

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

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

CASE NO. 23925

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Mark Hajdik
A-1	Application & Proposed Notice of Hearing
A-2	C-102
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-4	Sample Well Proposal Letter and AFE
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Christopher Cantin
B-1	Regional Locator Map
B-2	Cross Section Locator Map
B-3	Wolfcamp Structure Map
B-4	Stratigraphic Cross-Section
B-6	Gun Barrel Diagram
Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	Sample Notice Letter to All Interested Parties
C-2	Chart of Notice to All Interested Parties
C-3	Copies of Certified Mail Receipts and Returns
C-4	Affidavit of Publication from October 17, 2023

COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

Case: 23925	APPLICANT'S RESPONSE
Hearing Date	October 5, 2023
Applicant	Permian Resources Operating, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID No. 372165
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	Northern Oil and Gas, Inc.
Well Family	Silver Bar
Formation/Pool	
Formation Name(s) or Vertical Extent:	Wolfcamp
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Wolfcamp
Pool Name and Pool Code:	Parkway; Wolfcamp pool (Code 49637)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	640-acres
Building Blocks:	Quarter-quarter
Orientation:	West to East
Description: TRS/County	S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is</u> approval of non-standard unit requested in this application?	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	N/A
Proximity Tracts: If yes, description	Yes, the completed interval of the Silver Bar 35-36 Fed State Com 202H well will be located within 330' of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 35 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.
Proximity Defining Well: if yes, description	Silver Bar 35-36 Fed State 202H
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Silver Bar 35-36 Fed State Com 202H (API # ---) SHL: 909' FSL & 358' FEL (Unit P), Section 34, T19S, R29E BHL: 1,650' FSL & 100' FEL (Unit I), Section 36, T19S, R29E Completion Target: Wolfcamp (9,430' TVD)

Well #2	Silver Bar 35-36 Fed State Com 203H (API # ---) SHL: 969' FSL & 358' FEL (Unit P), Section 34, T19S, R29E BHL: 330' FSL & 100' FEL (Unit P), Section 36, T19S, R29E Completion Target: Wolfcamp (9,935' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
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)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	Exhibit A-3
Joinder	
Sample Copy of Proposal Letter	Exhibit A-4
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-3
Chronology of Contact with Non-Joined Working Interests	Exhibit A-5
Overhead Rates In Proposal Letter	Exhibit A-4
Cost Estimate to Drill and Complete	Exhibit A-4
Cost Estimate to Equip Well	Exhibit A-4
Cost Estimate for Production Facilities	Exhibit A-4
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-5
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	

C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
Additional Information	
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	10/30/2023

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

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

CASE NO. 23925

**SELF-AFFIRMED STATEMENT
OF MARK HAJDIK**

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

2. I am familiar with the land matters involved in the above-referenced case. Copies the application and proposed hearing notice are attached as **Exhibit A-1**.

3. None of the parties proposed to be pooled in this case indicated opposition to this matter proceeding by affidavit; therefore I do not expect any opposition at hearing.

4. Permian Resources seeks an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the following wells (“Wells”), which will be completed in the Parkway; Wolfcamp pool (Code 49637):

- a. Silver Bar 35-36 Fed State Com 202H well, which will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36; and

**Permian Resources Operating, LLC
Case No. 23925
Exhibit A**

- b. Silver Bar 35-36 Fed State Com 203H well, which will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 36.
6. The completed intervals of the Wells will be orthodox.
7. The completed interval of the Silver Bar 35-36 Fed State Com 202H well will be located within 330' of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 35 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.
8. **Exhibit A-2** contains the C-102 for the Wells.
9. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Permian Resources seeks to pool highlighted in yellow. All of the parties are locatable in that Permian Resources believes it located valid addresses for them.
10. Permian Resources has conducted a diligent search of all county public records, including phone directories and computer databases, as well as internet searches, to locate the interest owners it seeks to pool.
11. **Exhibit A-4** contains a sample well proposal letter that was sent to interest owners for the Wells. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.
12. In my opinion, Permian Resources made a good-faith effort to reach voluntary joinder of uncommitted interests in the Wells as indicated by the chronology of contact described in **Exhibit A-5**.
13. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled, and \$1000 per month while the Wells are producing.

These rates are fair and are comparable to the rates charged by Permian Resources and other operators in the vicinity.

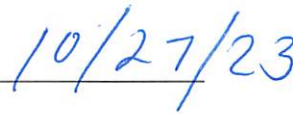
14. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

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

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



Mark Hajdik



Date

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

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

CASE NO. 23925

APPLICATION

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (OGRID No. 372165) (“Applicant”) applies for an order pooling all uncommitted interests in the Wolfcamp Formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the following wells (“Wells”):
 - **Silver Bar 35-36 Fed State Com 202H** well, which will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36; and
 - **Silver Bar 35-36 Fed State Com 203H** well, which will be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 36.
3. The completed intervals of the Wells will be orthodox.
4. The completed interval of the Silver Bar 35-36 Fed State Com 202H well will be located within 330’ of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 35 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit.

**Permian Resources Operating, LLC
Case No. 23925
Exhibit A-1**

5. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.

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

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

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on November 2, 2023, and, after notice and hearing as required by law, the Division enter an order:

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Wells in the Unit;
- C. Designating Applicant as the operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping, and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% charge for the risk assumed by Applicant in drilling and completing the Wells against any working interest owner who does not voluntarily participate in the drilling of the Wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

*Counsel for Permian Resources Operating,
LLC*

Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico. Applicant applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico (“Unit”). The Unit will be dedicated to the following wells (“Wells”): **Silver Bar 35-36 Fed State Com 202H** well, to be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36; and **Silver Bar 35-36 Fed State Com 203H** well, to be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 36. The completed interval of the Silver Bar 35-36 Fed State Com 202H will be located within 330’ of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 35 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 13 miles northwest of Carlsbad, New Mexico.

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Road, Artec, NM 87410
District IV
1220 S. St Francis Dr., NM 87505
Phone: (505) 476-3460 Fax (505) 476-3462

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

Form C-102

Revised August 1, 2011

Submit one copy to appropriate District Office

Operating, LLC
Case No. 23925 AMENDED REPORT

Exhibit A-2

WELL LOCATION AND ACREAGE DEDICATION PLAT

Table with 3 columns: API Number, Pool Code, Pool Name, Property Code, Property Name, Well Number, OGRID No., Operator Name, Elevation.

Surface Location

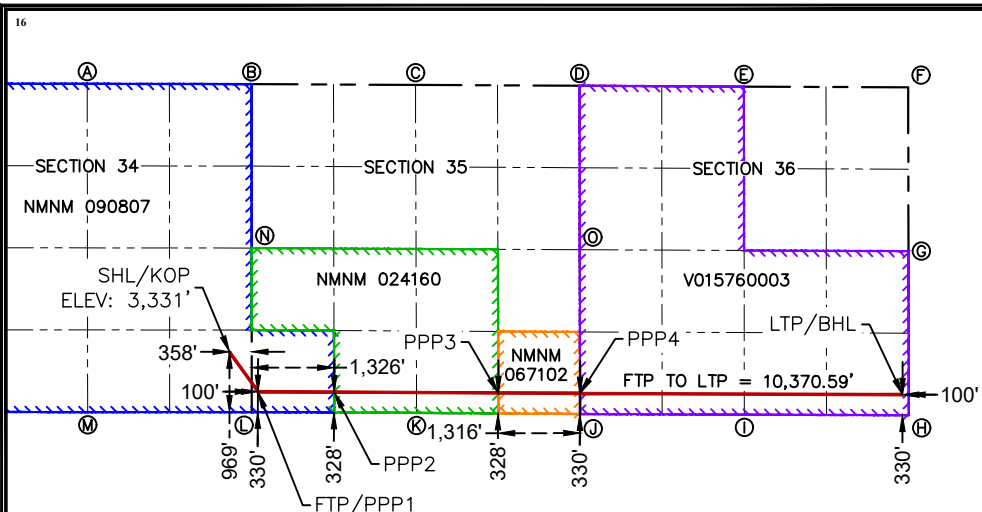
Table with 10 columns: UL or lot no., Section, Township, Range, Lot Idn, Feet from the, North/South line, Feet from the, East/West line, County.

Bottom Hole Location If Different From Surface

Table with 10 columns: UL or lot no., Section, Township, Range, Lot Idn, Feet from the, North/South line, Feet from the, East/West line, County.

Table with 5 columns: Dedicated Acres, Joint or Infill, Consolidation Code, 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.



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.

Signature, Date, Printed Name, Date, Email Address, Date

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.

Date: 9/1/2023



MARK J. MURRAY P.L.S. NO. 12177

- SURFACE HOLE LOCATION & KICK-OFF POINT
FIRST TAKE POINT & PENETRATION POINT 1
PENETRATION POINT 2
PENETRATION POINT 3
PENETRATION POINT 4
LAST TAKE POINT & BOTTOM HOLE LOCATION

CORNER COORDINATES NEW MEXICO EAST-NAD 83 table with columns A through Q and their respective coordinates.

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazon Road, Artec, NM 87410
District IV
1220 S. St Francis Dr., 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 49637	³ Pool Name Parkway; Wolfcamp pool
⁴ Property Code	⁵ Property Name SILVER BAR 35-36 FED STATE COM	⁶ Well Number #202H
⁷ OGRID No. 372165	⁸ Operator Name PERMIAN RESOURCES OPERATING, LLC	⁹ Elevation 3,331'

¹⁰ Surface Location

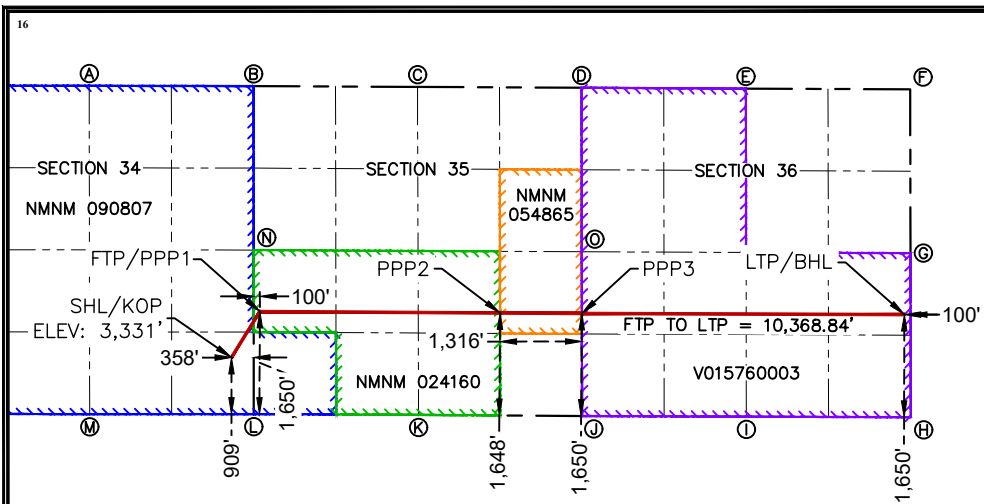
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	34	19 S	29 E		909'	SOUTH	358'	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	36	19 S	29 E		1,650'	SOUTH	100'	EAST	EDDY

¹² Dedicated Acres 640	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.



- SURFACE HOLE LOCATION & KICK-OFF POINT
909' FSL & 358' FEL
NM EAST-NAD 83
NORTH:586.637.44'
EAST:626.939.69'
LAT:32.61240992
LONG:-104.05532334
NM EAST-NAD 27
NORTH:586.575.47'
EAST:585.759.59'
LAT:32.61229148
LONG:-104.05481858
- FIRST TAKE POINT & PENETRATION POINT 1
1.650' FSL & 100' FWL
NM EAST-NAD 83
NORTH:587.377.81'
EAST:627.397.51'
LAT:32.61444168
LONG:-104.05383018
NM EAST-NAD 27
NORTH:587.315.82'
EAST:586.217.42'
LAT:32.61432324
LONG:-104.05332539
- PENETRATION POINT 2
1.648' FSL & 1.316' FEL
NM EAST-NAD 83
NORTH:587.354.63'
EAST:631.261.60'
LAT:32.61434942
LONG:-104.04128085
NM EAST-NAD 27
NORTH:587.292.61'
EAST:590.081.50'
LAT:32.61423085
LONG:-104.04077637
- PENETRATION POINT 3
1.650' FSL & 0' FWL
NM EAST-NAD 83
NORTH:587.346.70'
EAST:632.577.50'
LAT:32.61431760
LONG:-104.03700724
NM EAST-NAD 27
NORTH:587.284.67'
EAST:591.397.40'
LAT:32.61419898
LONG:-104.03650288
- LAST TAKE POINT & BOTTOM HOLE LOCATION
1.650' FSL & 100' FEL
NM EAST-NAD 83
NORTH:587.327.92'
EAST:637.766.22'
LAT:32.61422509
LONG:-104.02015587
NM EAST-NAD 27
NORTH:587.265.85'
EAST:596.536.11'
LAT:32.61410629
LONG:-104.01965192

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
A-CALCULATED CORNER	N:591.009.51' E:624.651.10'
B-FOUND IRON ROD	N:591.005.03' E:627.295.65'
C-FOUND NAIL	N:590.992.09' E:629.932.85'
D-FOUND IRON ROD	N:590.979.17' E:632.572.41'
E-FOUND IRON ROD	N:590.963.34' E:635.216.34'
F-FOUND IRON PIPE	N:590.954.37' E:637.859.25'
G-FOUND IRON PIPE	N:588.317.17' E:637.864.40'
H-FOUND IRON PIPE	N:585.677.60' E:637.869.26'
I-FOUND IRON PIPE	N:585.685.41' E:635.223.20'
J-FOUND IRON PIPE	N:585.696.70' E:632.580.53'
K-FOUND IRON ROD	N:585.715.65' E:629.950.81'
L-FOUND IRON PIPE	N:585.728.26' E:627.298.35'
M-FOUND IRON PIPE	N:585.726.61' E:624.659.03'
N-CALCULATED CORNER	N:589.366.64' E:627.297.00'
O-FOUND IRON ROD	N:588.339.27' E:632.575.67'

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.

Signature	Date
Printed Name	Date
Email Address	Date

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.

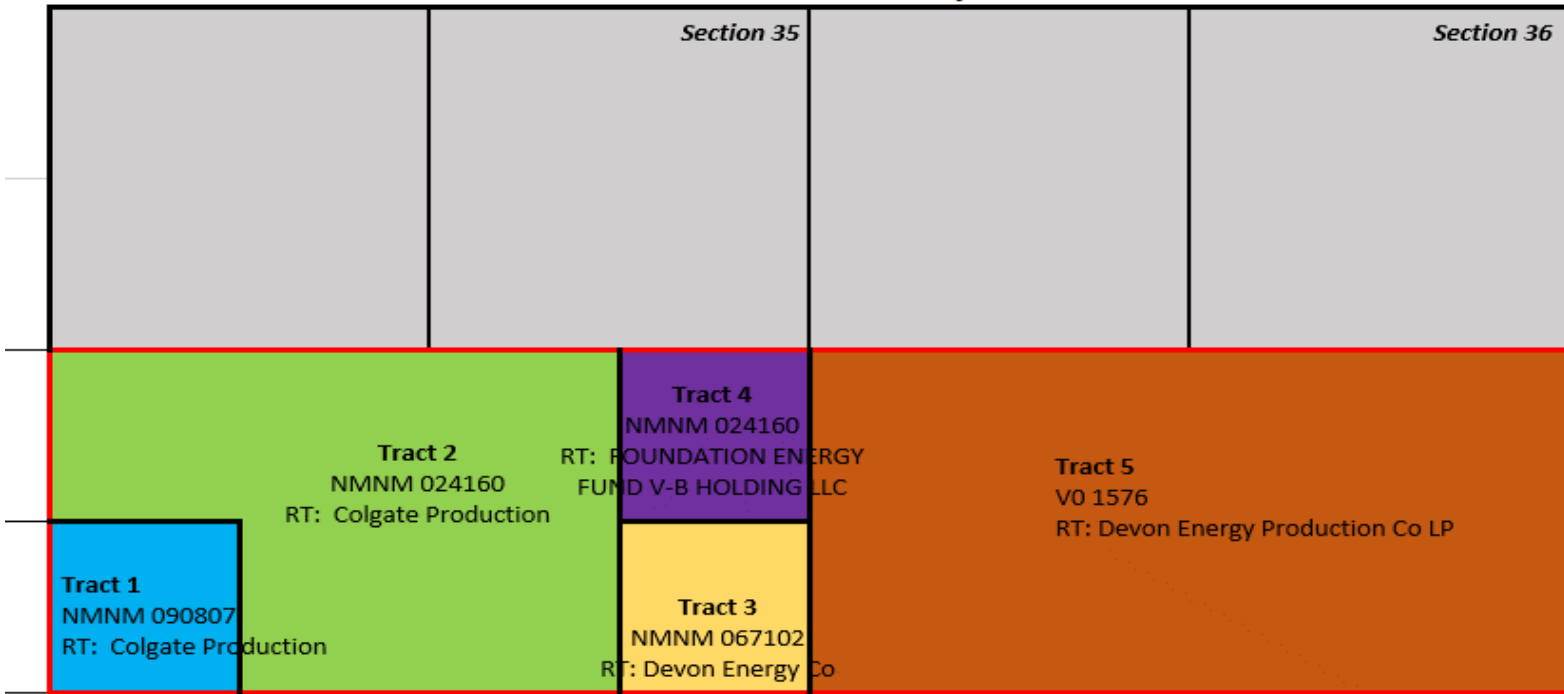
Date: 9/1/2023



MARK J. MURRAY P.L.S. NO. 12177

Silver Bar 35 Wolfcamp S/2 Sec 35 and 36				
WI OWNER	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	1, 2, 3, 5	373.40	58.3445%	Operator
Penroc Oil Corporation	1, 2, 3, 5	18.26	2.8523%	Yes
Byron Bachschmid	1, 2	1.92	0.3000%	Yes
Borica Oil, Inc.	1, 2	1.92	0.3000%	Yes
Robert Levers Dale and Patricia Joan Dale, Co-Trustee	1, 2	1.92	0.3000%	Yes
Hanson Operating Company, Inc.	1, 2	24.00	3.7500%	Yes
Drusilla C. Cieszinski, Trustee	1, 2	0.96	0.1500%	Yes
T. Z. Jennings	1, 2	0.96	0.1500%	Yes
Francis G. Tracey, III	1, 2	1.92	0.3000%	Yes
Charles J. Kinsolving	1, 2	1.28	0.2000%	Yes
3SD Holdings, LLC	1, 2	1.28	0.2000%	Yes
Ashley Dean Crow	1, 2	1.28	0.2000%	Yes
Patrick J. Morello and Alice M. Morello, Trustees	1, 2	1.92	0.3000%	Yes
Alpha Energy Partners, LLC	1, 2, 3, 4, 5	78.46	12.2594%	Yes
Northern Oil and Gas	1, 2, 3, 4, 5	78.46	12.2594%	Yes
Jose E. Rodriguez	1, 2	1.44	0.2250%	Yes
DeVargas Street, LLC	1, 2	1.92	0.3000%	Yes
L. Neil Burcham and wife,	1, 2	0.96	0.1500%	Yes
Centennial LLC	1, 2, 5	11.20	1.7500%	Yes
Chisos, Ltd.	1, 2, 5	36.00	5.6250%	Yes
Rockport Oil and Gas, LLC	1, 2, 5	4.00	0.6250%	Yes
Devon Energy Production Company, LP	5	75.00	11.7188%	Yes
		718.46	112%	

Silver Bar 35 Lease Layout



- ORRI Only
- Ard Oil Ltd.
 - Francis Hill Hudson, Trustee
 - Maxine Hannifin, Trustee
 - Mark Hannifin, Trustee
 - Galley NM Assets, LLC
 - Michelle R. Hannifin
 - Marian L. Davis, Trustee
 - Javelina Partners
 - Frost Bank, Trustee
 - Zoro Partners, Ltd.
 - States Royalty Limited Partnership

Alan Jochimsen
Monty D. McLane
Diane Hanley, Successor Trustee
Cherokee Legacy Minerals, Ltd.
Kenebrew Minerals, LP
Babe Development, LLC
Joyco Investments, LLC
Sue Hanson McBride
Julie Scott McBride
Douglas Ladson McBride, III
Colgate Production, LLC
Penroc Oil Corporation
Colgate Royalties, LP
The Livingston County Community Foundation
Florence Kagan and Linda Cosmero, Co-Trustees
Mountain Lion Oil & Gas, LLC
Hinkle Oil and Gas, Inc.
Alpha Royalty Partners, LLC
Collins Permian, LP
Wallace Family Partnership, LP
SAC Investments I, LP
Devon Energy Production Co

Lessee of Record Only

Devon Energy Production Co LP
FOUNDATION ENERGY FUND V-B
HOLDING LLC



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

September 5, 2023

Via Certified Mail

Penroc Oil Corporation
PO Box 2769
Hobbs, NM 88241

RE: Well Proposals: Silver Bar 35-36
Section 35: S/2
Section 36: S/2
T19S-R29E, Eddy County, New Mexico
Wolfcamp Formation

To Whom It May Concern:

Permian Resources Operating, LLC, as operator (“Permian”), hereby proposes the drilling and completion of the following Ironhorse 35-36 Fed State well at the following approximate locations within Township 19 South, Range 29 East:

1. Silver Bar 35-36 Fed State #202H

SHL: At a legal location in the SESE of Section 34
BHL: 10' FEL & 1650' FSL of Section 36
FTP: 100' FWL & 1650' FSL of Section 34
LTP: 100' FEL & 1650' FSL of Section 36
TVD: 9,430'
TMD: Approximately 19,715'
Proration Unit: S/2 of Sections 34 & 36
Targeted Interval: Wolfcamp
Total Cost: See attached AFE

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

- 100%/300%/300% non-consent provisions
- \$10,000/\$1,00 drilling and producing rates
- Permian Resources Operating, LLC named as Operator

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the previously proposed AFE, and your geologic well requirements to the above address or by email to Kimberly.Smith@permianres.com.

Permian Resources Operating, LLC
Case No. 23925
Exhibit A-4



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

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

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me by email at mark.hajdik@permianres.com.

Respectfully,

A handwritten signature in blue ink that reads "Mark Hajdik".

Mark Hajdik
Senior Staff
Landman
Enclosures



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Silver Bar 35-36 Fed State #202H		

Penroc Oil Corporation

By: _____

Printed Name: _____

Date: _____



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

Participate / Rejection Declaration

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

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

Agreed this _____ day of _____, 2023 by:

Penroc Oil Corporation:

Signature

Printed Name

Title



300 N. MARIENFELD STREET, SUITE 1000
MIDLAND, TX 79701

OFFICE 432.695.4222
FAX 432.695.4063

June 5, 2023

Via Certified Mail

Penroc Oil Corporation
PO Box 2769
Hobbs, NM 88241

RE: Silver Bar 35 Fed State Com – Well Proposals
Section 35: S/2, Section 36: S/2, T19S-R29E, Bone Spring and Wolfcamp Formations
Eddy County, New Mexico

To Whom It May Concern:

Permian Resources Operating, LLC (“Permian”), hereby proposes the drilling and completion of the following three (3) wells, the Silver Bar 35 Fed State Com 133H, 134H, & 203H at the following approximate locations within Township 20 South, Range 28 East:

1. **Silver Bar 35 Fed State Com 133H**
SHL: At a legal location in the SE4 of Section 34
BHL: At a legal location in the SE4 of Section 36
FTP: At a legal location in the SW4 of Section 35
LTP: At a legal location in the SE4 of Section 36
TVD: 9,196’
TMD: Approximately 19,481’
Proration Unit: S2 of Sections 35 and 36
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE
2. **Silver Bar 35 Fed State Com 134H**
SHL: At a legal location in the SE4 of Section 34
BHL: At a legal location in the SE4 of Section 36
FTP: At a legal location in the SW4 of Section 35
LTP: At a legal location in the SE4 of Section 36
TVD: 9,206’
TMD: Approximately 19,491’
Proration Unit: S2 of Sections 35 and 36
Targeted Interval: 3rd Bone Spring
Total Cost: See attached AFE
3. **Silver Bar 35 Fed State Com 203H**
SHL: At a legal location in the SE4 of Section 34
BHL: At a legal location in the SE4 of Section 36
FTP: At a legal location in the SW4 of Section 35
LTP: At a legal location in the SE4 of Section 36
TVD: 9,935’
TMD: Approximately 19,680’
Proration Unit: S2 of Sections 35 and 36
Targeted Interval: Wolfcamp
Total Cost: See attached AFE

Silver Bar 35 Fed State Com Well Proposals

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

- 100%/300%/300% non-consent provisions
- \$10,000/\$1,000 drilling and producing rates
- Permian Resources Operating, LLC named as Operator

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

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

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

Respectfully,



Mark Hajdik

Senior Staff Landman

Enclosures

Silver Bar 35 Fed State Com Well Proposals

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Silver Bar 35 Fed State Com 133H		
Silver Bar 35 Fed State Com 134H		
Silver Bar 35 Fed State Com 203H		

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Participate / Rejection Declaration

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

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

Agreed this _____ day of _____, 2023 by:

Company Name (If Applicable):

Signature

Printed Name

Title



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$3,590,000
Completion Total (\$)	\$4,701,336
Facilities Total (\$)	\$717,342
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,913,678

AFE Description

9500' Lateral

Property Name Silver Bar Fed State Com 202H **State** NM

AFE Type Drill and Complete

Operator Permian Resources Operating, LLC **Field** Delaware Basin - NM

Scheduled Spud Date **Estimated TVD (ft)** See Proposal

Target Zone See Proposal **Estimated MD (ft)** See Proposal

Sub-Target Zone

Non Operator Approval

Company _____

Approved By _____

Title _____

Date _____

Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$108,333.33
8015.1500	IDC - RIG MOB / TRUCKING	\$100,000.00	8015.1600	IDC - RIG MOB / STANDBY RATE	\$30,000.00
8015.1700	IDC - DAYWORK CONTRACT	\$608,000.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$264,000.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$45,000.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$87,500.00	8015.2200	IDC - TOOLS, STABILIZERS	\$70,000.00
8015.2300	IDC - FUEL / POWER	\$120,250.00	8015.2350	IDC - Fuel/Mud	\$84,000.00
8015.2400	IDC - RIG WATER	\$10,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$150,000.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$45,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$160,000.00	8015.3100	IDC - CASING CREW & TOOLS	\$50,000.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$28,000.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$57,200.00
8015.3700	IDC - DISPOSAL	\$117,500.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$30,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$38,000.00	8015.4300	IDC - WELLSITE SUPERVISION	\$96,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$13,400.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$12,521.67
8015.5200	IDC - CONTINGENCY	\$138,663.63			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$33,834.25
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$177,697.81	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$700,724.06	8020.1500	TDC - WELLHEAD EQUIPMENT	\$65,875.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$0.00	8020.1800	TDC - CONTINGENCY	\$0.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$0.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$0.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$577,500.00	8025.1600	ICC - COILED TUBING	\$202,346.67
8025.1700	ICC - CEMENTING & SERVICES	\$0.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$16,747.50
8025.1900	ICC - INSPECTION & TESTING	\$0.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$492,476.25	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$0.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$2,608,020.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$128,571.43
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$0.00

8025.3300	ICC - COMMUNICATIONS	\$.00
8025.3500	ICC - WELLSITE SUPERVISION	\$51,300.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00
8025.3050	ICC - SOURCE WATER	\$230,571.43

Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS	

Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$41,666.67
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$91,666.67
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00
8035.3000	FAC - HEATER TREATER/SEPARATOR	\$135,608.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00
8035.3600	FAC - ELECTRICAL	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00
8035.2500	FAC - CONSULTING SERVICES	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33
8035.4300	FAC - INSURANCE	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00

Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00
8036.1310	PLN - PERMANENT EASEMENT	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00
8036.2400	PLN - SUPERVISION	\$.00
8036.2700	PLN - PIPELINE	\$.00
8036.2900	PLN - TANK BATTERY	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00
8036.3300	PLN - PUMP	\$.00
8036.3500	PLN - COMPRESSOR	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00
8036.3700	PLN - AUTOMATION	\$.00
8036.4300	PLN - INSURANCE	\$.00
8036.4500	PLN - CONTINGENCY	\$.00

Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00
8040.1600	IFC - COILED TUBING	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00
8040.4200	IFC - CONTINGENCY	\$.00
8040.4500	IFC - SWABBING	\$.00

Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00
8045.3500	TFC - CONTINGENCY	\$.00

8025.3400	ICC - RENTAL EQUIPMENT	\$186,678.00
8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4200	ICC - CONTINGENCY	\$.00
8025.4400	ICC - COMPANY LABOR	\$.00

Account	Description	Total (\$)
8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00

Account	Description	Total (\$)
8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2900	FAC - TANK BATTERY	\$70,000.00
8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3400	FAC - METER & LACT	\$70,000.00
8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.4500	FAC - CONTINGENCY	\$.00
8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1800	FAC - FUEL / POWER	\$.00
8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2600	FAC - INJECTION PUMP	\$.00
8035.3500	FAC - COMPRESSOR	\$.00
8035.4100	FAC - OVERHEAD	\$.00
8035.1310	FAC - PERMANENT EASEMENT	\$.00

Account	Description	Total (\$)
8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2800	PLN - FLOWLINE	\$40,000.00
8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3400	PLN - METER	\$.00
8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4400	PLN - COMPANY LABOR	\$.00

Account	Description	Total (\$)
8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1500	IFC - FUEL / POWER	\$.00
8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.3100	IFC - WELLHEAD/FRAC TREE REPAIR	\$.00
8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4400	IFC - COMPANY LABOR	\$.00
8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00

Account	Description	Total (\$)
8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.4400	TFC - COMPANY LABOR	\$.00



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$3,590,000
Completion Total (\$)	\$4,701,336
Facilities Total (\$)	\$717,342
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,913,678

AFE Description

9500' Lateral

Property Name Silver Bar Fed State Com 203H **State** NM

AFE Type Drill and Complete

Operator Permian Resources Operating, LLC **Field** Delaware Basin - NM

Scheduled Spud Date **Estimated TVD (ft)** See Proposal

Target Zone See Proposal **Estimated MD (ft)** See Proposal

Sub-Target Zone

Non Operator Approval

Company _____

Approved By _____

Title _____

Date _____

Cost Estimate

Account	Description	Total (\$)	Account	Description	Total (\$)
8015.1000	IDC - PERMITS,LICENSES,ETC	\$15,000.00	8015.1100	IDC - STAKING & SURVEYING	\$15,000.00
8015.1200	IDC - LEGAL, TITLE SERVICES	\$13,000.00	8015.1300	IDC - SURFACE DAMAGE / ROW	\$35,000.00
8015.1310	IDC - PERMANENT EASEMENT	\$12,000.00	8015.1400	IDC - ROAD, LOCATIONS, PITS	\$108,333.33
8015.1500	IDC - RIG MOB / TRUCKING	\$100,000.00	8015.1600	IDC - RIG MOB / STANDBY RATE	\$30,000.00
8015.1700	IDC - DAYWORK CONTRACT	\$608,000.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$264,000.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$45,000.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$87,500.00	8015.2200	IDC - TOOLS, STABILIZERS	\$70,000.00
8015.2300	IDC - FUEL / POWER	\$120,250.00	8015.2350	IDC - Fuel/Mud	\$84,000.00
8015.2400	IDC - RIG WATER	\$10,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$150,000.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$45,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$160,000.00	8015.3100	IDC - CASING CREW & TOOLS	\$50,000.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$28,000.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$57,200.00
8015.3700	IDC - DISPOSAL	\$117,500.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$30,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$38,000.00	8015.4300	IDC - WELLSITE SUPERVISION	\$96,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$13,400.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$12,521.67
8015.5200	IDC - CONTINGENCY	\$138,663.63			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$33,834.25
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$177,697.81	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$700,724.06	8020.1500	TDC - WELLHEAD EQUIPMENT	\$65,875.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$0.00	8020.1800	TDC - CONTINGENCY	\$0.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$0.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$0.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$577,500.00	8025.1600	ICC - COILED TUBING	\$202,346.67
8025.1700	ICC - CEMENTING & SERVICES	\$0.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$16,747.50
8025.1900	ICC - INSPECTION & TESTING	\$0.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$492,476.25	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$0.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$2,608,020.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$128,571.43
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$0.00

8025.3300	ICC - COMMUNICATIONS	\$.00
8025.3500	ICC - WELLSITE SUPERVISION	\$51,300.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00
8025.3050	ICC - SOURCE WATER	\$230,571.43

Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS	

Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$41,666.67
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$91,666.67
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00
8035.3000	FAC - HEATER TREATER/SEPARATOR	\$135,608.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00
8035.3600	FAC - ELECTRICAL	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00
8035.2500	FAC - CONSULTING SERVICES	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33
8035.4300	FAC - INSURANCE	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00

Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00
8036.1310	PLN - PERMANENT EASEMENT	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00
8036.2400	PLN - SUPERVISION	\$.00
8036.2700	PLN - PIPELINE	\$.00
8036.2900	PLN - TANK BATTERY	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00
8036.3300	PLN - PUMP	\$.00
8036.3500	PLN - COMPRESSOR	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00
8036.3700	PLN - AUTOMATION	\$.00
8036.4300	PLN - INSURANCE	\$.00
8036.4500	PLN - CONTINGENCY	\$.00

Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00
8040.1600	IFC - COILED TUBING	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00
8040.4200	IFC - CONTINGENCY	\$.00
8040.4500	IFC - SWABBING	\$.00

Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00
8045.3500	TFC - CONTINGENCY	\$.00

8025.3400	ICC - RENTAL EQUIPMENT	\$186,678.00
8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4200	ICC - CONTINGENCY	\$.00
8025.4400	ICC - COMPANY LABOR	\$.00

Account	Description	Total (\$)
8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00

Account	Description	Total (\$)
8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2900	FAC - TANK BATTERY	\$70,000.00
8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3400	FAC - METER & LACT	\$70,000.00
8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.4500	FAC - CONTINGENCY	\$.00
8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1800	FAC - FUEL / POWER	\$.00
8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2600	FAC - INJECTION PUMP	\$.00
8035.3500	FAC - COMPRESSOR	\$.00
8035.4100	FAC - OVERHEAD	\$.00
8035.1310	FAC - PERMANENT EASEMENT	\$.00

Account	Description	Total (\$)
8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2800	PLN - FLOWLINE	\$40,000.00
8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3400	PLN - METER	\$.00
8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4400	PLN - COMPANY LABOR	\$.00

Account	Description	Total (\$)
8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1500	IFC - FUEL / POWER	\$.00
8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.3100	IFC - WELLHEAD/FAC TREE REPAIR	\$.00
8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4400	IFC - COMPANY LABOR	\$.00
8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00

Account	Description	Total (\$)
8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.4400	TFC - COMPANY LABOR	\$.00

Silver Bar 35 Wolfcamp Communication Timeline

June 2023 – Proposals sent for the Silver Bar 35 Fed State Com 203H

September 2023 – Proposals supplemented to include the 202H well in addition to the previously proposed 203H

June 2023 - Present – To date Ashley Crow, Borica, Charles Kinsolving, Hanson Operating, Jose Rodriguez, T Jennings have all indicated they plan to participate. Northern Oil and Gas and Alpha will participate, currently finalizing details with them. Anticipate Northern executing the JOA imminently.

October 2023 – As of this date a number of the parties have not signed a JOA but are willing to participate.

**Permian Resources Operating,
LLC
Case No. 23925
Exhibit A-5**

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

APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO.

CASE NO. 23925

SELF-AFFIRMED STATEMENT
OF CHRISTOPHER CANTIN

1. I am a geologist with Permian Resources Operating, LLC (“Permian Resources”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement.

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

3. **Exhibit B-1** is a regional locator map that identifies the Silver Bar project area, in proximity to the Capitan Reef within the Delaware Basin, for the Wolfcamp horizontal spacing unit that is the subject of this application.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Wolfcamp formation. The approximate wellbore path for the proposed Silver Bar 35-36 Fed State Com 202H well and Silver Bar 35-36 Fed State Com 203H well (“Wells”) is represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity to the proposed Wells.

5. **Exhibit B-3** is a Subsea Structure map on the Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identified the approximate wellbore path for the proposed Wells with a purple dashed line. It also identifies the location of the cross-section running from A-A’ in proximity to the proposed Wells. The data points are indicated by red triangles. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe

Permian Resources Operating, LLC
Case No. 23925
Exhibit B

any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

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

7. **Exhibit B-5** is a gun barrel diagram that shows the Silver Bar 35-36 Fed State Com 202H and Silver Bar 35-36 Fed State Com 203H wells in the Wolfcamp formation.

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

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

10. In my opinion, the granting of Permian Resources' application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

12. I understand this Self-Affirmed Statement will be used as written testimony in this case. I affirm my testimony above is true and correct and is made under penalty of perjury under

the laws of the State of New Mexico. My testimony is made as of the date identified next to my signature below.



Christopher Cantin

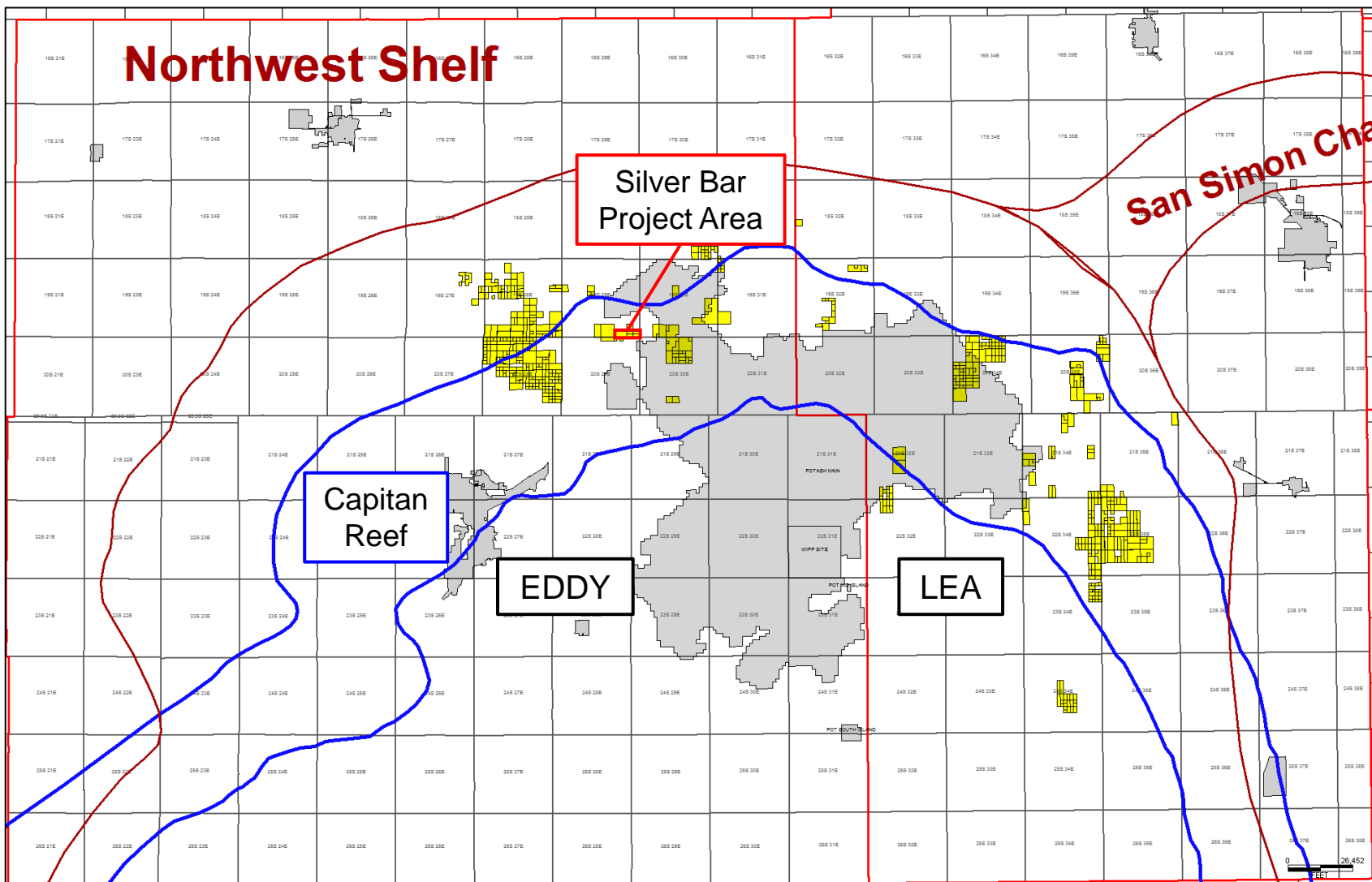
10/30/2023

Date



Regional Locator Map

Silver Bar 35 Fed State Com



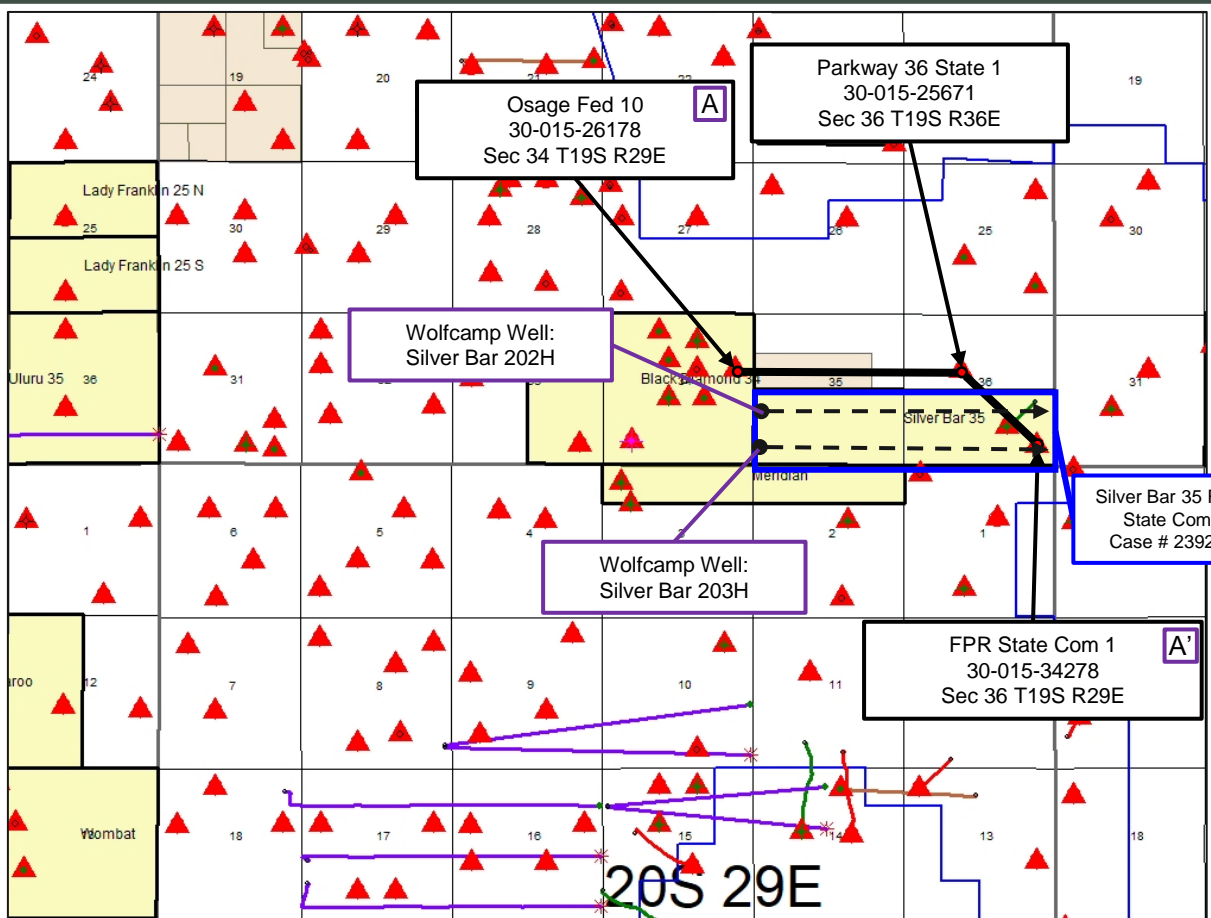
Cross-Section Locator Map

Silver Bar 35 Fed State Com 202H & 203H (Wolfcamp)

Case No. 23925

Exhibit B-2

Exhibit B-2



Approximate Wellbore paths



Producing Wells



Permian Resources

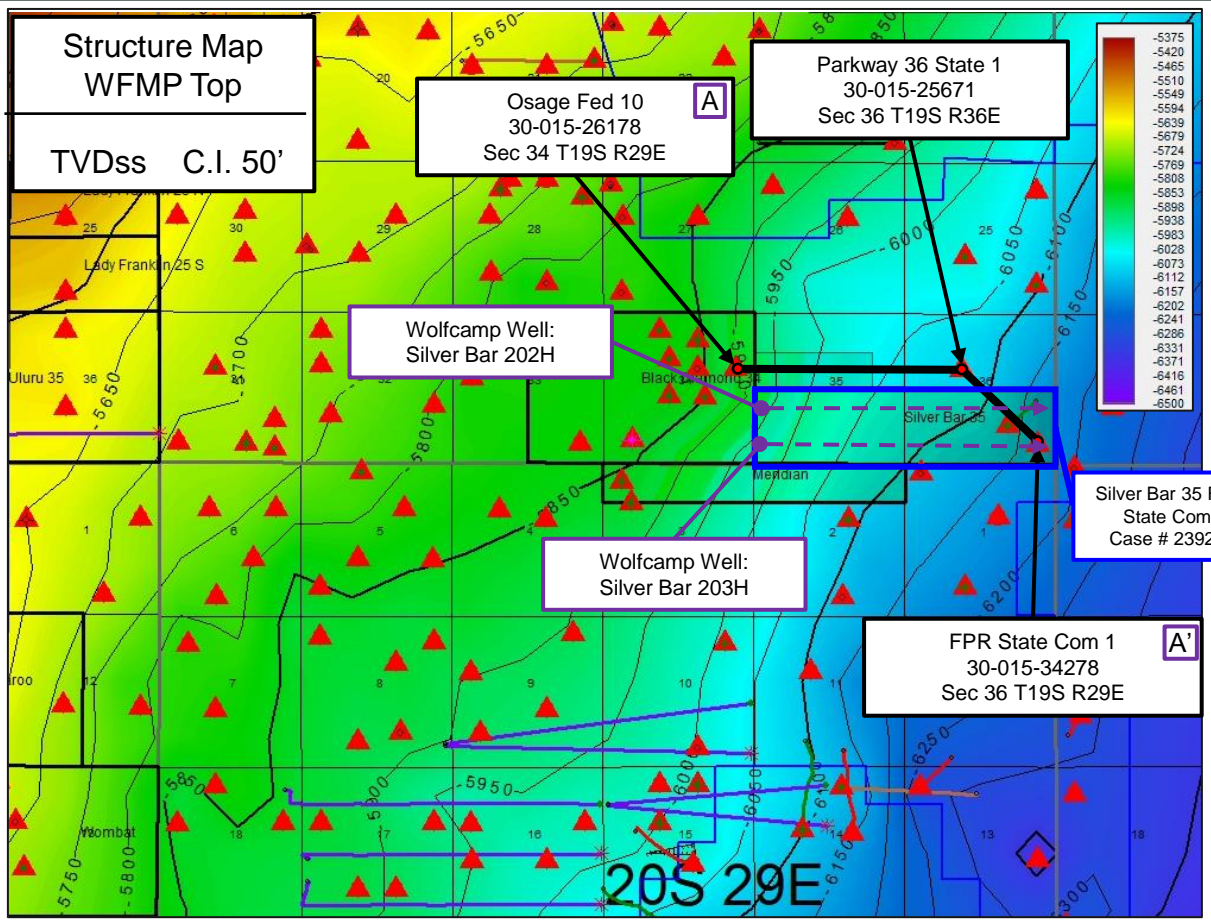


Wolfcamp– Structure Map

Silver Bar 35 Fed State Com 202H & 203H (Wolfcamp)

Permian Resources Operating, LLC
Case No. 23925
Exhibit B-3

Exhibit B-3



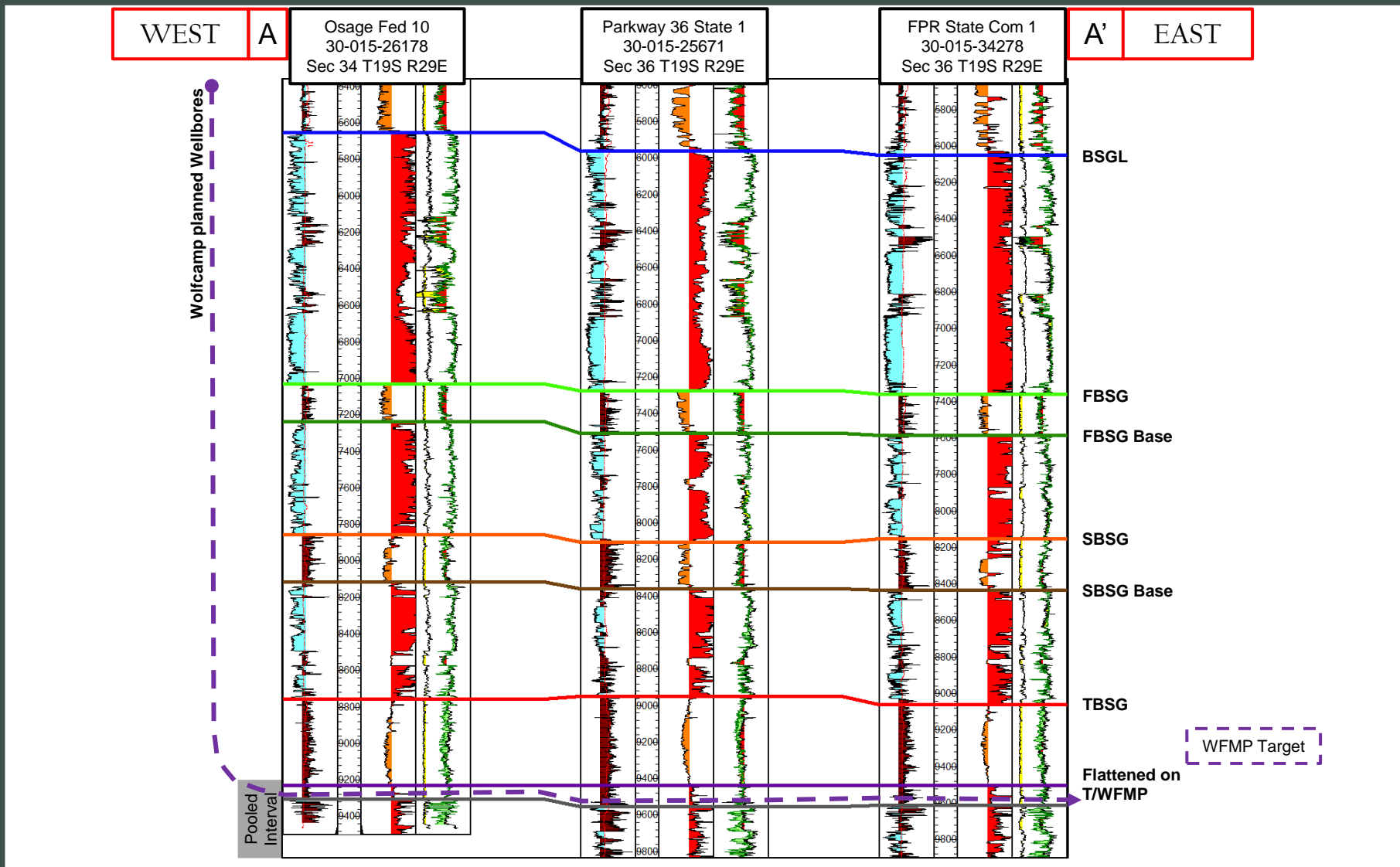
Permian Resources

Stratigraphic Cross-Section A-A' Silver Bar 35 Fed State Com 202H & 203H (Wolfcamp)

Case No. 23925

Exhibit B-4

Exhibit B-4

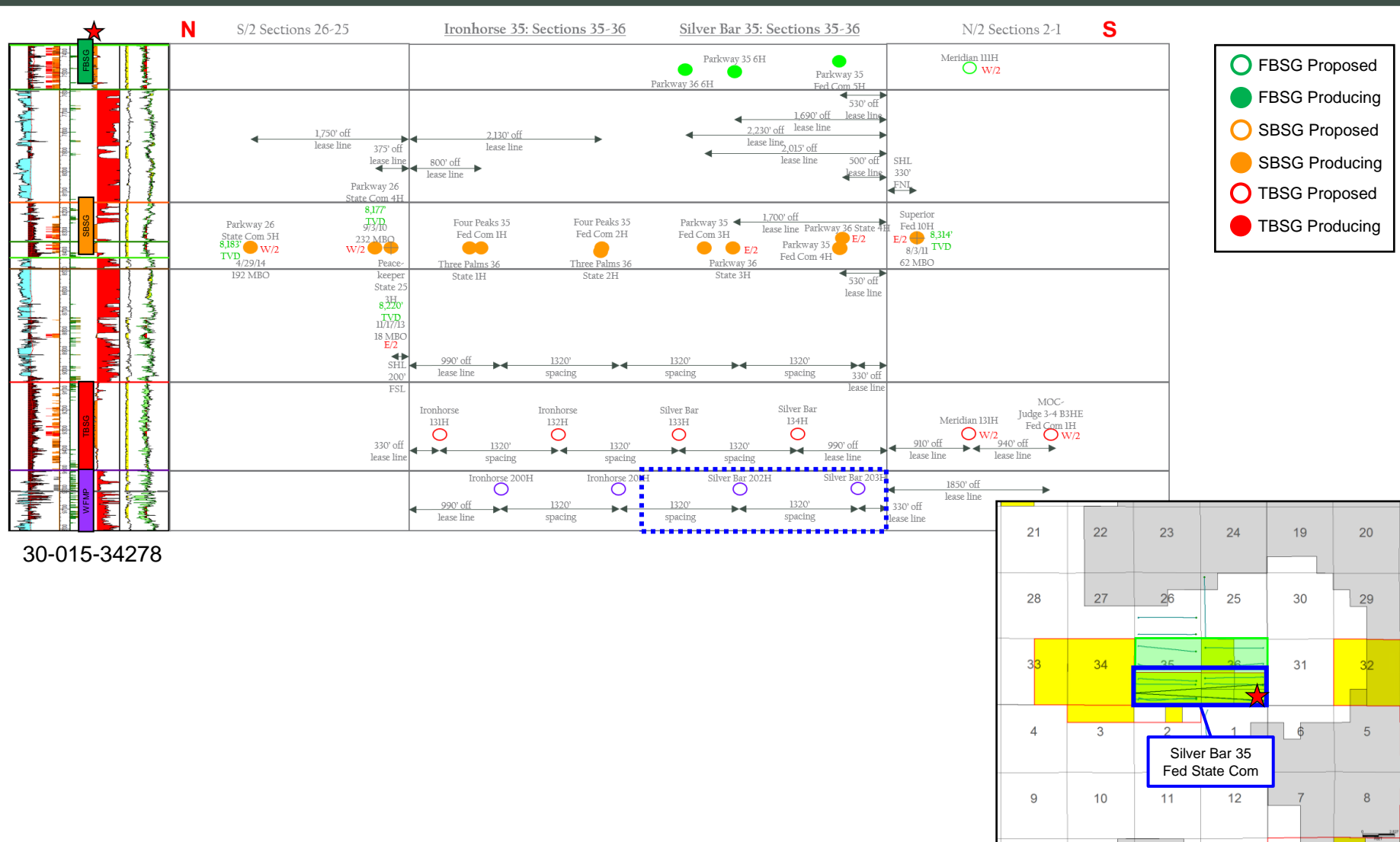


Gun Barrel Development Plan

Silver Bar 35 Fed State Com 202H & 203H (Wolfcamp)

Permian Resources Operating, LLC
Case No. 23925
Exhibit B-5

Exhibit B-5



30-015-34278

Silver Bar 35 Fed State Com

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

APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 23925

SELF-AFFIRMED STATEMENT
OF DANA S. HARDY

1. I am attorney in fact and authorized representative of Permian Resources Operating, LLC, the Applicant herein.

2. I am familiar with the Notice Letters attached as **Exhibit C-1** and caused the Notice Letters, along with the Application in this case, to be sent to the parties set out in the chart attached as **Exhibit C-2**.

3. Exhibit C-2 also provides the date each Notice Letter was sent and the date each return was received.

4. Copies of the certified mail green cards and white slips are attached as **Exhibit C-3** as supporting documentation for proof of mailing and the information provided on Exhibit C-2.

5. On October 17, 2023, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.

6. I understand this Self-Affirmed Statement will be used as written testimony in the subject cases. I affirm that my testimony above is true and correct and it made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

/s/ Dana S. Hardy
Dana S. Hardy

October 30, 2023
Date



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

505-982-4554 (FAX) 505-982-8623

WRITER:
Dana S. Hardy, Partner
dhardy@hinklelawfirm.com

October 13, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 23925 – Application of Permian Resources Operating, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **November 2, 2023**, beginning at 8:15 a.m.

Hearings are currently conducted remotely. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Please contact Mark Hajdik, Senior Staff Landman, Permian Resources, at (432) 257-3886, if you have questions regarding these matters.

Sincerely,

/s/ Dana S. Hardy
Dana S. Hardy

Enclosure

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

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

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

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

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

CASE NO. 23925

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
3SD Holdings, LLC 221 Doran Road Lovington, NM 88260	10/13/23	10/19/23
Alpha Energy Partners, LLC PO Box 10701 Midland, TX 79702	10/13/23	10/19/23
Alpha Royalty Partners, LLC 508 West Wall, Suite 1200 Midland, TX 79701	10/13/23	10/18/23
Ard Oil Ltd. PO Box 101027 Fort Worth, TX 76185	10/13/23	10/23/23
Babe Development, LLC P. O. Box 1515 Roswell, NM 88202	10/13/23	10/19/23
Byron Bachschmid 1800 Hereford Blvd Midland, TX 79707-9784	10/13/23	10/23/23
Borica Oil, Inc. PO Drawer H Ft Sumner, NM 88119	10/13/23	10/26/23
L. Neil Burcham and wife (Estate of, now Dec'd) 6765 Brahman Road Las Cruces, NM 88012	10/13/23	10/19/23
Centennial LLC 215 West Third Street Roswell, NM 88201	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/16/23 – Item being returned to sender.
Centennial LLC PO Box 1837 Roswell, NM 88202	10/13/23	10/23/23
Cherokee Legacy Minerals, Ltd. 717 N Gregg St Albany, TX 76430	10/13/23	10/19/23

**STATE OF NEW MEXICO
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**APPLICATION OF PERMIAN RESOURCES
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NOTICE LETTER CHART

Chisos, Ltd. 1331 Lamar Street Suite 1077 Houston, TX 77010	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/19/23 – Delivered to individual at the address.
Cieszinski Trust UA dated May 15, 2007 2737 81st St Lubbock, TX 79423	10/13/23	10/19/23
Jonathan M. Cieszinski 2737 81st St Lubbock, TX 79423	10/13/23	10/19/23
Collins Permian, LP 508 West Wall, Suite 1200 Midland, TX 79701	10/13/23	10/18/23
Ashley Dean Crow PO Box 97 Quannah, TX 79252	10/13/23	10/18/23
Robert Levers Dale and Patricia Joan Dale Trust 15419 Peach Hill Rd Saratoga, CA 95070	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/21/23 – Delivery attempted.
Delmar Hudson Lewis Living Trust PO Box 830308 Dallas, TX 75283	10/13/23	10/23/23
DeVargas Street, LLC 4613 Los Poblanos Cir NW Albuquerque, NM 87107	10/13/23	10/25/23
Devon Energy Production Company, LP 333 West Sheridan Avenue Oklahoma City, OK 73102	10/13/23	10/23/23
Galley NM Assets, LLC 5909 West Loop South, STE 520 Bellaire, TX 77401	10/13/23	10/23/23
Diane Hanley, Successor Trustee 6300 Ridglea Place Suite 1005A Fort Worth, TX 76116	10/13/23	10/26/23 Return to sender.

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

**APPLICATION OF PERMIAN RESOURCES
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POOLING, EDDY COUNTY, NEW MEXICO.**

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NOTICE LETTER CHART

Hannifin Family Trust 702 W Ellis St Llano, TX 78643	10/13/23	10/19/23
Alan Hannifin 5591 Cannes Cir Apt 505 Sarasota, FL 34231	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/24/23 – Delivered to individual at the address.
Michelle R. Hannifin 6965 Corte Langosta Carlsbad, CA 92009	10/13/23	10/19/23
Hanson Operating Company PO Box 1515 Roswell, NM 88202-1515	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/17/23 – Individual picked up at post office.
Hinkle Oil and Gas, Inc. 5600 N May Ave # 295 Oklahoma City, OK 73112	10/13/23	10/19/23
JS Pregler Land LLC PO Box 31492 Edmond, OK 73003	10/13/23	10/23/23
Javelina Partners 616 Texas St. Fort Worth, TX 76102	10/13/23	10/23/23
T. Z. Jennings 3968 Cottonwood Ln Roswell, NM 88203	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/22/23 – Delivery attempted.
Alan Jochimsen 4209 Cardinal Ln Midland, TX 79707	10/13/23	10/26/23
Josephine T. Hudson Testamentary Trust PO Box 1600 San Antonio, TX 78296	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/20/23 – Item in transit to next facility.

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
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**APPLICATION OF PERMIAN RESOURCES
OPERATING, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 23925

NOTICE LETTER CHART

Joyco Investments, LLC 400 N Pennsylvania Ste 1200 Roswell, NM 88201	10/13/23	10/19/23 No signature.
KB Limited Partnership 2550 Smallhouse Road Bowling Green, KY 42104	10/13/23	10/26/23
Florence Kagan and Linda Cosmero, Co-Trustees One Embarcadero Center 22nd Fl San Francisco, CA 94111	10/13/23	10/23/23
Kenebrew Minerals, LP PO Box 917 Idalou, TX 79329	10/13/23	10/23/23
Charles J. Kinsolving HC 65 Box 209 Crossroads, NM 88114	10/13/23	10/19/23
Lindley's Living Trust 4200 S Hulen St #302 Fort Worth, TX 76109	10/13/23	10/26/23 Return to sender.
The Livingston County Community Foundation 903 Jackson St Chilicothe, MO 64601	10/13/23	10/19/23
MA Pregler Investments PO Box 1237 Bixby, OK 74008	10/13/23	10/23/23
Douglas Ladson McBride, III 1820 Bay Shore Rockport, TX 78382	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/26/23 – Individual picked up at post office.
Julie Scott McBride 6412 Buchanan St Fort Collins, CO 80525	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/25/23 – Item in transit to next facility.
Sue Hanson McBride 2704 Mercedes Dr Roswell, NM 88201	10/13/23	10/19/23

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

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

CASE NO. 23925

NOTICE LETTER CHART

Monty D. McLane 719 Lauren Ln Bennettsville, SC 29512	10/13/23	10/23/23
Patrick J. Morello and Alice M. Morello Trust 2200 Riverfront Dr Apt 6208 Little Rock, AR 72202	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/22/23 – Delivery attempted.
Mountain Lion Oil & Gas, LLC 7941 Katy Freeway #117 Houston, TX 77024	10/13/23	10/23/23
Northern Oil and Gas 4350 Baker Rd Suite 400 Minnetonka, MN 55343	10/13/23	10/23/23
Penroc Oil Corporation PO Box 2769 Hobbs, NM 88241	10/13/23	10/23/23
Pregler Oil Company, LLC PO Box 1722 Tulsa, OK 74101	10/13/23	10/23/23
Robert and Maxine Hannifin Trust 702 W Ellis St Llano, TX 78643	10/13/23	10/19/23
Rockport Oil and Gas, LLC PO Box 19567 Houston, TX 77224-9567	10/13/23	10/26/23
Jose E. Rodriguez PO Box 691284 Houston, TX 77269	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/24/23 – Individual picked up at postal facility.
SAC Investments I, LP 1603 Oakridge Trl Bridgeport, TX 76426	10/13/23	Per USPS Tracking (Last Checked 10/27/23): 10/24/23 – Item being returned to sender.

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

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

CASE NO. 23925

NOTICE LETTER CHART

States Royalty Limited Partnership 300 N. Breckenridge Ave Breckenridge, TX 76424	10/13/23	10/23/23
Francis G. Tracey, III PO Box 868 Carlsbad, NM 88221-0868	10/13/23	10/23/23
Wallace Family Partnership, LP 508 W. Wall, Suite 1200 Midland, TX 79701	10/13/23	10/18/23
Zoro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102	10/13/23	10/23/23

7022 1670 0002 1189 5915

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

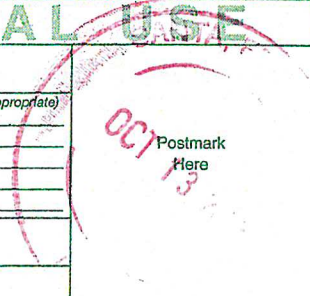
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Ap 3SD Holdings, LLC
 221 Doran Road
 City, State, Zi Lovington, NM 88260
 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Decker EA <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Decker EA</p> <p>C. Date of Delivery 10/16/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 19 2023</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">3SD Holdings, LLC 221 Doran Road Lovington, NM 88260 23925 - Permian Silver Bar WC</p> <p style="text-align: center;">9590 9402 7635 2122 6710 80</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5915</p>	

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

Domestic Return Receipt

7022 1670 0002 1189 5922

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A Alpha Energy Partners, LLC
PO Box 10701

City, State, Midland, TX 79702
23925 - Permian Silver Bar WC

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:

Alpha Energy Partners, LLC
PO Box 10701
Midland, TX 79702
23925 - Permian Silver Bar WC



9590 9402 7635 2122 6710 97

2. Article Number (Transfer from service label)
7022 1670 0002 1189 5922

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

RECEIVED
OCT 19 2023
SANTA FE, NM 87504

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

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

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OFFICIAL USE

7022 1670 0002 1189 5939

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A: Alpha Royalty Partners, LLC
508 West Wall, Suite 1200
Midland, TX 79701

City, State, Z: 23925 - Permian Silver Bar WC

PS Form 3800, April 2015 PSN 7580-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <u>Troy Brown</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Troy Brown</u> C. Date of Delivery <u>10/18/23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED OCT 18 2023</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Alpha Royalty Partners, LLC 508 West Wall, Suite 1200 Midland, TX 79701</p> <p style="text-align: right;">23925 - Permian Silver Bar WC</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1189 5939</p>	
<p>9590 9402 7635 2122 6711 27</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1189 5946

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Certified Mail Fee \$ _____

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

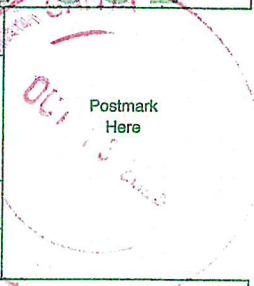
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Po Box 101027
City, State Fort Worth, TX 76185
23925 - Permian Silver Bar WC

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:

Ard Oil Ltd.
Po Box 101027
Fort Worth, TX 76185
23925 - Permian Silver Bar WC



9590 9402 7635 2122 6711 34

2. Article Number (Transfer from service label)

7022 1670 0002 1189 5946

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) *Tim MacGregor*

C. Date of Delivery *10/18/2023*

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

If YES, enter delivery address below:

RECEIVED

OCT 23 2023

3. Service Type *Hinkle Shanor LLP Santa Fe NM 87504*

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

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7022 1670 0002 1189 5953

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Babe Development, LLC
 P. O. Box 1515

City, State, Roswell, NM 88202
 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Handwritten Name]</i> C. Date of Delivery <i>[Handwritten Date]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Babe Development, LLC P. O. Box 1515 Roswell, NM 88202 23925 - Permian Silver Bar WC</p>	<p>RECEIVED OCT 19 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5953</p>	<p>3. Service Type <i>[Handwritten: Hinkle Shanor LLP Santa Fe, NM 87504]</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5861

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Byron Bachschmid
 1800 Hereford Blvd
 City, State, Midland, TX 79707-9784
 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>By Bachschmid</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BACHSCHMID</i></p> <p>C. Date of Delivery <i>10-18-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED OCT 23 2023</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Byron Bachschmid 1800 Hereford Blvd Midland, TX 79707-9784 23925 - Permian Silver Bar WC</p> <p style="text-align: center;">9590 9402 7635 2122 6711 58</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5861</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OCT 13 2023
Postmark Here

7022 1670 0002 1189 5878

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Ap. Borica Oil, Inc.
PO Drawer H

City, State, Zi. Ft Sumner, NM 88119

23925 - Permian Silver Bar WC

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center; padding: 10px;">Borica Oil, Inc. PO Drawer H Ft Sumner, NM 88119</p> <p style="text-align: right; font-size: 0.8em;">23925 - Permian Silver Bar WC</p> <div style="text-align: center;">  9590 9402 7635 2122 6711 65 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7022 1670 0002 1189 5878</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Bill West</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center; font-size: 1.5em;">Bill West</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; padding: 10px;"> <h2 style="margin: 0;">RECEIVED</h2> <p style="font-size: 1.2em; margin: 0;">OCT 26 2023</p> </div> <p>3. Service Type Hinkle Shanor LLP Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5885

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To L. Neil Burcham and wife
 (Estate of, now Dec'd)
 6765 Brahman Road
 Las Cruces, NM 88012
 23925 - Permian Silver Bar WC

Postmark Here
 OCT 19 2023

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x Fredda C. Blair</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Fredda C. Blair</i></p> <p>C. Date of Delivery <i>10/16/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OCT 19 2023</p>
<p>1. Article Addressed to:</p> <p>L. Neil Burcham and wife (Estate of, now Dec'd) 6765 Brahman Road Las Cruces, NM 88012 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6711 72</p>	<p>3. Service Type <i>Perma Silver Bar</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from carrier label)</p> <p>7022 1670 0002 1189 5885</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

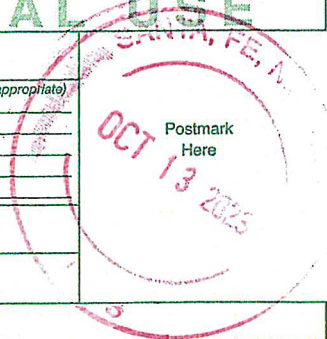
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Centennial LLC
 Street and Apt. No. PO Box 1837
 City, State, ZIP+4® Roswell, NM 88202
 23925 - Permian Silver Bar WC

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

7022 1670 0002 1189 5908



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Stanley M. Bywater</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Stanley M. Bywater</i> 10/18/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p>RECEIVED</p> <p>OCT 23 2023</p>
<p>1. Article Addressed to:</p> <p>Centennial LLC PO Box 1837 Roswell, NM 88202 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6712 57</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5908</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5823

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____


Sent To

Street and Apt. 1 Cherokee Legacy Minerals, Ltd.
 717 N Gregg St
 Albany, TX 76430

City, State, ZIP+4 Albany, TX 76430 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>KEN LAWRENCE</i> C. Date of Delivery <i>10-16-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cherokee Legacy Minerals, Ltd. 717 N Gregg St Albany, TX 76430</p> <p style="text-align: right; font-size: small;">23925 - Permian Silver Bar WC</p>  <p style="text-align: center;">9590 9402 7635 2122 6712 64</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe, NM 87501</i> <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1189 5823</p>	<p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">OCT 19 2023</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5847

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No. Cieszinski Trust UA dated May 15, 2007

2737 81st St

City, State, ZIP+4 Lubbock, TX 79423

23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>CAROLYN K. HERNANDEZ 10-16-23</p> <p>D. Is delivery address different from item? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Cieszinski Trust UA dated May 15, 2007 2737 81st St Lubbock, TX 79423</p> <p>23925 - Permian Silver Bar WC</p>	<p>RECEIVED</p> <p>OCT 19 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5847</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

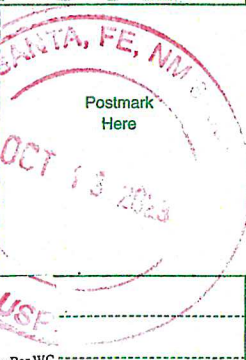
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. Jonathan M. Cieszinski
2737 81st St
City, State, ZIP Lubbock, TX 79423
23925 - Permian Silver Bar WC

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

7022 1670 0002 1189 5854

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:

Jonathan M. Cieszinski
2737 81st St
Lubbock, TX 79423

23925 - Permian Silver Bar WC



2. Article Number (Transfer from service label)

7022 1670 0002 1189 5854

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

CARDYNK. HERNANDEZ 10-16-23

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

If YES, enter delivery address below:

RECEIVED

OCT 19 2023

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

7022 1670 0002 1189 5274

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

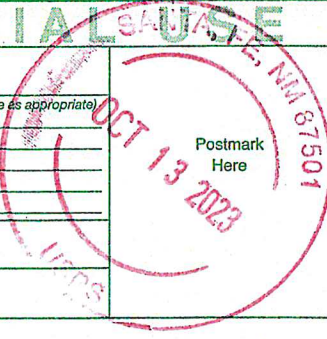
Total Postage and Fees \$ _____

Sent To _____

Street and A Collins Permian, LP
 508 West Wall, Suite 1200
 Midland, TX 79701

City, State, & Zip 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Troy Brown</i></p> <p>C. Date of Delivery <i>10/18/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Collins Permian, LP 508 West Wall, Suite 1200 Midland, TX 79701</p> <p>23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6713 01</p>	<p>RECEIVED</p> <p>OCT 18 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5274</p>	<p>3. Service Type <i>Hinkle Shanor LLP Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6159

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. Ashley Dean Crow
 PO Box 97
 City, State, ZIP+4 Quannah, TX 79252
 23925 - Permian Silver Bar WC

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

Postmark Here
 OCT 18 2023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ashley Dean Crow</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OCT 18 2023</p>
<p>1. Article Addressed to:</p> <p>Ashley Dean Crow PO Box 97 Quannah, TX 79252 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6711 89</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from carrier label) 7022 1670 0002 1188 6159</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 5151

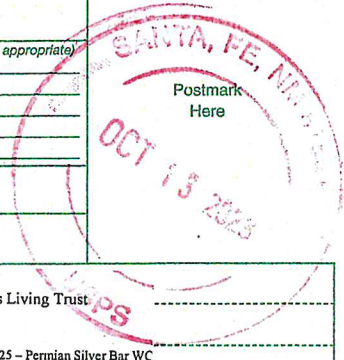
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt.	Delmar Hudson Lewis Living Trust PO Box 830308 Dallas, TX 75283
City, State, ZIP+4	23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Delmar Hudson Lewis Living Trust PO Box 830308 Dallas, TX 75283</p> <p>23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6713 25</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery OCT 17 2023</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OCT 23 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 5151</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><i>Shaner LLP Santa Fe NM 87504</i></p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 1615

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To _____

Street and #: DeVargas Street, LLC
4613 Los Poblanos Cir NW
City, State, ZIP+4: Albuquerque, NM 87107
23925 - Permian Silver Bar WC

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:

DeVargas Street, LLC
4613 Los Poblanos Cir NW
Albuquerque, NM 87107
23925 - Permian Silver Bar WC

9590 9402 7635 2122 6713 49

2. Article Number (Transfer from service label)
7020 0090 0000 0863 1615

COMPLETE THIS SECTION ON DELIVERY

A. Signature Carol Folz Agent Addressee

B. Received by (Printed Name) CAROL FOLZ Agent Addressee

C. Date of Delivery 10/19/23

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

RECEIVED
OCT 25 2023

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

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

7022 1670 0002 1189 5168

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

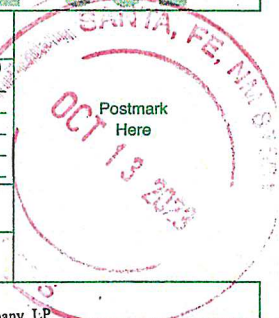
Total Postage and Fees \$ _____

Sent To

Street and Apt. # Devon Energy Production Company, LP
 333 West Sheridan Avenue
 Oklahoma City, OK 73102

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>David Carrillo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Devon Energy Production Company, LP 333 West Sheridan Avenue Oklahoma City, OK 73102</p> <p>23925 - Permian Silver Bar WC</p>	<p>RECEIVED</p> <p>OCT 23 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1189 5168</p>	
<p>3. Service Type Hinkle Shanor LLC <input checked="" type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 1622

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

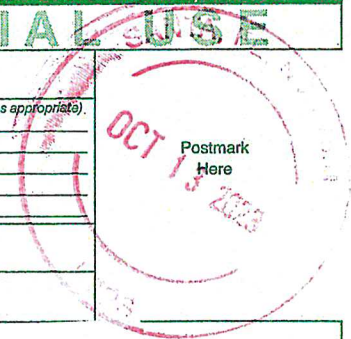
Total Postage and Fees \$ _____

Sent To

Street and Ap Galley NM Assets, LLC
 5909 West Loop South, STE 520
 Bellaire, TX 77401

City, State, Zi 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>PL</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Galley NM Assets, LLC 5909 West Loop South, STE 520 Bellaire, TX 77401</p> <p>23925 - Permian Silver Bar WC</p>	<p>RECEIVED</p> <p>OCT 23 2023</p>
<p>9590 9402 7635 2122 6713 56</p> <p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 1622</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® Santa Fe NM 87504 Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

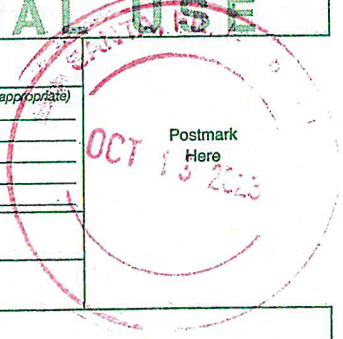
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

7020 0090 0000 0863 1646

OFFICIAL USE

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



Sent To

Street and Apt. Hannifin Family Trust
702 W Ellis St
Llano, TX 78643

City, State, ZIP Llano, TX 78643 23925 - Permian Silver Bar WC

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:

Hannifin Family Trust
702 W Ellis St
Llano, TX 78643
23925 - Permian Silver Bar WC



9590 9402 7635 2122 6713 70

2. Article Number (Transfer from service label)

7020 0090 0000 0863 1646

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda Hannifin* Agent Addressee

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

LINDA Hannifin 10-16-23

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

If YES, enter delivery address below:

RECEIVED

OCT 19 2023

3. Service Type

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

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

Domestic Return Receipt

7020 0090 0000 0863 1660

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A1 Michelle R. Hannifin
 6965 Corte Langosta
 City, State, Z Carlsbad, CA 92009
 23925 - Permian Silver Bar WC

Postmark Here
 OCT 19 2023

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10-11-23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED OCT 19 2023</p>
<p>1. Article Addressed to:</p> <p>Michelle R. Hannifin 6965 Corte Langosta Carlsbad, CA 92009 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6713 94</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 1660</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 1684

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

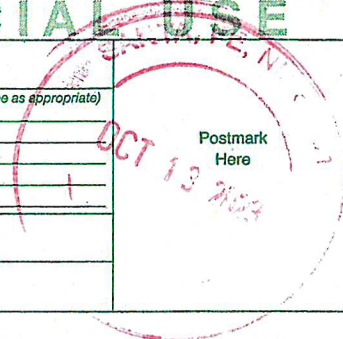
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. Hinkle Oil and Gas, Inc.
5600 N May Ave # 295

City, State, Z. Oklahoma City, OK 73112
23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x Vicki Collins</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Hinkle Oil and Gas, Inc. 5600 N May Ave # 295 Oklahoma City, OK 73112 23925 - Permian Silver Bar WC</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED OCT 19 2023</p>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 1684</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and A

JS Pregler Land LLC
PO Box 31492

City, State, Z

Edmond, OK 73003
23925 - Permian Silver Bar WC

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

See Reverse for Instructions



7020 0090 0000 0863 1691

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:

JS Pregler Land LLC
PO Box 31492
Edmond, OK 73003

23925 - Permian Silver Bar WC



9590 9402 7635 2122 6766 27

2. Article Number (Transfer from service label)

7020 0090 0000 0863 1691

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/17/23

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

RECEIVED

OCT 23 2023

3. Service Type

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

Hinkle Shanor LLC
Santa Fe NM 87504

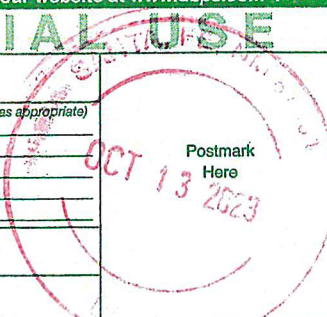
Domestic Return Receipt

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OFFICIAL USE

7020 0090 0000 0863 1707

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Javelina Partners 616 Texas St.	
City, State Fort Worth, TX 76102 23925 - Permian Silver Bar WC	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Comi Cumina</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>																
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Javelina Partners 616 Texas St. Fort Worth, TX 76102</p> <p style="text-align: right; font-size: 0.8em;">23925 - Permian Silver Bar WC</p> </div> <p style="text-align: center;">  9590 9402 7635 2122 6766 34 </p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="border: 2px solid blue; padding: 5px; text-align: center; margin: 5px 0;"> <p style="font-size: 1.5em; color: blue;">RECEIVED</p> <p style="font-size: 1.2em; color: red;">OCT 17 2023</p> <p style="font-size: 1.2em; color: blue;">BY: OCT 23 2023</p> </div>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7020 0090 0000 0863 1707</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail® Santa Fe NM 87504</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail® Santa Fe NM 87504	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail® Santa Fe NM 87504	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

7022 1670 0002 1190 4532

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Certified Mail Fee \$ _____

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

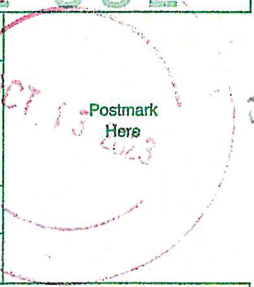
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Alan Jochimsen
4209 Cardinal Ln
Midland, TX 79707

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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:

Alan Jochimsen
4209 Cardinal Ln
Midland, TX 79707

23925 - Permian Silver Bar WC



9590 9402 7635 2122 6729 71

2. Article Number (Transfer from service label)

7022 1670 0002 1190 4532

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

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

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

RECEIVED

OCT 26 2023

3. Service Type **Hinkle Shanor LLC** Priority Mail Express®

Adult Signature **Santa Fe NM 87504** 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

Insured Mail Restricted Delivery (over \$500)

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

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7022 1670 0002 1190 4556

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Joyco Investments, LLC
 400 N Pennsylvania Ste 1200
 Roswell, NM 88201

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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

OCT 13 2023
 Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Joyco Investments, LLC 400 N Pennsylvania Ste 1200 Roswell, NM 88201 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6729 57</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED</p> <p>OCT 19 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4556</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4488

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. KB Limited Partnership
 2550 Smallhouse Road
 Bowling Green, KY 42104

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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

Postmark Here
 OCT 13 2023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED OCT 26 2023</p>
<p>1. Article Addressed to:</p> <p>KB Limited Partnership 2550 Smallhouse Road Bowling Green, KY 42104 23925 - Permian Silver Bar WC</p> <p> 9590 9402 7635 2122 6730 22</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4488</p>	<p>Hinkle Shanor LLP State Farm 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1190 4549

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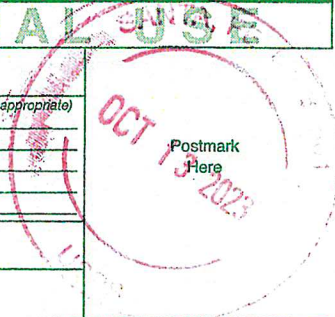
OFFICIAL USE

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

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt. No., or PO Box No. Florence Kagan and Linda Cosmero, Co-Trustees
 One Embarcadero Center 22nd Fl
 San Francisco, CA 94111
 City, State, ZIP+4® 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. MURKIN</i> C. Date of Delivery <i>10/16/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Florence Kagan and Linda Cosmero, Co-Trustees One Embarcadero Center 22nd Fl San Francisco, CA 94111 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6729 64</p>	<p>RECEIVED OCT 23 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4549</p>	<p>3. Service Type <i>Linkle Shaor LLP Santa Fe NM 87504</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4495

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. Kenebrew Minerals, LP
 PO Box 917
 Idalou, TX 79329
 City, State, ZIP+4® 23925 - Permian Silver Bar WC

Postmark Here
 OCT 13 2023

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Amanda Guen <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Amanda Guen</p> <p>C. Date of Delivery OCT 18 2023</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>RECEIVED OCT 23 2023</p>
<p>1. Article Addressed to:</p> <p>Kenebrew Minerals, LP PO Box 917 Idalou, TX 79329 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6730 15</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Adult Signature Santa Fe NM 87604 <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4495</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1190 4570

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

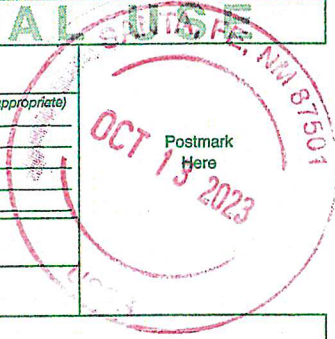
Total Postage and Fees \$ _____

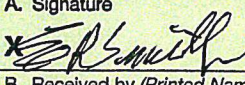
Sent To

Street and Apt. No., or PO Box No. Charles J. Kinsolving
 HC 65 Box 209
 Crossroads, NM 88114

City, State, ZIP+4® 23925 - Permian Silver Bar Wt

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Charles J. Kinsolving HC 65 Box 209 Crossroads, NM 88114 23925 - Permian Silver Bar WC</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED</p> <p>OCT 19 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4570</p>	<p>3. Service Type Pinkie Shanor LLP Santa Fe, NM 87504</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4518

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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Total Postage and Fees
 \$ _____

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

The Livingston County Community Foundation
 903 Jackson St
 Chilicothe, MO 64601

23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Joyce Crawford</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Joyce Crawford</i> C. Date of Delivery <i>10-16-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED OCT 19 2023</p>
<p>1. Article Addressed to:</p> <p>The Livingston County Community Foundation 903 Jackson St Chilicothe, MO 64601</p> <p>23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6729 95</p>	<p>3. Service Type: <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87502</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4518</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4501

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

MA Pregler Investments
 PO Box 1237
 Bixby, OK 74008
 23925 - Permian Silver Bar W

Postmark Here
 OCT 13 2023

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>MA Pregler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED OCT 23 2023</p>
<p>1. Article Addressed to:</p> <p>MA Pregler Investments PO Box 1237 Bixby, OK 74008 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6730 08</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) </p> <p>7022 1670 0002 1190 4501</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OCT 13 2023
Postmark Here

7022 1670 0002 1190 4617

Certified Mail Fee \$ _____	OCT 13 2023 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
Monty D. McLane 719 Lauren Ln Bennettsville, SC 29512 23925 - Permian Silver Bar WC	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">Monty D. McLane 719 Lauren Ln Bennettsville, SC 29512 23925 - Permian Silver Bar WC</p> </div> <div style="text-align: center;">  9590 9402 7635 2122 6728 96 </div> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4617</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Monty McLane</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Monty McLane</p> <p>C. Date of Delivery 10-17-23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 0;">OCT 23 2023</p> </div> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> 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"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

7022 1670 0002 1190 4600

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

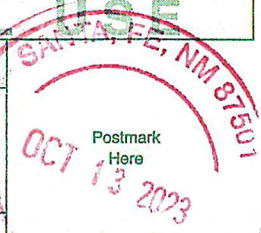
Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Sue Hanson McBride
 2704 Mercedes Dr
 Roswell, NM 88201

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>10-16-23</u></p>
<p>1. Article Addressed to:</p> <p>Sue Hanson McBride 2704 Mercedes Dr Roswell, NM 88201</p> <p>23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6729 02</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p>RECEIVED</p> <p>OCT 19 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4600</p>	<p>3. Service Type Hinkle Strator LLP Santa Fe NM 87501</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1190 4655

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

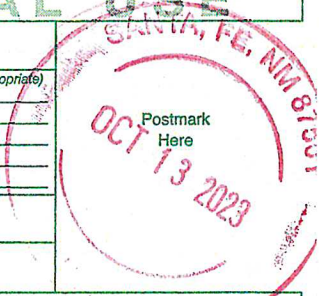
Sent To _____

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

City, State, ZIP+4® _____

Mountain Lion Oil & Gas, LLC
 7941 Katy Freeway #117
 Houston, TX 77024
 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <u>[Signature]</u> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mountain Lion Oil & Gas, LLC 7941 Katy Freeway #117 Houston, TX 77024 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6728 41</p>	<p>RECEIVED</p> <p>OCT 13 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4655</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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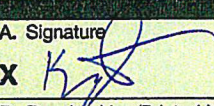
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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate): <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ Northern Oil and Gas 4350 Baker Rd Suite 400 Minnetonka, MN 55343 City, State, ZIP+4® _____ 23925 - Permian Silver Bar WC	

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

7022 1670 0002 1190 4594

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Karjala</u> C. Date of Delivery <u>10-17</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Northern Oil and Gas 4350 Baker Rd Suite 400 Minnetonka, MN 55343 <small>23925 - Permian Silver Bar WC</small> </div>	<div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <p style="font-size: 1.2em; font-weight: bold;">OCT 23 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4594</p>	<p>3. Service Type <u>Linkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



9590 9402 7635 2122 6729 19

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7022 1670 0002 1190 4587

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Penroc Oil Corporation
 PO Box 2769
 Hobbs, NM 88241

City, State, ZIP+4® Hobbs, NM 88241
 23925 - Permian Silver Bar WC

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

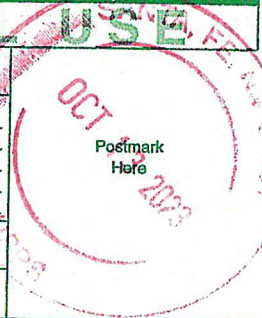
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> <p style="text-align: center;">Penroc Oil Corporation PO Box 2769 Hobbs, NM 88241</p> <p style="text-align: right; font-size: small;">23925 - Permian Silver Bar WC</p> </div> <p style="text-align: center;">9590 9402 7635 2122 6729 26</p>	<p>B. Received by (Printed Name)  C. Date of Delivery <u>10-17-23</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em;">OCT 23 2023</p> </div>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1190 4587</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <u>Santa Fe NM 87504</u> <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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



7015 1520 0000 6842 1561

Sent To
 Street and Apt. No., or PO Box No. Pregler Oil Company, LLC
 PO Box 1722
 Tulsa, OK 74101
 City, State, ZIP+4® 23925 - Permian Silver Bar WC

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:

Pregler Oil Company, LLC
 PO Box 1722
 Tulsa, OK 74101
 23925 - Permian Silver Bar WC

9590 9402 7635 2122 6728 27

2. Article Number (Transfer from service label)
 7015 1520 0000 6842 1561

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

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

RECEIVED
 OCT 17 2023
 OCT 23 2023

3. Service Type *Hinkle Shanor LLP* Priority Mail Express®
 Adult Signature *Registered Mail 8750* Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® *74103* Certified Mail Restricted Delivery
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

7022 1670 0002 1190 4648

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Robert and Maxine Hannifin Trust
 702 W Ellis St
 Llano, TX 78643
 23925 - Permian Silver Bar WC

Postmark Here
 OCT 13 2023

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Linda Hannifin</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Linda Hannifin</i></p> <p>C. Date of Delivery <i>10-16-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 19 2023</p>
<p>1. Article Addressed to:</p> <p>Robert and Maxine Hannifin Trust 702 W Ellis St Llano, TX 78643 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6728 65</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1190 4648</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

7015 1520 0000 6842 1318

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



Postage	\$
Total Postage and Fees	\$

Sent To	Rockport Oil and Gas, LLC
Street and Apt. No., or PO Box No.	PO Box 19567
City, State, ZIP+4®	Houston, TX 77224-9567 23925 - Permian Silver Bar WC

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:

Rockport Oil and Gas, LLC
PO Box 19567
Houston, TX 77224-9567

23925 - Permian Silver Bar WC



9590 9402 7635 2122 6728 03

2.
70

PS Form 3800, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) *M. [Signature]*

C. Date of Delivery *10-19-23*

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

RECEIVED

OCT 26 2023

3. Service Type

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

Hinkle Shanor LLP
Sandra E. Shaw 67504

Basic Return Receipt

7022 1670 0002 1190 4631

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. States Royalty Limited Partnership
300 N. Breckenridge Ave
Breckenridge, TX 76424

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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:

States Royalty Limited Partnership
300 N. Breckenridge Ave
Breckenridge, TX 76424
23925 - Permian Silver Bar WC



9590 9402 7635 2122 6728 72

2. Article Number (Transfer from service label)
7022 1670 0002 1190 4631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Marlene Litto Agent
 Addressee

B. Received by (Printed Name) *Marlene S. Litto* C. Date of Delivery *10-16-23*

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

RECEIVED

OCT 23 2023

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

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Francis G. Tracey, III
 PO Box 868
 Carlsbad, NM 88221-0868

City, State, ZIP+4® Carlsbad, NM 88221-0868
 23925 - Permian Silver Bar WC

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

7015 1520 0000 6842 1585

Postmark Here
 OCT 13 2023

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Francis G. Tracey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received-by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Francis G. Tracey, III PO Box 868 Carlsbad, NM 88221-0868 23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6728 10</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED OCT 23 2023</p>
<p>2. Article Number (Transfer from service label) 7015 1520 0000 6842 1585</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Santa Fe, NM 87504 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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

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

OFFICIAL USE

7015 1520 0000 6842 1332

Certified Mail Fee \$ _____

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

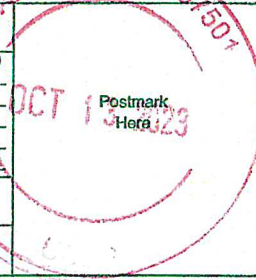
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Street and Apt. No., or PO Box No. Wallace Family Partnership, LP
508 W. Wall, Suite 1200
Midland, TX 79701

City, State, ZIP+4® 23925 - Permian Silver Bar WC

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Tracy Brown <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tracy Brown</p> <p>C. Date of Delivery 10/16/23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Wallace Family Partnership, LP 508 W. Wall, Suite 1200 Midland, TX 79701</p> <p>23925 - Permian Silver Bar WC</p> <p>9590 9402 7635 2122 6727 80</p>	<p>RECEIVED OCT 18 2023</p>
<p>2. Article Number (Transfer from service label) 7015 1520 0000 6842 1332</p>	<p>3. Service Type Hinkle Shanor LLE <input type="checkbox"/> Adult Signature Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restrict Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 1837

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

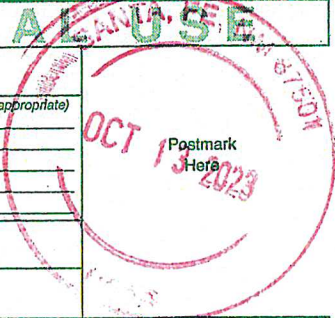
Sent To _____

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

City, State, ZIP+4® _____

Zoro Partners, Ltd.
 616 Texas Street
 Fort Worth, TX 76102
 23925 - Permian Silver Bar WC

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Cori Cuning</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Zoro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102 23925 - Permian Silver Bar WC</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p> <p>RECEIVED OCT 17 2023 BY: _____</p>
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 1837</p>	<p>3. Service Type OCT 23 2023</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7020 0090 0000 0863 1639

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 \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and A Diane Hanley, Successor Trustee	
6300 Ridglea Place Suite 1005A	
City, State, & Fort Worth, TX 76116	
23925 - Permian Silver Bar WC	

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

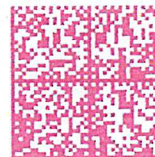
HINKLE SHANOR LLP
 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®

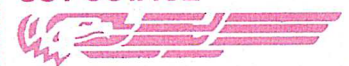


7020 0090 0000 0863 1639

FIRST-CLASS



US POSTAGE™ IMPITNEY BOWES



ZIP 87501 \$ 008.53⁰
 02 7H
 0006052409 OCT 13 2023

RECEIVED

OCT 26 2023

Hinkle Shanor LLP
 Santa Fe NM 87504

Diane Hanley, Successor Trustee
 6300 Ridglea Place Suite 1005A
 Fort Worth, TX 76116

23925 - Permian Silver Bar WC

NXTF 750 FF 1 0010/70/73

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 87504206888 *0200-0204101-101

UTF
 76116052409-1008

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

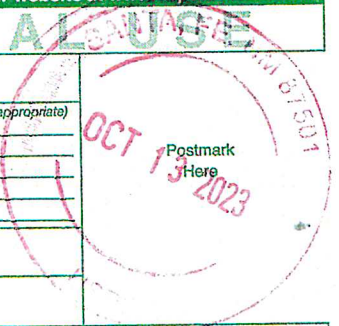
Sent To _____

Street and Apt. No., or PO Box No. _____ Lindley's Living Trust
 4200 S Hulen St #302
 Fort Worth, TX 76109

City, State, ZIP+4® _____ 23925 - Permian Silver Bar WI

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

7022 1670 0002 1190 4525



CERTIFIED MAIL®



7022 1670 0002 1190 4525

HINKLE SHANOR LLP
 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ **008.53⁰**
 02 7H
 0006052409 OCT 13 2023

RECEIVED

OCT 26 2023

Hinkle Shanor LLP
 Santa Fe NM 87504

Lindley's Living Trust
 4200 S Hulen St #302
 Fort Worth, TX 76109

FILE

NIXIE 750 FE 1 0010/20/23

RETURN TO SENDER
 ADDRESSES NOT KNOWN
 UNABLE TO FORWARD

ANK BC: 87504206808 *0260-02487-14-01

751090000-2663

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

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

OFFICIAL USE

Certified Mail Fee

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage

Total Postage and Fees

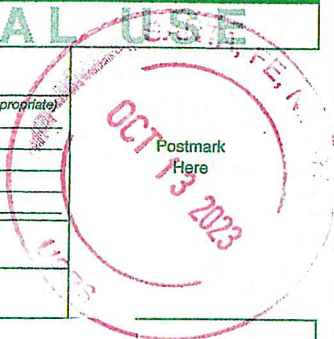
Sent To

Street and Apt. #

Centennial LLC
215 West Third Street
Roswell, NM 88201

City, State, ZIP+4

23925 - Permian Silver Bar WC



PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

7022 1670 0002 1189 5892

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211895892

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was returned to the sender on October 16, 2023 at 3:19 pm in ROSWELL, NM 88201 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert



Addressee Unknown

ROSWELL, NM 88201
October 16, 2023, 3:19 pm



Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER
October 16, 2023, 5:19 am



Arrived at USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER
October 15, 2023, 10:03 am



Departed USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 8:07 am



Arrived at USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 12:49 am

● Hide Tracking History

[What Do USPS Tracking Statuses Mean?](https://faq.usps.com/s/article/Where-is-my-package) (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1189 5830

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

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

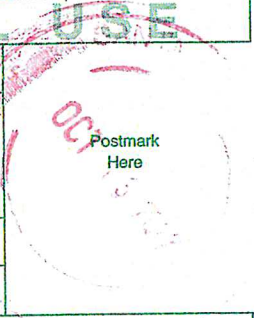
Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To

Street and Apt. Chisos, Ltd.
1331 Lamar Street Suite 1077

City, State, ZIP+4 Houston, TX 77010
23925 - Permian Silver Bar WC



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211895830

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to an individual at the address at 6:21 pm on October 19, 2023 in HOUSTON, TX 77098.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

HOUSTON, TX 77098

October 19, 2023, 6:21 pm

Departed USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

October 18, 2023, 7:46 pm

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

October 18, 2023, 9:35 am

In Transit to Next Facility

October 17, 2023

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 16, 2023, 6:49 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 12:49 am

● Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1188 6166

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

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postage

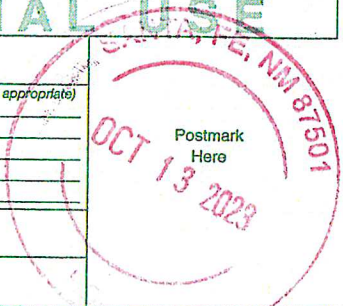
\$

Total Postage and Fees

\$

Sent To

Street and Apt. No. Robert Levers Dale and Patricia Joan
 Dale Trust
 15419 Peach Hill Rd
 City, State, ZIP+4 Saratoga, CA 95070
 23925 - Permian Silver Bar WC



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211886166

Copy

Schedule a Redelivery (<https://tools.usps.com/redelivery.htm>)

Latest Update

This is a reminder to arrange for redelivery of your item before October 30, 2023 or your item will be returned on October 31, 2023. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivery Attempt: Action Needed

Reminder to Schedule Redelivery of your item before October 30, 2023

October 21, 2023

Notice Left (No Authorized Recipient Available)

SARATOGA, CA 95070

October 16, 2023, 4:34 pm

Departed USPS Regional Facility

SAN JOSE CA DISTRIBUTION CENTER

October 15, 2023, 11:02 pm

Arrived at USPS Regional Facility

SAN JOSE CA DISTRIBUTION CENTER

October 15, 2023, 10:49 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 8:07 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 12:47 am

● Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



Schedule Redelivery



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

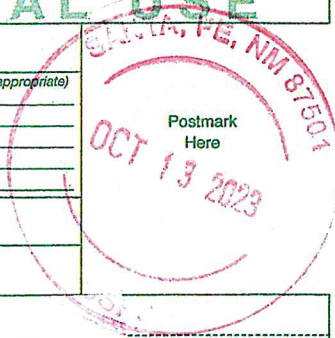
7020 0090 0000 0863 1653

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

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

OFFICIAL USE

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



Sent To	
Street and A/	Alan Hannifin 5591 Cannes Cir Apt 505 Sarasota, FL 34231
City, State, Z	23925 - Permian Silver Bar WC

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70200090000008631653

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to an individual at the address at 12:01 pm on October 24, 2023 in SARASOTA, FL 34231.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

SARASOTA, FL 34231

October 24, 2023, 12:01 pm

Reminder to Schedule Redelivery of your item

October 22, 2023

Notice Left (No Authorized Recipient Available)

SARASOTA, FL 34231

October 17, 2023, 1:36 pm

Departed USPS Regional Facility

SARASOTA FL DISTRIBUTION CENTER

October 17, 2023, 12:00 am

In Transit to Next Facility

October 16, 2023

Arrived at USPS Regional Facility

SARASOTA FL DISTRIBUTION CENTER

October 16, 2023, 8:12 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 6:11 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 12:47 am

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

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

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

OFFICIAL USE

Certified Mail Fee

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



Postage

\$
Total Postage and Fees

\$
Sent To

Street and Apt. Hanson Operating Company
PO Box 1515
City, State, ZIP: Roswell, NM 88202-1515
23925 - Permian Silver Bar WC

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

7020 0090 0000 0863 1677

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70200090000008631677

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was picked up at the post office at 10:15 am on October 17, 2023 in ROSWELL, NM 88201.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

ROSWELL, NM 88201

October 17, 2023, 10:15 am

Available for Redelivery or Pickup

ROSWELL

415 N PENNSYLVANIA AVE

ROSWELL NM 88201-9998

M-F 0830-1700; SAT 0900-1200

October 16, 2023, 11:37 am

Available for Pickup

ROSWELL

415 N PENNSYLVANIA AVE

ROSWELL NM 88201-9998

M-F 0830-1700; SAT 0900-1200

October 16, 2023, 11:14 am

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

October 16, 2023, 5:19 am

Arrived at USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER
October 15, 2023, 10:03 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 8:07 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 12:47 am

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7020 0090 0000 0863 1714

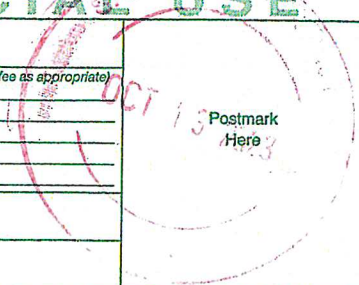
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee

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



Postage

Total Postage and Fees

Sent To

Street and T. Z. Jennings
3968 Cottonwood Ln
City, State Roswell, NM 88203
23925 - Permian Silver Bar WC

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70200090000008631714

Copy

Schedule a Redelivery (<https://tools.usps.com/redelivery.htm>)

Latest Update

This is a reminder to arrange for redelivery of your item before October 31, 2023 or your item will be returned on November 1, 2023. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivery Attempt: Action Needed

Reminder to Schedule Redelivery of your item before October 31, 2023

October 22, 2023

Available for Redelivery or Pickup

ROSWELL
415 N PENNSYLVANIA AVE
ROSWELL NM 88201-9998
M-F 0830-1700; SAT 0900-1200
October 18, 2023, 8:08 am

Notice Left (No Authorized Recipient Available)

ROSWELL, NM 88203
October 17, 2023, 11:10 am

In Transit to Next Facility

October 16, 2023

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

October 16, 2023, 1:07 pm

Arrived at USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

October 16, 2023, 9:26 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 6:26 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 12:47 am

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



Schedule Redelivery



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1190 4563

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Certified Mail Fee

\$ _____

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

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

Postage

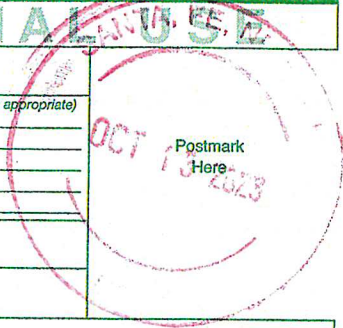
\$ _____

Total Postage and Fees

\$ _____

Sent To

Street and Apt. No., or PO Box No. Josephine T. Hudson Testamentary Trust
 PO Box 1600
 City, State, ZIP+4® San Antonio, TX 78296
 23925 - Permian Silver Bar WC



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211904563

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

October 20, 2023

Departed USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

October 16, 2023, 1:10 am

Arrived at USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

October 15, 2023, 10:53 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 8:07 am

Feedback

● **Arrived at USPS Facility**
 ALBUQUERQUE, NM 87101
 October 14, 2023, 12:49 am

● **Hide Tracking History**

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7015 1520 0000 6842 1363

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Certified Mail Fee

\$

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

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

Postage

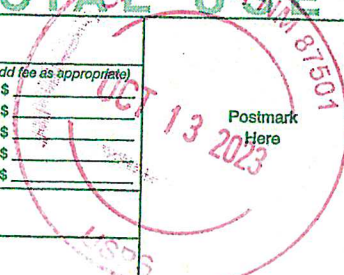
\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No. Douglas Ladson McBride, III
 1820 Bay Shore
 City, State, ZIP+4® Rockport, TX 78382
 23925 - Permian Silver Bar WC



USPS Tracking®

FAQs >

Tracking Number:

Remove X

7015152000068421363

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was picked up at the post office at 1:44 pm on October 26, 2023 in ROCKPORT, TX 78382.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

ROCKPORT, TX 78382

October 26, 2023, 1:44 pm

Reminder to Schedule Redelivery of your item

October 22, 2023

Notice Left (No Authorized Recipient Available)

ROCKPORT, TX 78382

October 17, 2023, 1:44 pm

Departed USPS Regional Facility

CORPUS CHRISTI TX DISTRIBUTION CENTER

October 17, 2023, 2:23 am

In Transit to Next Facility

October 16, 2023

Arrived at USPS Regional Facility

CORPUS CHRISTI TX DISTRIBUTION CENTER

October 16, 2023, 1:06 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 8:07 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 12:49 am

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1190 4624

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Certified Mail Fee

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

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

Postage

Total Postage and Fees



Sent To

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

Julie Scott McBride
6412 Buchanan St
Fort Collins, CO 80525
23925 - Permian Silver Bar WC

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211904624

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Moving Through Network In Transit to Next Facility

October 25, 2023

Departed USPS Regional Facility

DENVER CO DISTRIBUTION CENTER
October 21, 2023, 4:08 pm

Refused

FORT COLLINS, CO 80525
October 18, 2023, 10:31 am

Notice Left (No Authorized Recipient Available)

FORT COLLINS, CO 80525
October 17, 2023, 2:07 pm

Arrived at USPS Regional Facility

DENVER CO DISTRIBUTION CENTER
October 16, 2023, 9:42 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 8:07 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
October 14, 2023, 12:49 am

Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7022 1670 0002 1190 4662

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Certified Mail Fee
\$

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

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

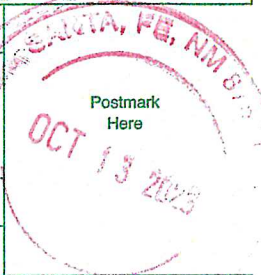
Postage
\$

Total Postage and Fees
\$

Sent To

Street and Apt. No., or PO Box No. Patrick J. Morello and Alice M. Morello Trust
2200 Riverfront Dr Apt 6208
Little Rock, AR 72202

City, State, ZIP+4® 23925 - Permian Silver Bar WC



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211904662

Copy

Schedule a Redelivery (<https://tools.usps.com/redelivery.htm>)

Latest Update

This is a reminder to arrange for redelivery of your item before October 31, 2023 or your item will be returned on November 1, 2023. You may arrange redelivery by using the Schedule a Redelivery feature on this page or may pick up the item at the Post Office indicated on the notice.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivery Attempt: Action Needed

Reminder to Schedule Redelivery of your item before October 31, 2023

October 22, 2023

Notice Left (No Secure Location Available)

LITTLE ROCK, AR 72202

October 17, 2023, 12:59 pm

Departed USPS Regional Facility

LITTLE ROCK AR DISTRIBUTION CENTER

October 17, 2023, 9:52 am

In Transit to Next Facility

October 16, 2023

Arrived at USPS Regional Facility

LITTLE ROCK AR DISTRIBUTION CENTER

October 16, 2023, 11:56 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 6:11 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 12:49 am

Hide Tracking History

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



Schedule Redelivery



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

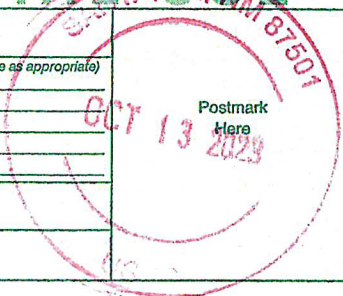
7015 1520 0000 6842 1325

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



Sent To

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

Jose E. Rodriguez
 PO Box 691284
 Houston, TX 77269

23925 - Permian Silver Bar WC

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

7015152000068421325

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was picked up at a postal facility at 1:29 pm on October 24, 2023 in HOUSTON, TX 77070.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

HOUSTON, TX 77070

October 24, 2023, 1:29 pm

In Transit to Next Facility

October 20, 2023

Departed USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

October 16, 2023, 10:36 pm

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

October 16, 2023, 11:57 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 8:07 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

October 14, 2023, 12:49 am



Hide Tracking History

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

7015 1520 0000 6842 1578

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



Sent To	
Street and Apt. No., or PO Box No	SAC Investments I, LP 1603 Oakridge Trl Bridgeport, TX 76426
City, State, ZIP+4®	23925 - Permian Silver Bar WC

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

7015152000068421578

Copy

Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was returned to the sender on October 24, 2023 at 2:33 pm in BRIDGEPORT, TX 76426 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert

Addressee Unknown

BRIDGEPORT, TX 76426
October 24, 2023, 2:33 pm

Reminder to Schedule Redelivery of your item

October 21, 2023

Notice Left (No Authorized Recipient Available)

BRIDGEPORT, TX 76426
October 16, 2023, 8:02 am

Out for Delivery

BRIDGEPORT, TX 76426
October 16, 2023, 7:13 am

Arrived at Post Office

BRIDGEPORT, TX 76426
October 16, 2023, 7:02 am

Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

- October 15, 2023, 2:25 pm
- Arrived at USPS Regional Facility**
FORT WORTH TX DISTRIBUTION CENTER
October 15, 2023, 7:32 am
- Departed USPS Facility**
ALBUQUERQUE, NM 87101
October 14, 2023, 8:07 am
- Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
October 14, 2023, 12:49 am
- Hide Tracking History**

[What Do USPS Tracking Statuses Mean? \(https://faq.usps.com/s/article/Where-is-my-package\)](https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005845139

This is not an invoice

HINKLE SHANOR, LLP
POBOX 2068

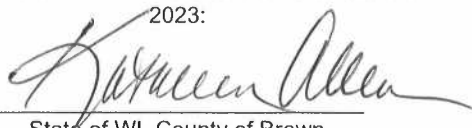
SANTA FE, NM 87504

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:

10/17/2023


Legal Clerk

Subscribed and sworn before me this October 17, 2023:



State of WI, County of Brown
NOTARY PUBLIC

1-7-25
My commission expires

This is to notify all interested parties, including 3SD Holdings, LLC; Alpha Energy Partners, LLC; Alpha Royalty Partners, LLC; Ard Oil Ltd.; Babe Development, LLC; Byron Bachschmid; Borica Oil, Inc.; L. Neil Burcham and wife (Estate of, now Dec'd); Centennial LLC; Cherokee Legacy Minerals, Ltd.; Chisos, Ltd.; Cieszinski Trust UA dated May 15, 2007; Jonathan M. Cieszinski; Collins Permian, LP; Ashley Dean Crow; Delmar Hudson Lewis Living Trust; DeVargas Street, LLC; Devon Energy Production Company, LP; Galley NM Assets, LLC; Diane Hanley, Successor Trustee; Hannifin Family Trust; Alan Hannifin; Michelle R. Hannifin; Hanson Operating Company; Hinkle Oil and Gas, Inc.; JS Pregler Land LLC; Javelina Partners; Alan Jochimsen; Joyco Investments, LLC; T. Z. Jennings; Josephine T. Hudson Testamentary Trust; KB Limited Partnership; Florence Kagan and Linda Cosmero, Co-Trustees; Kenebrew Minerals, LP; Charles J. Kinsolving; Lindley's Living Trust; The Livingston County Community Foundation; MA Pregler Investments; Douglas Ladson McBride, III; Julie Scott McBride; Sue Hanson McBride; Monty D. McLane; Patrick J. Morello and Alice M. Morello Trust; Mountain Lion Oil & Gas, LLC; Northern Oil and Gas; Penroc Oil Corporation; Pregler Oil Company, LLC; Robert and Maxine Hannifin Trust; Robert Levers Dale and Patricia Joan Dale Trust; Rockport Oil and Gas, LLC; Jose E. Rodriguez; SAC Investments I, LP; States Royalty Limited Partnership; Francis G. Tracey, III; Wallace Family Partnership, LP; Zoro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Permian Resources Operating, LLC (Case No. 23925). The hearing will be conducted remotely on November 2, 2023, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <http://ps://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests in the Wolfcamp formation underlying a 640-acre, more or less, standard horizontal spacing unit comprised of the S/2 of Sections 35 and 36, Township 19 South, Range 29 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): Silver Bar 35-36 Fed State Com 202H well, to be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the NE/4 SE/4 (Unit I) of Section 36; and Silver Bar 35-36 Fed State Com 203H well, to be drilled from a surface hole location in the SE/4 SE/4 (Unit P) of Section 34 to a bottom hole location in the SE/4 SE/4 (Unit P) of Section 36. The completed interval of the Silver Bar 35-36 Fed State Com 202H will be located within 330' of the quarter-quarter section line separating the N/2 S/2 and S/2 S/2 of Sections 35 and 36 to allow for the creation of a standard 640-acre horizontal spacing unit. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Applicant as the operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 13 miles northwest of Carlsbad, New Mexico. #0005845139, Current Argus, October 17, 2023

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005845139
PO #: Case 23925 Permian OCD
of Affidavits 1

This is not an invoice