒ Agent☐ Addressee

C. Date of Delivery

3-21-23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

Domestic Return Receipt

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy)☐ Return Receipt (electronic)☐ Certified Mail Restricted DeliveryPostmark
Here

2185-57

SIEGFRIED JAMES IVERSON III
REV LG TRUST, WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND, TX 79702

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

2185-57

SIEGFRIED JAMES IVERSON III
REV LG TRUST, WENDELL W IVERSON
TRUSTEE
PO BOX 10508
MIDLAND, TX 79702

9590 9402 7420 2055 9092 43

2. Article Number (Transfer from service label)

7021 1970 0001 8642 4361

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

PAM Burke

☒ Agent☐ Addressee

C. Date of Delivery

3-21-23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

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

Domestic Return Receipt

7020 2450 0000 6831 6790

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
Postmark
Here

2185-57

MARY ELIZABETH BAISH-WESTIN
220 FRAN ST
LILLY, PA 15938

City, State, ZIP+4[®]

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

MARY ELIZABETH BAISH-WESTIN
220 FRAN ST
LILLY, PA 15938



9590 9402 7578 2098 0750 55

2. Article Number (Transfer from service label)

7020 2450 0000 6831 6790

PS Form 3811, July 2020 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
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail

☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

☐ Mail Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt

7020 2450 0000 6831 6806

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
Postmark
Here

2185-57

BAISH LIMITED PARTNERSHIP
C/O CAVIN & INGRAM, P A
PO BOX 1216
ALBUQUERQUE, NM 87103

City, State, ZIP+4[®]

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1.

2185-57

BAISH LIMITED PARTNERSHIP
C/O CAVIN & INGRAM, P A
PO BOX 1216
ALBUQUERQUE, NM 87103



9590 9402 7578 2098 0750 62

2. Article Number (Transfer from service label)

7020 2450 0000 6831 6806

PS Form 3811, July 2020 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
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail

☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

☐ Mail Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt

7020 2450 0000 6668 8561

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
Postmark
Here

2185-57

HTI RESOURCES INC
PO BOX 10690
SAVANNAH, GA 31412

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

City, State, ZIP+4[®]

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

HTI RESOURCES INC
PO BOX 10690
SAVANNAH, GA 31412



9590 9402 7578 2098 0795 34

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8561

PS Form 3811, July 2020 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
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail[®]
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail

☐ Priority Mail Express[®]
☐ Registered MailTM
☐ Registered Mail Restricted Delivery
☐ Signature ConfirmationTM
☐ Signature Confirmation Restricted Delivery

☐ Mail Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

SUZANNE M HARRINGTON
261 RIVER BIRCH CIRCLE
MOORESVILLE, NC 28115

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

City, State, ZIP+4[®]

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

SUZANNE M HARRINGTON
261 RIVER BIRCH CIRCLE
MOORESVILLE, NC 28115



9590 9402 7578 2098 0795 27

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8578

PS Form 3811, July 2020 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

If YES, enter delivery address below: ☐ No

57

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

- ☐ Priority Mail Express[®]
- ☐ Registered MailTM
- ☐ Registered Mail Restricted Delivery
- ☐ Signature ConfirmationTM
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(0)

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

2185-57

THERESA ANN FROST
PO BOX 1120
ROSWELL, NM 88202-1120

City, State, ZIP+4[®]

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

THERESA ANN FROST
PO BOX 1120
ROSWELL, NM 88202-1120



9590 9402 7578 2098 0796 71

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8431

PS Form 3811, July 2020 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

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail[®]
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express[®]
- ☐ Registered MailTM
- ☐ Registered Mail Restricted Delivery
- ☐ Signature ConfirmationTM
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(0)

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

GRAHAM FAMILY INVESTMENTS LLC
PO BOX 1835
ROSWELL, NM 88202

City, State, ZIP+4[®]

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GRAHAM FAMILY INVESTMENTS LLC
PO BOX 1835
ROSWELL, NM 88202



9590 9402 7578 2098 0797 01

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8400

PS Form 3811, July 2020 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

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail[®]
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express[®]
- ☐ Registered MailTM
- ☐ Registered Mail Restricted Delivery
- ☐ Signature ConfirmationTM
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery

(0)

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

Domestic Return Receipt

7020 2450 0000 6668 8486

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

MARY MARIE EAVES
1812 PARK AVE SW
ALBUQUERQUE, NM 87104

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

MARY MARIE EAVES
1812 PARK AVE SW
ALBUQUERQUE, NM 87104



9590 9402 7578 2098 0796 26

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8486

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Marie Eaves Agent

B. Received by (Printed Name)

Mary Marie Eaves

C. Date of Delivery

4/20/23

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

51

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

7020 2450 0000 6668 8523

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

CLAIRE ANN IVERSON
REVOC LIVING TRUST, WENDELL W
IVERSON TRUSTEE
PO BOX 10508
MIDLAND, TX 79702

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

CLAIRE ANN IVERSON
REVOC LIVING TRUST, WENDELL W
IVERSON TRUSTEE
PO BOX 10508
MIDLAND, TX 79702



9590 9402 7578 209 8057 2

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8523

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pam Burk Agent

B. Received by (Printed Name)

PAM Burk

C. Date of Delivery

3-21-23

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

51

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

7020 2450 0000 6668 8554

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Restricted

Postmark
Here

2185-57

18-31 INC
PO BOX 1120
ROSWELL, NM 88202-1120

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

18-31 INC
PO BOX 1120
ROSWELL, NM 88202-1120



9590 9402 7578 2098 0795 41

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8554

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 18-31 INC Agent

B. Received by (Printed Name)

18-31 INC

C. Date of Delivery

3/13/23

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

51

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit C

Domestic Return Receipt

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

JOHN MICHAEL FROST
PO BOX 1120
ROSWELL, NM 88202-1120

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

JOHN MICHAEL FROST
PO BOX 1120
ROSWELL, NM 88202-1120



9590 9402 7578 2098 0796 40

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8462

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

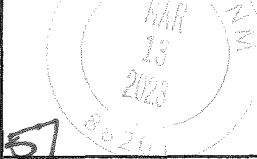
B. Received by (Printed Name)

PAT GREENWALD

C. Date of Delivery

3/13/23

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



3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

Mail
☐ Mail Restricted Delivery (30)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

MARIANNE KEOHANE FROST
PO BOX 1120
ROSWELL, NM 88202-1120

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

MARIANNE KEOHANE FROST
PO BOX 1120
ROSWELL, NM 88202-1120



9590 9402 7578 2098 0796 57

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8455

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

PAT GREENWALD

C. Date of Delivery

3/13/23

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



3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

Mail
☐ Mail Restricted Delivery (30)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

JEANETTE Y GLAZE
4414 82ND ST STE 212
PMB 137
LUBBOCK, TX 79424

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1

2185-57

JEANETTE Y GLAZE
4414 82ND ST STE 212
PMB 137
LUBBOCK, TX 79424



9590 9402 7578 2098 0796 95

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8417

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

PAT GREENWALD

C. Date of Delivery

3-13-23

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



3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

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

Mail
☐ Mail Restricted Delivery (30)

Domestic Return Receipt

U.S. Postal ServiceTM
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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 \$ _____

Postmark Here

2185-57

REBECCA R CUTRIGHT
 10180 E SWEETLEAF DR
 TUCSON, AZ 85748

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

City, State, ZIP+4®


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

SENDER: COMPLETE THIS SECTION

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

1. _____ 2185-57

REBECCA R CUTRIGHT
 10180 E SWEETLEAF DR
 TUCSON, AZ 85748



9590 9402 7578 2098 0796 19

2. Article Number (Transfer from service label)
 7020 2450 0000 6668 8295

PS Form 3811, July 2020 PSN 75 30-02-000-905 3

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Becky R. Cutright* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 BECKY R CUTRIGHT

C. Date of Delivery
 8/13

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

57

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Postmark Here

2185-57

RALPH A SHUGART TR
 ELIZABETH DUNCAN SPECIAL TTEE
 501 S CHERRY ST SUITE 570
 DENVER, CO 80246

City, State, ZIP+4®

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

SENDER: COMPLETE THIS SECTION

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

1. _____ 2185-57

RALPH A SHUGART TR
 ELIZABETH DUNCAN SPECIAL TTEE
 501 S CHERRY ST SUITE 570
 DENVER, CO 80246



9590 9402 7578 2098 0783 91

2. Article Number (Transfer from service label)
 7020 2450 0000 6832 0537

PS Form 3811, July 2020 PSN 75 30-02-000-905 3

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Michael McManis* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 MICHAEL MC MANIS

C. Date of Delivery

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

57

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

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Postmark Here

2185-57

BECKY RANKIN
 2263 N TREKELL ROAD LOT 27
 CASA GRANDE, AZ 85122-1272

City, State, ZIP+4®


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

SENDER: COMPLETE THIS SECTION

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

1. _____ 2185-57

BECKY RANKIN
 2263 N TREKELL ROAD LOT 27
 CASA GRANDE, AZ 85122-1272



9590 9402 7578 2098 0785 51

2. Article Number (Transfer from service label)
 7020 2450 0000 6832 0575

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Becky Rankin* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 BECKY RANKIN

C. Date of Delivery

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

57

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

7020 2450 0000 6832 0674

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ ☐ ☐

Postmark
Here

Pos

VAN S WELCH II
2207 FAIRWAY DR
DUNCAN, OK 73533

2185-57

Street and Apt. No.

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

VAN S WELCH II
2207 FAIRWAY DR
DUNCAN, OK 73533



9590 9402 7578 2098 0786 98

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0674

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kurt D. Sullivan*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/13/23

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

51

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

10

Domestic Return Receipt

7020 2450 0000 6832 0513

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

JAMES S STROHMEYER
10180 E SWEETLEAF DR
TUCSON, AZ 85748

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

JAMES S STROHMEYER
10180 E SWEETLEAF DR
TUCSON, AZ 85748



9590 9402 7578 2098 0784 14

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0513

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Becky R. Condit*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/13/23

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

51

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

10

Domestic Return Receipt

7020 2450 0000 6668 8479

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

ELYSE S PATTERSON TRUST
FARMERS NATIONAL CO, AGENT
#61214801
OIL/GSD MSNSGEMENT
PO BOX 3480
OMAHA, NE 68103-0480

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

ELYSE S PATTERSON TRUST
FARMERS NATIONAL CO, AGENT
#61214801
OIL/GSD MSNSGEMENT
PO BOX 3480
OMAHA, NE 68103-0480



9590 9402 7578 2098 0796 33

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8479

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *F J Winnieki*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 13 2023

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

51

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

10

Domestic Return Receipt

U.S. Postal ServiceTM
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Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

2185-57

MICHAEL J STROHMEYER
150 PIEDRA LOOP
LOS ALAMOS, NM 87544

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

MICHAEL J STROHMEYER
150 PIEDRA LOOP
LOS ALAMOS, NM 87544



9590 9402 7578 2098 0784 45

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0490

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Wendy Strohmeyer ☐ Agent ☒ Addressee

B. Received by (Printed Name)

W Strohmeyer

C. Date of Delivery

3/13/23

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

57

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

All Restricted Delivery

0)

Domestic Return Receipt

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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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 \$

Postmark
Here

2185-57

BRYAN W WELCH
1764 S PAIGE CREEK PLACE
TUCSON, AZ 85748

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

BRYAN W WELCH
1764 S PAIGE CREEK PLACE
TUCSON, AZ 85748



9590 9402 7578 2098 0784 83

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0445

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bryan Welch ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Welch

C. Date of Delivery

3/14

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

57

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

All Restricted Delivery

0)

Domestic Return Receipt

U.S. Postal ServiceTM
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

Postmark
2185-57 re

BECKY COOPER
C/O EDWARDS JONES, ACCT NO 600-
1436-1-8
PO BOX 1482
SONOITA, AZ 85637

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

BECKY COOPER
C/O EDWARDS JONES, ACCT NO 600-
1436-1-8
PO BOX 1482
SONOITA, AZ 85637



9590 9402 7578 2098 0750 48

2. Article Number (Transfer from service label)

7020 2450 0000 6831 6783

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Becky Cooper ☐ Agent ☒ Addressee

B. Received by (Printed Name)

BECKY COOPER

C. Date of Delivery

3-13-23

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

57

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☒ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™

☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

All Restricted Delivery

0)

Domestic Return Receipt

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

2185-57

MARIAN WELCH PENDERGRASS
2705 GAYE DRIVE
ROSWELL, NM 88201

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

MARIAN WELCH PENDERGRASS
2705 GAYE DRIVE
ROSWELL, NM 88201



9590 9402 7578 2098 0750 79

2. Article Number (Transfer from service label)

7020 2450 0000 6831 6813

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *MW Pendergrass*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-13-23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

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

Domestic Return Receipt

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT**

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Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

Postmark
Here

2185-57

ROJO INC
PO BOX 429
ROSWELL, NM 88202

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

ROJO INC
PO BOX 429
ROSWELL, NM 88202



9590 9402 7578 2098 0789 57

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0568

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tanner Kumbel*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/14/23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

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

Domestic Return Receipt

U.S. Postal Service™**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

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

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☒ Adult Signature Required \$

Postmark
Here

2185-57

THE TOLES COMPANY LTD
PO BOX 1300
ROSWELL, NM 88201

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

THE TOLES COMPANY LTD
PO BOX 1300
ROSWELL, NM 88201



9590 9402 7578 2098 0784 69

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0476

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susan James*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/14/23

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

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

Domestic Return Receipt

Oil Conservation Division Hearing

Case No. 23404 10:22 PM

Legacy Reserves Operating LP - Exhibit E

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

SANDRA W SHANK
1208 KARABELLA WAY
ROSWELL, NM 88201-3322

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to: 2185-57

SANDRA W SHANK
1208 KARABELLA WAY
ROSWELL, NM 88201-3322



9590 9402 7578 2098 0789 71

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0544

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Sandra W Shank*

B. Received by (Printed Name) C. Date of Delivery
3-14-23

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

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

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

MARY ELLEN JOHNSTON
2715 NORTH KENTUCKY #16
ROSWELL, NM 88201-5868

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

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to: 2185-57

MARY ELLEN JOHNSTON
2715 NORTH KENTUCKY #16
ROSWELL, NM 88201-5868



9590 9402 7420 2055 9092 50

2. Article Number (Transfer from service label)

7021 1970 0001 8642 4347

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Mary E Johnston*

B. Received by (Printed Name) C. Date of Delivery
3/13/23

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

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

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

2185-57

STACY WELCH GREEN
9 PINTO TRAIL
PO BOX 164
SONOITA, AZ 85637

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to: 2185-57

STACY WELCH GREEN
9 PINTO TRAIL
PO BOX 164
SONOITA, AZ 85637



9590 9402 7578 2098 0795 10

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8394

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
X *Stacy Welch Green*

B. Received by (Printed Name) C. Date of Delivery
3/13/23

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

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

7020 2450 0000 6668 8493

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

OFFICIAL USE

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

Postmark
 2185-57

IVERSON III INC
 3454 S ZUNIS AVE
 TULSA, OK 74105

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

IVERSON III INC
 3454 S ZUNIS AVE
 TULSA, OK 74105



9590 9402 7578 2098 0796 02

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8493

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MARY ANN IVERSON 3/14/23

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

51

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

Mail Restricted Delivery

J)

Domestic Return Receipt

7020 2450 0000 6668 8509

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

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

OFFICIAL USE

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

Postmark
 2185-57

IVERSON FAMILY OIL & GAS LLC
 3530 EAST 31ST ST SUITE B
 TULSA, OK 74135

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

IVERSON FAMILY OIL & GAS LLC
 3530 EAST 31ST ST SUITE B
 TULSA, OK 74135



9590 9402 7578 2098 0795 96

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8509

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Liz Holton 3-23-23

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

51

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

Mail Restricted Delivery

J)

Domestic Return Receipt

7020 2450 0000 6668 8424

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

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

OFFICIAL USE

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

Postmark
 2185-57

ROBERT WELCH GILLESPIE
 1250 E WALNUT ST, STE 160
 PASADENA, CA 91106

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

ROBERT WELCH GILLESPIE
 1250 E WALNUT ST, STE 160
 PASADENA, CA 91106



9590 9402 7578 2098 0796 88

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8424

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Elizabeth Hughes 3-23-23

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

51

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

Mail Restricted Delivery

J)

Domestic Return Receipt

7020 2450 0000 6832 0650

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

2185-57

GEORGE WESTALL
PO BOX 70
RUIDOSO DOWNS, NM 88346-0070

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

GEORGE WESTALL
PO BOX 70
RUIDOSO DOWNS, NM 88346-0070



9590 9402 7578 2098 0787 11

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0650

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

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

Mail Restricted Delivery

0)

7020 2450 0000 6832 0469

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark
Here

2185-57

MARJORIE WELCH WEISNER
43 CAMINO ARROYO PLACE
PALM DESERT, CA 92260

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:

2185-57

MARJORIE WELCH WEISNER
43 CAMINO ARROYO PLACE
PALM DESERT, CA 92260



9590 9402 7578 2098 0784 38

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0469

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

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

Mail Restricted Delivery

0)

7020 2450 0000 6832 0605

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

THE PIP 1990 TRUST
WENDELL W IVERSON TRUSTEE
PO BOX 10508
MIDLAND, TX 79702-7508

City, State, ZIP+4®

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2185-57

THE PIP 1990 TRUST
WENDELL W IVERSON TRUSTEE
PO BOX 10508
MIDLAND, TX 79702-7508



9590 9402 7578 2098 0785 20

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0605

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

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

Mail Restricted Delivery

0)

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark
Here

2185-57

PAULA J STROHMEYER
 1525 N ALAMO PLACE
 TUCSON, AZ 85712

City, State, ZIP+4®

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

See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

KATHERINE MARY SCOTT
 809 SHERIDAN ST
 ALTOONA, PA 16602-5440

City, State, ZIP+4®

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

See Reverse for Instructions

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

OFFICIAL USE

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$

Postmark
Here

2185-57

SANDERS THOMAS WELCH
 PO BOX 8428
 NIKISKI, AK 99635

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

City, State, ZIP+4®

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

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Page 59 of 73

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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 \$

Postmark
Here

2185-57

JAMES GARY WELCH
 9307 SAM RAYBURN COURT
 CYPRESS, TX 77433

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

City, State, ZIP+4®

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

See Reverse for Instructions

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

OFFICIAL USE

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$

Postmark
Here

2185-57

KRISTY STROHMEYER
 25290 E NAVAJO TRAIL
 BENSON, AZ 85602

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

City, State, ZIP+4®

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

See Reverse for Instructions

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$

Postmark
Here

2185-57

MAURICE M PIPPIN
 PO BOX 12972
 ODESSA, TX 79768-2972

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

City, State, ZIP+4®

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

See Reverse for Instructions

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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

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

OFFICIAL USE

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

Postmark
 Here

2185-57

MORGAN F PEARSALL
 11-2 CRANBERRY KNOLL
 DENNIS, MA 02638

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

City, State, ZIP+4®

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

See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark
 Here

2185-57

MICHAEL IRWIN WELCH
 3501 COUNTY RD UNIT 7500
 LUBBOCK, TX 79423

City, State, ZIP+4®

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

See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark
 Here

2185-57

THE ALVIN M IVERSON JR
 PETER M IVERSON, TTEE
 5073-D S. 76 E AVE
 TULSA, OK 74145-6232

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

City, State, ZIP+4®

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

See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark
 Here

2185-57

MARK & NANCY FROST FAMILY
 TRUST AGREEMENT, MARK FROST &
 NANCY FROST, TTEE
 2251 HILLSBOROUGH STREET
 RENO, NV 89523

City, State, ZIP+4®

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

See Reverse for Instructions

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

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

OFFICIAL USE

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

Postmark
 Here

2185-57

KATELYN M MEANS
 1525 N. ALAMO PLC.
 TUCSON, AZ 85712

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

City, State, ZIP+4®

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

See Reverse for Instructions

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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

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

OFFICIAL USE

Certified Mail Fee

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

Postmark
Here

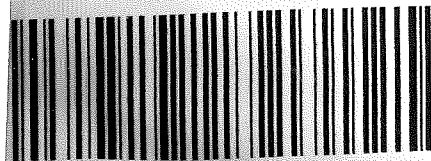
2185-57

PAI INCORPORATED
 4437 NW 32ND PLACE
 OKLAHOMA CITY, OK 73112

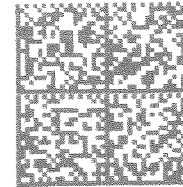
City, State, ZIP+4®

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

See Reverse for Instructions



020 2450 0000 6831 6837



FP US POSTAGE
\$009.24
 First-Class® IM
 ZIP 80202

03/09/2023
 034A 0081801095

2185.57
 3/9/2023

PAI INCORPORATED
 4437 NW 32ND PLACE
 OKLAHOMA CITY, OK 73112

2185-57

-R-T-S- 73112-RFS-1N

03/15/23

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

*
R
E
S
*

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:

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
 If YES, enter delivery address below: ☐ No

9590 9402 7578 2098 0750 93

2. Article Number (Transfer from service label)

7020 2450 0000 6831 6837

☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery (O)

J Delivery

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

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

2020 2450 0000 6668 6727

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

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

OFFICIAL USE

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

Postmark
e
2185-57

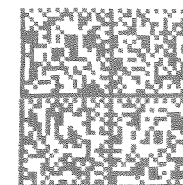
PHOEBE JANE WELCH IV
PO BOX 3392
T OR C, NM 87901

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

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



120 2450 0000 6668 6727



FP® US POSTAGE
\$009.24⁰
First-Class - IMI
ZIP 80202
03/09/2023
034A 0081801095

2185-57
3/9/2023

2185-57
PHOEBE JANE WELCH IV
PO BOX 3392
T OR C, NM 87901

2185-57

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

2185-57

PHOEBE JANE WELCH IV
PO BOX 3392
T OR C, NM 87901



9590 9402 7578 2098 0786 67

Article Number (Transfer from service label)

7020 2450 0000 6668 6727

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

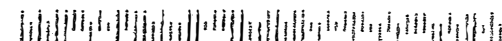
57

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

NIXIE 851 FE 1 0003/19/23

RETURN TO SENDER
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UNABLE TO FORWARD



Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

7020 2450 0000 6668 6734

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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 \$

Postmark
Here

2185-57

PHOEBE WELCH
20350 MARSH CREEK RD
BRENTWOOD, CA 94513-4808

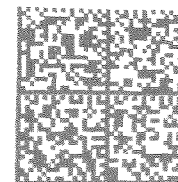
Street and Apt. No., or P.O. Box No.

City, State, ZIP+4®

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

See Reverse for Instructions

20 2450 0000 6668 6734



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\$009.24⁰
First-Class - IMI
ZIP 80202
03/09/2023
034A 0081801095

2185-57

PHOEBE WELCH
20350 MARSH CREEK RD
BRENTWOOD, CA 94513-4808

2185.57
3/9/23

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:

2185-57

PHOEBE WELCH
20350 MARSH CREEK RD
BRENTWOOD, CA 94513-4808



9590 9402 7578 2098 0786 50

2. Article Number (Transfer from service label)

7020 2450 0000 6668 6734

PS Form 3811, July 2020 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
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

NIXIE

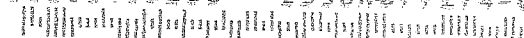
958 F2 1

0003/18/23

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

SC: 00202460250

2020077174-00171



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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 \$

Postmark
Here

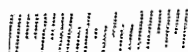
2185-57

ERIC S STROHMEYER
 25290 E NAVAJO TRAIL
 BENSON, AZ 85602

City, State, ZIP+4®

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

See Reverse for Instructions



20 2457

UNABLE TO FORWARD
 RETURN TO SENDER

SAT 18 MAR 2023
 WVAZ PDC 650 ZIP

FP® US POSTAGE
 \$009.24⁹

First-Class - IMI
 ZIP 80202

03/09/2023
 034A 0081884095

2185-57

ERIC S STROHMEYER
 25290 E NAVAJO TRAIL
 BENSON, AZ 85602

Fwd

3/13

2185-57
 3/9/2023

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:

2185-57

ERIC S STROHMEYER
 25290 E NAVAJO TRAIL
 BENSON, AZ 85602



9590 9402 7578 2098 0784 07

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0520

PS Form 3811, July 2020 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
 If YES, enter delivery address below: ☐ No

57

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$

*mark
 ife

2185-57

SJ IVERSON III
 PO BOX 4095
 MIDLAND, TX 79704

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

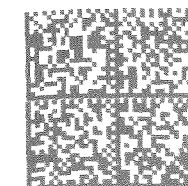
City, State, ZIP+4®

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

See Reverse for Instructions

7021 1970 0001 8642 4354

2 4354



FP® US POSTAGE
\$009.24⁰
 First-Class - IMI
 ZIP 80202

03/09/2023
 034A 0081801095

2185-57
 3/09/2023

SJ IVERSON III
 PO BOX 4095
 MIDLAND, TX 79704

2185-57

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 Number (Transfer from service label)

2185-57

SJ IVERSON III
 PO BOX 4095
 MIDLAND, TX 79704



9590 9402 7420 2055 9092 67

2. Article Number (Transfer from service label)

7021 1970 0001 8642 4354

PS Form 3811, July 2020 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
 If YES, enter delivery address below: ☐ No

57

3. Service Type

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

*All
 Mail Restricted Delivery
 (D)

Domestic Return Receipt

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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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 \$

Postmark
Here

2185-57

JEWELL D IVERSON REV INTERVIV
 JEWELL IVERSON REV INTERVIVOS, TR
 DTD 9/22/81
 4870 SOUTH LEWIS STE 200
 TULSA, OK 74105-5146

City, State, ZIP+4®

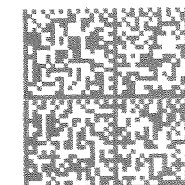
PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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18 3729

731 NIXIE



FP US POSTAGE
\$009.24⁹
 First Class - IMI
 ZIP 80202
 03/09/2023
 034A 0081801095

2185-57
 3/9/2023

ANIK

JEWELL D IVERSON REV INTERVIV
 JEWELL IVERSON REV INTERVIVOS, TR
 DTD 9/22/81
 4870 SOUTH LEWIS STE 200
 TULSA, OK 74105-5146

2185-57

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>2185-57</p> <p>JEWELL D IVERSON REV INTERVIV JEWELL IVERSON REV INTERVIVOS, TR DTD 9/22/81 4870 SOUTH LEWIS STE 200 TULSA, OK 74105-5146</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 2410 0001 5018 3729</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input 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>4. Signature</p> <p>57</p>	



9590 9402 7625 2122 8706 08

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

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

Postmark

2185-57

WENDELL TERRY WELCH
 129 WRANGLER RD
 ROSWELL, NM 88201

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

City, State, ZIP+4®

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

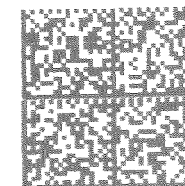
See Reverse for Instructions

7020 2450 0000 6832 0667

NS Name
RR3

WENDELL TERRY WELCH
 129 WRANGLER RD
 ROSWELL, NM 88201

2185-57



US POSTAGE
\$009.24⁹
 First-Class - IMI
 ZIP 80202
 03/09/2023
 034A 0051801095

2185-57
3/9/2023

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:

2185-57

WENDELL TERRY WELCH
 129 WRANGLER RD
 ROSWELL, NM 88201



9590 9402 7578 2098 0787 04

2. Article Number (Transfer from service label)

7020 2450 0000 6832 0667

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

67

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

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

NIXIE

731 C0 1

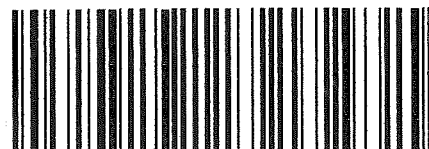
0103/22/23

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

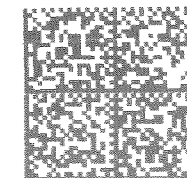
BC: 80202469250 2266N081091-01395

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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7020 2450 0000 6831 6851



FP US POSTAGE
 \$009.24⁰
 First-Class - IMI
 ZIP 80202
 03/09/2023
 034A 0081801095

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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	\$

Postmark
Here

2185-57

MICHAEL R MCGUIRE
 8815 MENDOCINO CT. NE
 ALBUQUERQUE, NM 87122

City, State, ZIP+4®

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

See Reverse for Instructions

amb CFS

2185-57

MICHAEL R MCGUIRE
 8815 MENDOCINO CT. NE
 ALBUQUERQUE, NM 87122

2185-57
 3/09/2023

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:

2185-57

MICHAEL R MCGUIRE
 8815 MENDOCINO CT. NE
 ALBUQUERQUE, NM 87122



9590 9402 7578 2098 0751 16

2. Article Number (Transfer from service label)

7020 2450 0000 6831 6851

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
 If YES, enter delivery address below: ☐ No

57

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

MCGU813* 851 NCB 1 23C0103/23/23

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED



Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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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 \$

Postmark
Here

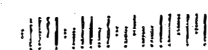
2185-57

DONALD S IVERSON
 1021 EAST 41ST ST APT 3
 TULSA, OK 74105-7619

City, State, ZIP+4®

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

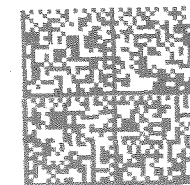
See Reverse for Instructions



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31XIN



FP US POSTAGE
\$009.24

First-Class Mail
 ZIP 80702

03/09/2023

034A 0081801095

2185-57
 3/9/2023

DONALD S IVERSON
 1021 EAST 41ST ST APT 3
 TULSA, OK 74105-7619

2185-57

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:

2185-57

DONALD S IVERSON
 1021 EAST 41ST ST APT 3
 TULSA, OK 74105-7619



9590 9402 7578 2098 0795 89

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8516

PS Form 3811, July 2020 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
 If YES, enter delivery address below: ☐ No

3. Service Type

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

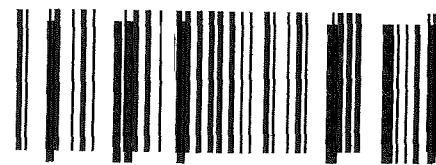
Mail Restricted Delivery

Domestic Return Receipt

Oil Conservation Division Hearing
 Case No. 23404
 Legacy Reserves Operating LP - Exhibit E

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7020 2450 0000 6668 8530

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

Postmark
Here

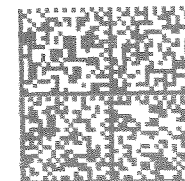
2185-57

CLAIRE IVERSON
2005 KIDWELL
DALLAS, TX 75214

City, State, ZIP+4®

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

See Reverse for Instructions



FP® US POSTAGE
\$009.24⁰
First-Class - IMI
ZIP 80202

03/09/2023

034A 0081801095

2185-57
3/09/2023

2185-57

CLAIRE IVERSON
2005 KIDWELL
DALLAS, TX 75214

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:

2185-57

CLAIRE IVERSON
2005 KIDWELL
DALLAS, TX 75214



9590 9402 7578 2098 0795 65

2. Article Number (Transfer from service label)

7020 2450 0000 6668 8530

PS Form 3811, July 2000 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
If YES, enter delivery address below: ☐ No

SN

3. Service Type

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

Mail
Mail Restricted Delivery
(0)

Domestic Return Receipt

Fwd

Oil Conservation Division Hearing
Case No. 23404
Legacy Reserves Operating LP - Exhibit E

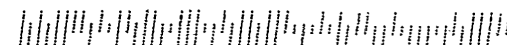
NIXIE

731 C0 1

0103/25/23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

614



Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005627089

This is not an invoice

BEATTY & WOZNIAK, P. C.
216 SIXTEENTH STREET, SUITE 11

DENVER, CO 80202

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

03/15/2023



Legal Clerk

Subscribed and sworn before me this March 15, 2023:



State of WI, County of Brown
NOTARY PUBLIC



My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005627089
PO #: 23404
of Affidavits 1

This is not an invoice

LEGAL NOTICE
March 15, 2023

**STATE OF NEW MEXICO
 ENERGY, MINERALS, AND
 NATURAL RESOURCES DEPART-
 MENT OIL CONSERVATION DIVI-
 SION, SANTE FE, NEW MEXICO**

The State of New Mexico, Energy Minerals and Natural Resources Department, Oil Conservation Division ("Division") hereby gives notice that the Division will hold public hearings before a hearing examiner on the following case. The hearings will be conducted remotely on Thursday, April 6, 2023, beginning at 8:15 A.M. To participate in the electronic hearing, see the instructions posted below. The docket may be viewed at <http://www.emnrd.state.nm.us/OCD/hearings-info/> or obtained from Marlene Salvidrez at Marlene.Salvidrez@state.nm.us. Documents filed in the case may be viewed at <https://ocdlimage.emnrd.state.nm.us/imaging/CaseFileCriteria.aspx>. If you are an individual with a disability who needs a reader, amplifier, qualified sign language interpreter, or other form of auxiliary aid or service to attend or participate in the hearing, contact Marlene Salvidrez at Marlene.Salvidrez@state.nm.us, or the New Mexico Relay Network at 1-800-659-1779, no later than March 27, 2023.

STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following case and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

TO: All overriding royalty interest owners and pooled parties, including Baish Limited Partnership c/o Cavin & Ingram, PA, Mary Elizabeth Baish-Westin, Becky Cooper c/o Edwards Jones, Acct No 600-1436-1-8, Rebecca R Cutright, Mary Marie Eaves, Elyse S Patterson Trust Farmers National Co, Agent #61214801 Oil/Gsd Mnsngement, John Michael Frost, Marianne Keohane Frost, Mark & Nancy Frost Family Trust Agreement, Mark Frost & Nancy Frost, Ttee, Theresa Ann Frost, Robert Welch Gillespie, Jeanette Y Glaze, Graham Family Investments LLC, Stacy Welch Green, Suzanne M Harrington, HTI Resources Inc, 18-31 Inc, The Alvin M Iverson Jr, Peter M Iverson, Ttee, Claire Iverson, Claire Ann Iverson Revoc Living Trust, Wendell W Iverson Trustee, Donald S Iverson, Iverson Family Oil & Gas LLC, Iverson III Inc, Jewell D Iverson Rev Interviv Jewell Iverson Rev Intervivos, Tr Dtd 9/22/81, Siegfried James Iverson III Rev Ig Trust, Wendell W Iverson Trustee, SJ Iverson III, Mary Ellen Johnston, Michael R McGuire, Katelyn M Means, PAI Incorporated, Morgan F Pearsall, Marian Welch Pendergrass, The Plp 1990 Trust Wendell W Iverson Trustee, Maurice M Pippin, Tig Properties LP, Becky Rankin, Rojo Inc, Katherine Mary Scott, Sandra W Shank, Ralph A Shugart Tr Elizabeth Duncan Special Ttee, Eric S Strohmeyer, James S Strohmeyer, Kristy Strohmeyer, Michael J Strohmeyer, Paula J Strohmeyer, The Toles Company Ltd, Marjorie Welch Weisner, Bryan W Welch, James Gary Welch, Michael Irwin Welch, Phoebe Welch, Phoebe Jane Welch IV, Sanders Thomas Welch, Estate Of Van Phillip Welch Jr, Van S Welch II, Wendell Terry Welch, George Westall

CASE NO: 23404: Application of

Legacy Reserves Operating LP for a Horizontal Spacing Unit and Compulsory Pooling, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order from the Division: (1) creating a standard 240-acre, more or less, spacing and proration unit comprised of the E $\frac{1}{2}$ E $\frac{1}{2}$ of Section 33, Township 18 South, Range 31 East, N.M.P.M., and E $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M., Eddy County, New Mexico, and (2) pooling all uncommitted mineral interests in the Bone Spring formation, designated as an oil pool, underlying said unit. The proposed wells to be dedicated to the horizontal spacing unit are the: (1) Jet Federal Com 402H Well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, T18S-R31E, to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.; (2) Jet Federal Com 502H Well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, T18S-R31E, to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M.; and (3) Jet Federal Com 602H Well, to be horizontally drilled from an approximate surface location in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 33, T18S-R31E, to a bottom hole location in the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 19 South, Range 31 East, N.M.P.M. The wells are orthodox in location and the take points and laterals comply with Statewide Rules for setbacks; also to be considered will be the cost of drilling and completing the wells and the allocation of the costs thereof; actual operating costs and charges for supervision; the designation of the Applicant as Operator of the wells and unit; and a 200% charge for the risk involved in drilling and completing the wells. The wells and lands are located approximately 28 miles northeast of Carlsbad, New Mexico.
#5627089, Current Argus, March 15, 2023