

**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. 24004

NOTICE OF AMENDED EXHIBITS

In accordance with the Division's request at the February 15, 2024 hearing, Permian Resources Operating, LLC is providing the attached amended exhibit packet that includes a corrected Compulsory Pooling Checklist. The Compulsory Pooling Checklist has been amended to correct the surface and bottom hole location footages 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

Facsimile: (505) 982-8623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Permian Resources Operating, LLC

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing *Notice of Amended Exhibits* was sent to the following counsel of record on this 15th day of January, 2024.

Michael H. Feldewert
Adam G. Rankin
Paula M. Vance
Post Office Box 2208
Santa Fe, New Mexico 87504
(505) 988-4421
(505) 983-6043 Facsimile
mfeldewert@hollandhart.com
agrarkin@hollandhart.com
pmvance@hollandhart.com
Attorneys for MRC Permian Company

/s/ Dana S. Hardy
Dana Hardy

**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. 24004

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Mark Hajdik
A-1	Application & Proposed Notice of Hearing
A-2	C-102s
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-4	Sample Well Proposal Letter & AFEs
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Christopher Cantin
B-1	Regional Locator Map
B-2	Cross Section Location Map
B-3	Second Bone Spring Subsea Structure Map
B-4	Third Bone Spring Subsea Structure Map
B-5	Stratigraphic Cross-Section
B-6	Gun Barrel Development Plan
Exhibit C	Self-Affirmed Statement of Dana S. Hardy
C-1	Notice Letters 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 for November 21, 2023

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

Case: 24004	APPLICANT'S RESPONSE
Hearing Date	February 15, 2024
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:	MRC Permian Company
Well Family	Madera
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Bone Spring
Pool Name and Pool Code:	Winchester; Bone Spring, West (Code 97569)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acres
Building Blocks:	Quarter-quarter
Orientation:	East to West
Description: TRS/County	S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes
Other Situations	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	N/A
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	Madera 9 State Com #122H (API # ---) SHL: 1525' FNL & 413' FEL (Unit H), Section 9, T19S, R28E BHL: 1980' FNL & 10' FWL (Unit E), Section 8, T19S, R28E Completion Target: Second Bone Spring (7,330' TVD)

Well #2	Madera 9 State Com #132H (API # ---) SHL: 1468' FNL & 380' FEL (Unit H), Section 9, T19S, R28E BHL: 1650' FNL & 10' FWL (Unit E), Section 8, T19S, R28E Completion Target: Third Bone Spring (8,572' 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-6
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, B-4
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-5
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:	2/13/2024

**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. 24004

**SELF-AFFIRMED STATEMENT
OF MARK HAJDIK**

1. I am a landman 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. 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. Copies of Permian Resources’ 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 Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Madera 9 State Com #122H** and **Madera 9 State Com #132H** wells (“Wells”), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit E) of Section 8. The Wells will be completed in the [97569] WINCHESTER; BONE SPRING, WEST.

6. The completed intervals of the Wells will be orthodox.

**Permian Resources Operating, LLC
Case No. 24004
Exhibit A**

7. **Exhibit A-2** contains the C-102s for the Wells.

8. **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 believes it located valid addresses for them.

9. 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.

10. **Exhibit A-4** contains a sample well proposal letter and AFEs sent to working interest owners for the Wells. The estimated costs reflected on the AFEs 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.

11. 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**.

12. Permian Resources requests overhead and administrative rates of \$10,000 per month while the Wells are being drilled and \$1,000 per month while the Wells are producing. These rates are fair and are comparable to the rates charged by Permian and other operators in the vicinity.

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

14. 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.

15. 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

12/19/23

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. 24004

APPLICATION

Pursuant to NMSA § 70-2-17, Permian Resources Operating, LLC (“Applicant”) (OGRID No. 372165) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 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 **Madera 9 State Com #122H** well and **Madera 9 State Com #132H** well (“Wells”), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the NW/4 SW/4 (Unit E) of Section 8.
3. The completed intervals of the Wells will be orthodox.
4. 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.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**Permian Resources Operating, LLC
Case No. 24004
Exhibit A-1**

6. 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 December 7, 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 Permian Resources Operating, LLC 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 Permian Resources Operating, LLC 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 Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Madera 9 State Com #122H** and the **Madera 9 State Com #132H** wells ("Wells"), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the SW/4 NW/4 (Unit E) of Section 8. The completed interval of the Wells will be orthodox. 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 operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

AMENDED REPORT

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

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.

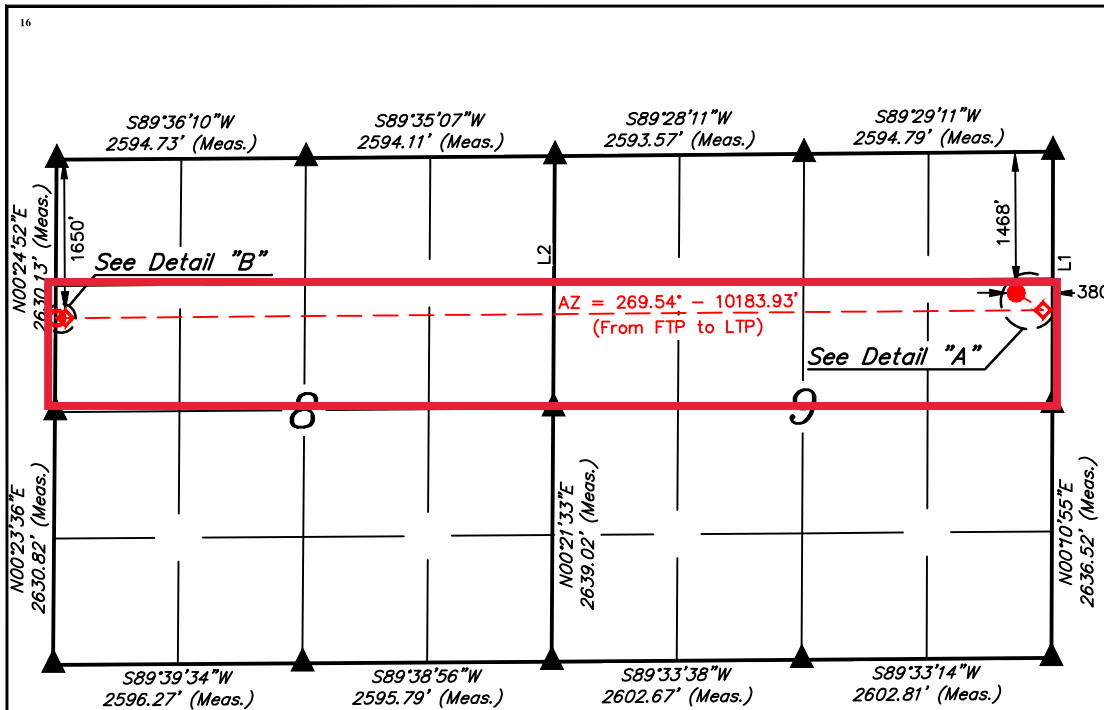
Surface Location

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. Includes sub-tables for Dedicated Acres, Joint or Infill, Consolidation Code, Order No.

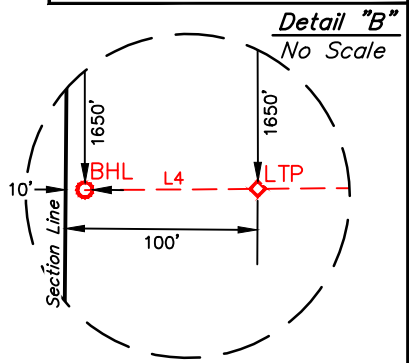
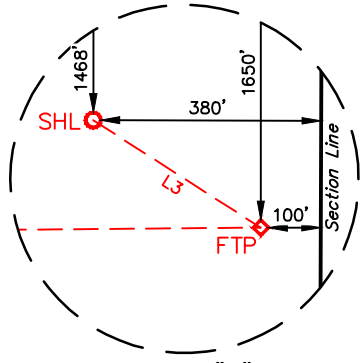
No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



LINE TABLE with columns: LINE, DIRECTION, LENGTH. Lists lines L1 and L2.

WELL BORE LINE TABLE with columns: LINE, DIRECTION, LENGTH. Lists lines L3 and L4.

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



OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief...

Ashley Brown
Printed Name
ashley.brown@permianres.com
E-mail Address

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...

July 10, 2023
Date of Survey
Signature and Seal of Professional Surveyor:



Certificate Number:

Table with 2 columns: NAD 83 (SURFACE HOLE LOCATION), NAD 83 (FIRST TAKE POINT), NAD 27 (SURFACE HOLE LOCATION), NAD 27 (FIRST TAKE POINT), STATE PLANE NAD 83 (N.M. EAST), STATE PLANE NAD 83 (N.M. WEST), STATE PLANE NAD 27 (N.M. EAST), STATE PLANE NAD 27 (N.M. WEST).



DRAWN BY: N.D.T. 07-20-23
REV: 3 01-31-24 L.T.T.
(SHL CHANGE)

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-54321		² Pool Code [97569]		³ Pool Name WINCHESTER; BONE SPRING, WEST	
⁴ Property Code 334791		⁵ Property Name MADERA 9 STATE COM		⁶ Well Number 122H	
⁷ OGRID No. 372165		⁸ Operator Name PERMIAN RESOURCES OPERATING, LLC		⁹ Elevation 3533.5'	

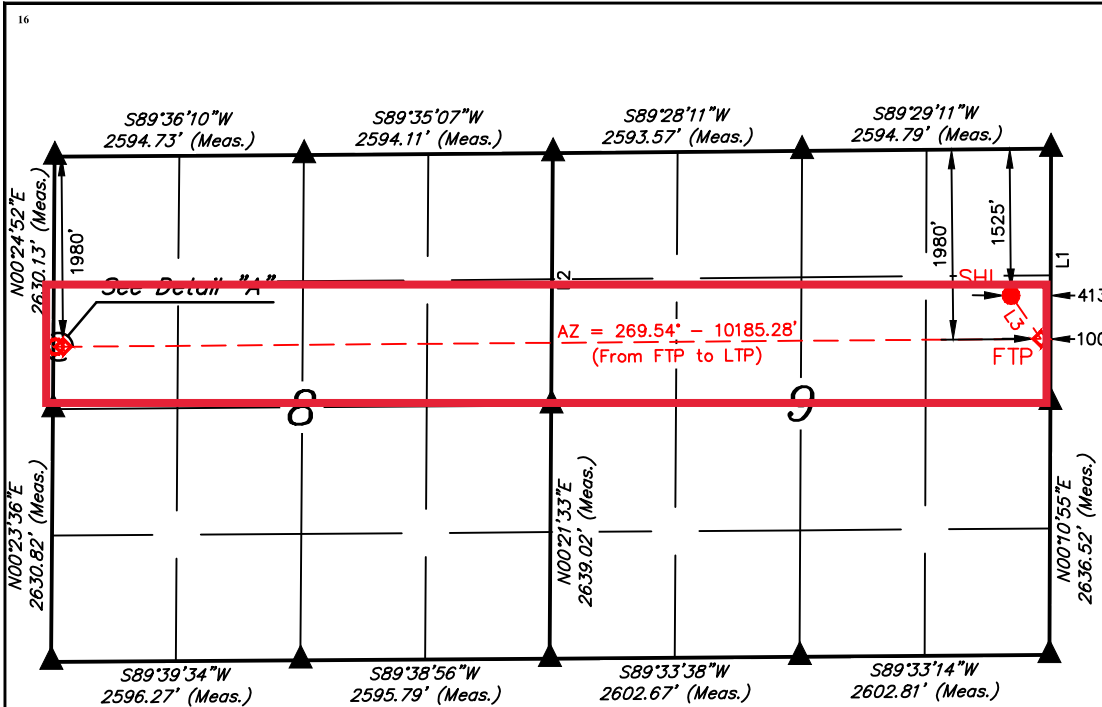
¹⁰ Surface Location

UL or lot no. H	Section 9	Township 19S	Range 28E	Lot Idn	Feet from the 1525	North/South line NORTH	Feet from the 413	East/West line EAST	County EDDY
--------------------	--------------	-----------------	--------------	---------	-----------------------	---------------------------	----------------------	------------------------	----------------

¹¹ Bottom Hole Location If Different From Surface

UL or lot no. E	Section 8	Township 19S	Range 28E	Lot Idn	Feet from the 1980	North/South line NORTH	Feet from the 10	East/West line WEST	County EDDY
¹² Dedicated Acres 320.00		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

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



LINE TABLE		
LINE	DIRECTION	LENGTH
L1	N00°10'48\"E	2636.80'
L2	N00°22'37\"E	2627.33'

WELL BORE LINE TABLE		
LINE	DIRECTION	LENGTH
L3	AZ = 145.40°	549.54'
L4	AZ = 269.60°	90.01'

NOTE:

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

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.

Ashley Brown 2/5/2024
Signature Date

Ashley Brown
Printed Name

ashley.brown@permianres.com
E-mail Address

¹⁸ SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

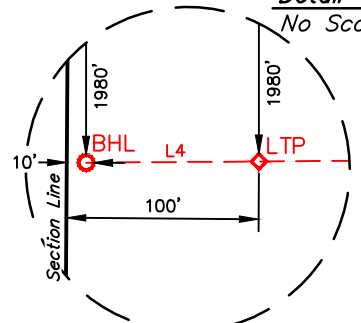
July 10, 2023
Date of Survey

Signature and Seal of Professional Surveyor:



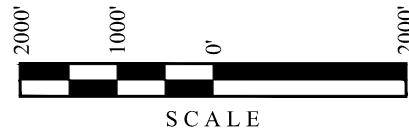
Certificate Number:

Detail "A"
No Scale



● = SURFACE HOLE LOCATION.
◆ = TAKE POINT.
○ = BOTTOM HOLE LOCATION.
▲ = SECTION CORNER LOCATED.

NAD 83 (SURFACE HOLE LOCATION) LATITUDE = 32°40'41.54\" (32.678206°) LONGITUDE = -104°10'26.08\" (-104.173912°)	NAD 83 (FIRST TAKE POINT) LATITUDE = 32°40'37.07\" (32.676965°) LONGITUDE = -104°10'22.42\" (-104.172894°)
NAD 27 (SURFACE HOLE LOCATION) LATITUDE = 32°40'41.12\" (32.678089°) LONGITUDE = -104°10'24.25\" (-104.173402°)	NAD 27 (FIRST TAKE POINT) LATITUDE = 32°40'36.65\" (32.676849°) LONGITUDE = -104°10'20.58\" (-104.172384°)
STATE PLANE NAD 83 (N.M. EAST) N: 610499.30' E: 590389.13'	STATE PLANE NAD 83 (N.M. EAST) N: 610048.37' E: 590703.02'
STATE PLANE NAD 27 (N.M. EAST) N: 610437.07' E: 549209.50'	STATE PLANE NAD 27 (N.M. EAST) N: 609986.16' E: 549523.38'
NAD 83 (LAST TAKE POINT) LATITUDE = 32°40'35.97\" (32.676658°) LONGITUDE = -104°12'21.55\" (-104.205986°)	NAD 83 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'35.96\" (32.676655°) LONGITUDE = -104°12'22.60\" (-104.206279°)
NAD 27 (LAST TAKE POINT) LATITUDE = 32°40'35.55\" (32.676542°) LONGITUDE = -104°12'19.71\" (-104.205476°)	NAD 27 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'35.54\" (32.676539°) LONGITUDE = -104°12'20.77\" (-104.205769°)
STATE PLANE NAD 83 (N.M. EAST) N: 609922.76' E: 580520.87'	STATE PLANE NAD 83 (N.M. EAST) N: 609921.75' E: 580430.88'
STATE PLANE NAD 27 (N.M. EAST) N: 609860.62' E: 539341.22'	STATE PLANE NAD 27 (N.M. EAST) N: 609859.61' E: 539251.24'



DRAWN BY: N.D.T. 07-20-23
REV: 5 01-31-24 L.T.T.
(SHL & WELL BORE CHANGES)

WI OWNER - Madera 122H 132H	TRACT	NET	WI	FORCE POOL INTEREST
Colgate Production, LLC	4, 5	64.5545	20.17%	Operator
Northern Oil and Gas	4	24.7	7.72%	Yes
Santo Legado	1, 2	6.66	2.08%	Yes
MRC Delaware Resources	1, 2	8.56	2.68%	Yes
Jalapeno Corporation	1, 2	2.239	0.70%	Yes
Sharbro Energy	1, 2	15	4.69%	Yes
Yates Industries	1	1.25	0.39%	Yes
Margaret V. Dowling	1	4	1.25%	Yes
OXY USA WTP	4, 5	43.45	13.58%	Yes
Oxy Y-1	1	3.5	1.09%	Yes
Vladin	1	4.25	1.33%	Yes
Tinian Oil and Gas	1	4.25	1.33%	Yes
Occidental Permian	5	2.5	0.78%	Yes
Harvard Petroleum Corporation	5	1.25	0.39%	Yes
Roy G. Barton, Jr., as Trustee of the Roy G. Barton Trust u/t/a January 28, 1982	5	0.31248	0.10%	Yes
Anne S. Johnson	5	0.4166	0.13%	Yes
Linda E Schwartz	5	0.4166	0.13%	Yes
Slash Exploration	5	0.625	0.20%	Yes
Esther L. Kelly	5	0.3125	0.10%	Yes
Joseph J. Kelly	5	0.0781	0.02%	Yes

Parties to be pooled are highlighted in yellow.

Permian Resources Operating, LLC
Case No. 24004
Exhibit A-3

Non Darcy Oil and Gas	5	0.0781	0.02%	Yes
Coille Limited Partnership	5	0.0781	0.02%	Yes
Mary Ann Kelly Twitty	5	0.0781	0.02%	Yes
EOG Resources	1, 2, 3	100	31.25%	Yes, Subject to Letter Agreement
D2 Resources	4	2.32	0.73%	Yes
Solis Energy	4	2.32	0.73%	Yes
COG Operating	4	9.64	3.01%	Yes
ZPZ Delaware	4	7.5	2.34%	Yes
Marathon Oil Permian	2	10	3.13%	Yes
		320	100%	Yes

NMSLO Record Title
Marathon Oil Permian LLC
Contango Resources, LLC
Occidental Permian
WPX ENERGY PERMIAN, LLC.

Parties to be pooled are highlighted in yellow.





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

OFFICE 432.695.4222
FAX 432.695.4063

September 5, 2023

Via Certified Mail

BP America Production Company
501 Westlake Park Blvd.
Houston, Texas 77079

RE: Well Proposals: Madera 9 State Com #121H, 122H, 131H, 132H;

Section 8: N2
Section 9: N2
T19S-R28E, Eddy County, New Mexico
Bone Spring Formation

To Whom It May Concern:

Permian Resources Operating, LLC, as operator ("Permian"), hereby proposes the drilling and completion of the following four (4) Madera 9 State Com wells at the following approximate locations within Township 19 South, Range 28 East:

1. Madera 9 State Com #121H

SHL: 220' FEL & 1567' FNL or at a legal location of Lot H of Section 9
BHL: 10' FWL & 660' FNL of Section 8
FTP: 100' FEL & 660' FNL of Section 9
LTP: 100' FWL & 660' FSL of Section 8
TVD: 7,328'
TMD: Approximately 17,613'
Proration Unit: N/2N/2 of Sections 8 & 9
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

2. Madera 9 State Com #122H

SHL: 220' FEL & 1633' FNL or at a legal location of Lot H of Section 9
BHL: 10' FWL & 1980' FNL of Section 8
FTP: 100' FEL & 1980' FNL of Section 9
LTP: 100' FWL & 1980' FSL of Section 8
TVD: 7,330'
TMD: Approximately 17,615'
Proration Unit: S/2N/2 of Sections 8 & 9
Targeted Interval: 2nd Bone Spring
Total Cost: See attached AFE

**Permian Resources Operating, LLC
Case No. 24004
Exhibit A-4**



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

OFFICE 432.695.4222
FAX 432.695.4063

3. Madera 9 State Com #131H

SHL: 220' FEL & 1600' FNL or at a legal location of Lot H of Section 9

BHL: 10' FWL & 330' FNL of Section 8

FTP: 100' FEL & 330' FNL of Section 9

LTP: 100' FWL & 330' FNL of Section 8

TVD: 8,464'

TMD: Approximately 18,749'

Proration Unit: N/2N/2 of Sections 8 & 9

Targeted Interval: 3rd Bone Spring

Total Cost: See attached AFE

4. Madera 9 State Com #132H

SHL: 220' FEL & 1666' FNL or at a legal location of Lot H of Section 9

BHL: 10' FWL & 1650' FNL of Section 8

FTP: 100' FEL & 1650' FNL of Section 9

LTP: 100' FWL & 1650' FNL of Section 8

TVD: 8,572'

TMD: Approximately 18,857'

Proration Unit: S/2N/2 of Sections 8 & 9

Targeted Interval: 3rd Bone Spring

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 Kathryn.Hanson@permianres.com.

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.



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

OFFICE 432.695.4222
FAX 432.695.4063

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
Madera 9 State Com #121H		
Madera 9 State Com #122H		
Madera 9 State Com #131H		
Madera 9 State Com #132H		

Company / Working Interest Owner Name:

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 Resources Operating, LLC (“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.

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

v



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$2,858,239
Completion Total (\$)	\$4,164,566
Facilities Total (\$)	\$677,472
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$8,605,277

AFE Description

9500' Lateral SBSG

Property Name	Madera 9 State Com 122H	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	SBSG	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	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$349,243.75	8015.1800	IDC - FOOTAGE CONTRACT	\$.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$160,238.00	8015.1950	IDC - Lost in hole	\$.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$50,046.00
8015.2300	IDC - FUEL / POWER	\$97,125.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$9,500.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$174,332.00
8015.2600	IDC - MUD LOGGING	\$.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$14,250.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$35,328.00
8015.3700	IDC - DISPOSAL	\$105,138.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$42,750.00	8015.4300	IDC - WELLSITE SUPERVISION	\$33,250.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$9,500.00
8015.4800	IDC - OVERHEAD	\$.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$5,225.00
8015.5200	IDC - CONTINGENCY	\$88,295.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8020.1000	TDC - CASING - CONDUCTOR	\$.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$.00
8020.1400	TDC - CASING - PRODUCTION	\$571,392.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
8020.1700	TDC - PACKER/DOWNHOLE TOOLS	\$.00	8020.1800	TDC - CONTINGENCY	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8025.1000	ICC - STAKING & SURVEYING	\$.00	8025.1100	ICC - ROAD, LOCATIONS, PITS	\$10,500.00
8025.1200	ICC - COMPLETION RIG	\$.00	8025.1400	ICC - WIRELINE OPEN/CASED HOLE	\$40,000.00
8025.1500	ICC - FUEL / POWER	\$403,232.00	8025.1600	ICC - COILED TUBING	\$247,690.00

8025.1700	ICC - CEMENTING & SERVICES	\$.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$517,197.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,769,259.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$135,902.00
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$.00
8025.3300	ICC - COMMUNICATIONS	\$.00	8025.3400	ICC - RENTAL EQUIPMENT	\$178,376.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00	8025.4200	ICC - CONTINGENCY	\$.00
8025.3050	ICC - SOURCE WATER	\$220,550.00	8025.4400	ICC - COMPANY LABOR	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$.00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$.00
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00	8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2500	FAC - CONSULTING SERVICES	\$.00	8035.2600	FAC - INJECTION PUMP	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00	8035.3500	FAC - COMPRESSOR	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$.00
8035.4300	FAC - INSURANCE	\$.00	8035.1310	FAC - PERMANENT EASEMENT	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00	8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PERMANENT EASEMENT	\$.00	8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00	8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00	8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00	8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2400	PLN - SUPERVISION	\$.00	8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2700	PLN - PIPELINE	\$.00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$.00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3300	PLN - PUMP	\$.00	8036.3400	PLN - METER	\$.00
8036.3500	PLN - COMPRESSOR	\$.00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.3700	PLN - AUTOMATION	\$.00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4300	PLN - INSURANCE	\$.00	8036.4400	PLN - COMPANY LABOR	\$.00
8036.4500	PLN - CONTINGENCY	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00	8040.1500	IFC - FUEL / POWER	\$.00
8040.1600	IFC - COILED TUBING	\$.00	8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRAC TREE REPAIR	\$.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$.00	8040.4400	IFC - COMPANY LABOR	\$.00
8040.4500	IFC - SWABBING	\$.00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS / SURFACE LIFT EQUIPMENT	\$.00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$.00	8045.4400	TFC - COMPANY LABOR	\$.00



Authorization for Expenditure

AFE Number	-
Drilling Total (\$)	\$3,377,486
Completion Total (\$)	\$4,078,820
Facilities Total (\$)	\$677,472
Flowback Total (\$)	\$905,000
AFE Total (\$)	\$9,038,778

AFE Description

9500' Lateral SBSG

Property Name	Madera 9 State Com 132H	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	TBSG	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	\$85,000.00
8015.1500	IDC - RIG MOB / TRUCKING	\$79,687.50	8015.1600	IDC - RIG MOB / STANDBY RATE	\$34,600.00
8015.1700	IDC - DAYWORK CONTRACT	\$551,437.00	8015.1800	IDC - FOOTAGE CONTRACT	\$0.00
8015.1900	IDC - DIRECTNL DRILL & SURVEY	\$253,007.00	8015.1950	IDC - Lost in hole	\$0.00
8015.2000	IDC - CONDUCTOR HOLE & SERVICE	\$53,125.00	8015.2100	IDC - WIRELINE SVCS CASED&OPEN	\$0.00
8015.2150	IDC - Drill Bit	\$98,000.00	8015.2200	IDC - TOOLS, STABILIZERS	\$52,546.00
8015.2300	IDC - FUEL / POWER	\$153,398.00	8015.2350	IDC - Fuel/Mud	\$70,546.00
8015.2400	IDC - RIG WATER	\$15,000.00	8015.2500	IDC - MUD/CHEMICALS/ACIDIZING	\$183,629.00
8015.2600	IDC - MUD LOGGING	\$0.00	8015.2700	IDC - INSPECTION, TESTING & REPAIR	\$55,000.00
8015.2800	IDC - CORE ANALYSIS	\$0.00	8015.2900	IDC - OPEN/CASED HOLE LOGGING	\$0.00
8015.3000	IDC - CEMENT SERV/FLOAT EQUIP	\$143,200.00	8015.3100	IDC - CASING CREW & TOOLS	\$37,500.00
8015.3200	IDC - CONTRACT LABOR/ROUSTABOUT	\$55,000.00	8015.3400	IDC - MATERIALS & SUPPLIES	\$5,000.00
8015.3500	IDC - TRUCKING/VACUUM/ TRANSP	\$22,500.00	8015.3600	IDC - SOLIDS CONTROL/ CLOSED LOOP SYSTEM	\$55,781.00
8015.3700	IDC - DISPOSAL	\$112,638.00	8015.3800	IDC - WELLHEAD PREPARE/REPAIR	\$12,500.00
8015.3900	IDC - FISHING TOOLS & SERVICES	\$0.00	8015.4100	IDC - RENTAL EQUIPMENT	\$38,000.00
8015.4200	IDC - MANCAMP	\$52,500.00	8015.4300	IDC - WELLSITE SUPERVISION	\$90,000.00
8015.4400	IDC - SUPERVISION/ENGINEERING	\$0.00	8015.4600	IDC - SAFETY / ENVIRONMENTAL	\$15,000.00
8015.4800	IDC - OVERHEAD	\$0.00	8015.5000	IDC - WELL CONTROL INSURANCE	\$8,250.00
8015.5200	IDC - CONTINGENCY	\$110,355.00			
Account Description Total (\$)			Account Description Total (\$)		
8020.1000	TDC - CASING - CONDUCTOR	\$0.00	8020.1100	TDC - CASING - SURFACE	\$29,482.00
8020.1200	TDC - CASING - INTERMEDIATE - 1	\$138,902.00	8020.1300	TDC - CASING - INTERMEDIATE 2	\$0.00
8020.1400	TDC - CASING - PRODUCTION	\$612,152.00	8020.1500	TDC - WELLHEAD EQUIPMENT	\$63,750.00
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	\$370,770.00	8025.1600	ICC - COILED TUBING	\$224,298.00

8025.1700	ICC - CEMENTING & SERVICES	\$.00	8025.1800	ICC - WATER DISPOSAL/VACUUM TRUCK	\$19,478.00
8025.1900	ICC - INSPECTION & TESTING	\$.00	8025.2000	ICC - TRUCKING	\$14,375.00
8025.2200	ICC - ELECTRIC LOGGING / PERFORATING	\$432,705.00	8025.2300	ICC - COMPLETION FLUIDS	\$10,000.00
8025.2400	ICC - CASING CREW AND TOOLS	\$.00	8025.2500	ICC - WELL STIMULATION/FRACTUR	\$1,904,264.00
8025.2600	ICC - CONTRACT LABOR/ROUSTABOUT	\$15,000.00	8025.3000	ICC - WATER HANDLING	\$116,364.00
8025.3100	ICC - WELLHEAD/FRACTURE REPAIR	\$40,000.00	8025.3200	ICC - FISHING TOOLS & SERVICES	\$.00
8025.3300	ICC - COMMUNICATIONS	\$.00	8025.3400	ICC - RENTAL EQUIPMENT	\$164,511.00
8025.3500	ICC - WELLSITE SUPERVISION	\$465,757.00	8025.3600	ICC - SUPERVISION/ENGINEERING	\$5,000.00
8025.3700	ICC - SAFETY / ENVIRONMENTAL	\$15,000.00	8025.3800	ICC - OVERHEAD	\$10,000.00
8025.4000	ICC - WELL CONTROL INSURANCE	\$.00	8025.4200	ICC - CONTINGENCY	\$.00
8025.3050	ICC - SOURCE WATER	\$173,548.00	8025.4400	ICC - COMPANY LABOR	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8030.1000	TCC - CASING - PRODUCTION		8030.1600	TCC - PROD LINER & EQUIPMENT	
8030.1700	TCC - PACKER/DOWNHOLE TOOLS		8030.2000	TCC - WELLHEAD EQUIPMENT	\$47,250.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8035.1400	FAC - ROAD LOCATIONS PITS	\$29,000.00	8035.1600	FAC - TRANSPORTATION TRUCKING	\$5,000.00
8035.2200	FAC - CONTRACT LABOR / ROUSTAB	\$86,666.00	8035.2400	FAC - SUPERVISION	\$5,833.33
8035.2700	FAC - P-LINE F-LINE LINEPIPE	\$.00	8035.2900	FAC - TANK BATTERY	\$96,666.00
8035.3000	FAC - HEATER TREATER/SEPERATOR	\$135,608.33	8035.3200	FAC - VALVES FITTINGS & PIPE	\$108,333.33
8035.3300	FAC - CIRCULATING TRNSFER PUMP	\$7,500.00	8035.3400	FAC - METER & LACT	\$34,466.00
8035.3600	FAC - ELECTRICAL	\$41,666.00	8035.3700	FAC - COMM TELEMETRY & AUTOMAT	\$55,000.00
8035.3800	FAC - FLARE/COMBUSTER	\$15,833.33	8035.4500	FAC - CONTINGENCY	\$.00
8035.1300	FAC - SURFACE DAMAGE / ROW	\$5,000.00	8035.1500	FAC - MATERIALS & SUPPLIES	\$.00
8035.1700	FAC - RENTAL EQUIPMENT	\$4,166.67	8035.1800	FAC - FUEL / POWER	\$.00
8035.1900	FAC - WATER DISPOSAL / SWD	\$.00	8035.2000	FAC - WASTE DISPOSAL	\$.00
8035.2100	FAC - INSPECTION & TESTING	\$1,000.00	8035.2300	FAC - FRAC TANK RENTAL	\$.00
8035.2500	FAC - CONSULTING SERVICES	\$.00	8035.2600	FAC - INJECTION PUMP	\$.00
8035.3100	FAC - DEHYDRATOR EQUIPMENT	\$.00	8035.3500	FAC - COMPRESSOR	\$.00
8035.4000	FAC - SAFETY / ENVIRONMENTAL	\$733.33	8035.4100	FAC - OVERHEAD	\$.00
8035.4300	FAC - INSURANCE	\$.00	8035.1310	FAC - PERMANENT EASEMENT	\$.00
8035.4400	FAC - COMPANY LABOR	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8036.1000	PLN - PERMITS LICENSES ETC	\$.00	8036.1100	PLN - STAKING & SURVEYING	\$.00
8036.1200	PLN - LEGAL TITLE SERVICES	\$.00	8036.1300	PLN - SURFACE DAMAGE / ROW	\$5,000.00
8036.1310	PLN - PERMANENT EASEMENT	\$.00	8036.1400	PLN - ROAD LOCATIONS PITS	\$.00
8036.1500	PLN - MATERIALS & SUPPLIES	\$.00	8036.1600	PLN - TRANSPORTATION TRUCKING	\$.00
8036.1700	PLN - RENTAL EQUIPMENT	\$.00	8036.1900	PLN - WATER DISPOSAL / SWD	\$.00
8036.2000	PLN - WASTE DISPOSAL	\$.00	8036.2100	PLN - INSPECTION & TESTING	\$.00
8036.2200	PLN - CONTRACT LABOR	\$.00	8036.2300	PLN - FRAC TANK RENTAL	\$.00
8036.2400	PLN - SUPERVISION	\$.00	8036.2500	PLN - CONSULTING SERVICES	\$.00
8036.2700	PLN - PIPELINE	\$.00	8036.2800	PLN - FLOWLINE	\$40,000.00
8036.2900	PLN - TANK BATTERY	\$.00	8036.3000	PLN - SEPARATOR / SCRUBBER	\$.00
8036.3100	PLN - TREATING EQUIPMENT	\$.00	8036.3200	PLN - VALVES FITTINGS & PIPE	\$.00
8036.3300	PLN - PUMP	\$.00	8036.3400	PLN - METER	\$.00
8036.3500	PLN - COMPRESSOR	\$.00	8036.3600	PLN - ELECTRICAL SUPPLIES	\$.00
8036.3610	PLN - POWER DISTRIBUTION MATERIAL	\$.00	8036.3620	PLN - POWER DISTRIBUTION LABOR	\$.00
8036.3700	PLN - AUTOMATION	\$.00	8036.4000	PLN - SAFETY / ENVIRONMENTAL	\$.00
8036.4300	PLN - INSURANCE	\$.00	8036.4400	PLN - COMPANY LABOR	\$.00
8036.4500	PLN - CONTINGENCY	\$.00			
Account	Description	Total (\$)	Account	Description	Total (\$)
8040.1100	IFC - ROADS LOCATIONS / PITS	\$.00	8040.1200	IFC - COMPLETION RIG	\$30,000.00
8040.1400	IFC - WIRELINE OPEN/CASED HOLE	\$.00	8040.1500	IFC - FUEL / POWER	\$.00
8040.1600	IFC - COILED TUBING	\$.00	8040.1700	IFC - CEMENTING & SERVICES	\$.00
8040.1899	IFC - FRAC WATER RECOVERY	\$250,000.00	8040.1900	IFC - INSPECTION & TESTING	\$5,000.00
8040.2000	IFC - TRUCKING/VACUUM/TRANSP	\$20,000.00	8040.2200	IFC - ELECTRIC LOGGING/PERFORATING	\$.00
8040.2300	IFC - COMPLETION FLUID	\$20,000.00	8040.2400	IFC - CASING CREW AND TOOLS	\$.00
8040.2600	IFC - CONTRACT LABOR/ROUSTABOUT	\$20,000.00	8040.2800	IFC - MATERIAL & SUPPLIES	\$.00
8040.2900	IFC - WELL TESTING / FLOWBACK	\$150,000.00	8040.3100	IFC - WELLHEAD/FRACTURE TREE REPAIR	\$.00
8040.3200	IFC - FISHING TOOLS & SERVICES	\$.00	8040.3400	IFC - RENTAL EQUIPMENT	\$50,000.00
8040.3500	IFC - WELLSITE SUPERVISION	\$20,000.00	8040.3700	IFC - SAFETY / ENVIRONMENTAL	\$5,000.00
8040.4200	IFC - CONTINGENCY	\$.00	8040.4400	IFC - COMPANY LABOR	\$.00
8040.4500	IFC - SWABBING	\$.00	8040.2500	IFC - WELL STIMULATION/FRACTURE	\$.00
Account	Description	Total (\$)	Account	Description	Total (\$)
8045.1100	TFC - TUBING	\$120,000.00	8045.1200	TFC - SUCKER RODS & ACCESSORY	\$.00
8045.1300	TFC - DOWNHOLE ARTIFICIAL LIFT EQPT	\$25,000.00	8045.1500	TFC - SUBSURFACE PUMPS	\$.00
8045.1600	TFC - PROD LINER & EQUIPMENT	\$.00	8045.1700	TFC - PACKER/DOWNHOLE TOOLS	\$10,000.00
8045.1900	TFC - PUMPING UNITS /SURFACE LIFT EQUIPMENT	\$.00	8045.2000	TFC - WELLHEAD EQUIPMENT	\$40,000.00
8045.2500	TFC - VALVES / CONNECTIONS / FITINGS	\$80,000.00	8045.3100	TFC - MEASUREMENT EQUIPMENT	\$30,000.00
8045.3200	TFC - COMM, TELEMETRY & AUTOMATION	\$.00	8045.3400	TFC - CONTRACTOR LABOR INSTALL	\$30,000.00
8045.3500	TFC - CONTINGENCY	\$.00	8045.4400	TFC - COMPANY LABOR	\$.00

Communication Timeline

October 2023 – Well proposals sent for Madera 9 State Com wells

October - Present 2023 – Ongoing discussions of trade proposals and other deal structures to acquire certain party's interest in the wells

December 2023 – agreed with Apache/ZPZ to execute a pre pooling letter to allow their interest to be force pooled / agreed to execute a JOA with COG/Conoco to govern their interest in the unit

December 2023 – Several parties plan to execute a JOA vs being subject to the pooling order

December 2023 – As of this date a number of the parties have not reached final resolution with participation nor have the deals to acquire finalized

**Permian Resources Operating, LLC
Case No. 24004
Exhibit A-5**

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

APPLICATION OF COLGATE PRODUCTION, LLC
FOR COMPULSORY POOLING AND APPROVAL
OF A STANDARD SPACING UNIT,
EDDY COUNTY, NEW MEXICO.

CASE NOS. 24003 & 24004

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. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in geology were accepted and made a matter of record.

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

3. **Exhibit B-1** is a regional locator map that identifies the Madera project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing units that are the subject of this application.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing units (“Units”) within the Bone Spring formation. The approximate wellbore paths for the proposed **Madera 9 State Com #121H, Madera 9 State Com #131H, Madera 9 State Com #122H, Madera 9 State Com #132H** wells (“Wells”) are 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. The pooling units area is defined by blue boxes and are labeled with their respective case numbers.

Permian Resources Operating, LLC
Case No. 24004
Exhibit B

5. **Exhibit B-3** is a Subsea Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the proposed Wells with a orange 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 stars. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** is a Subsea Structure map on the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the proposed Wells with a red 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 stars. The map demonstrates the formation is gently dipping to the east-southeast in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

7. **Exhibit B-5** 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 zones for the Wells are labeled on the exhibit. The approximate well-paths for the proposed Wells are indicated by dashed lines with arrows indicating the drill direction across the unit. This cross-section demonstrates the target intervals are continuous across the Unit.

8. **Exhibit B-6** is a gun barrel diagram that shows the proposed Wells in the Bone Spring formation.


9. In my opinion, a laydown orientation for the Wells 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.

10. 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.

11. In my opinion, the granting of Colgate's application will serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

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

13. 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

12/18/2023
Date

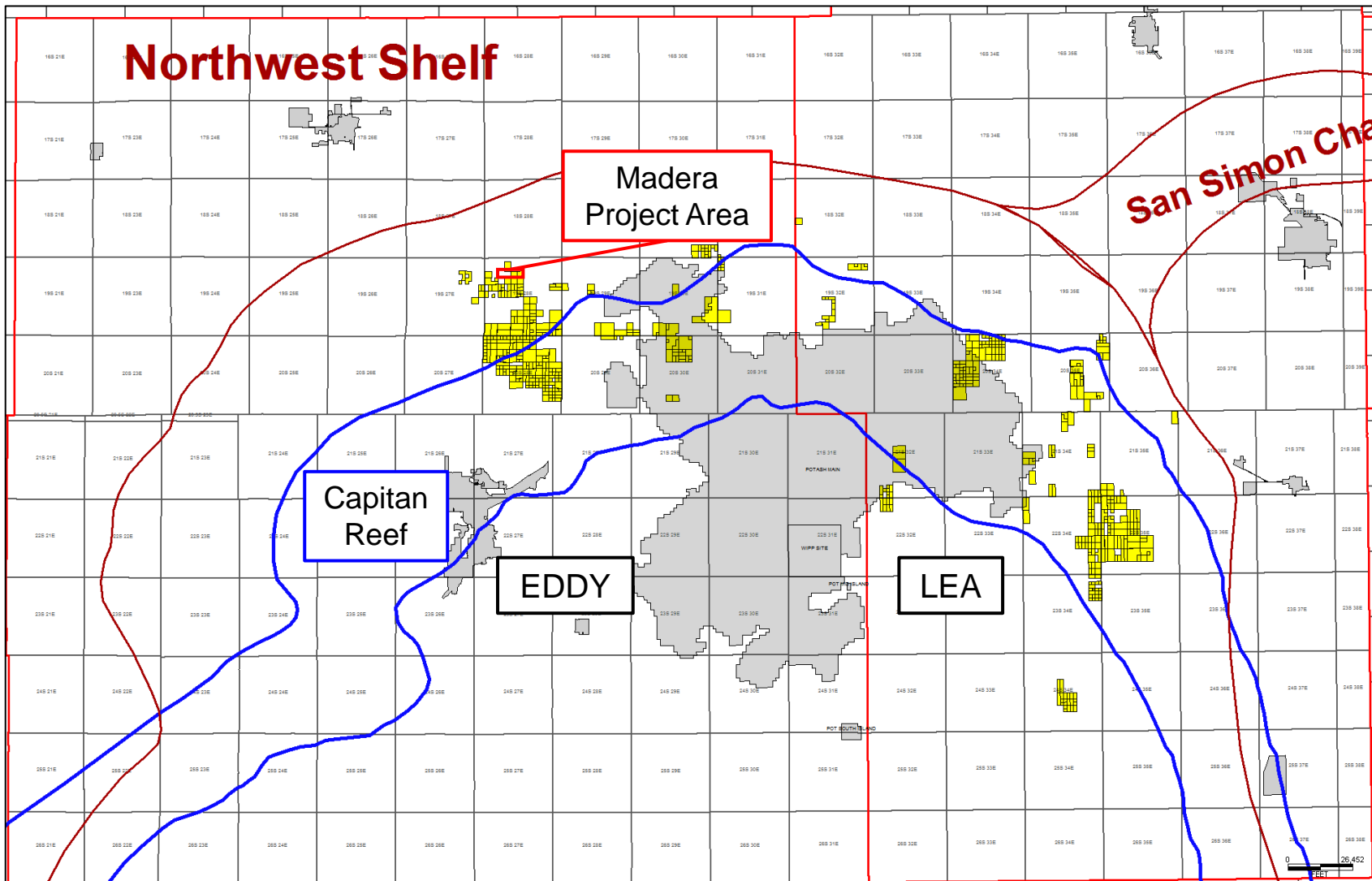
Regional Locator Map

Klondike 9 State Com

Case No. 24004

Exhibit B-1

Exhibit B-1



Permian Resources

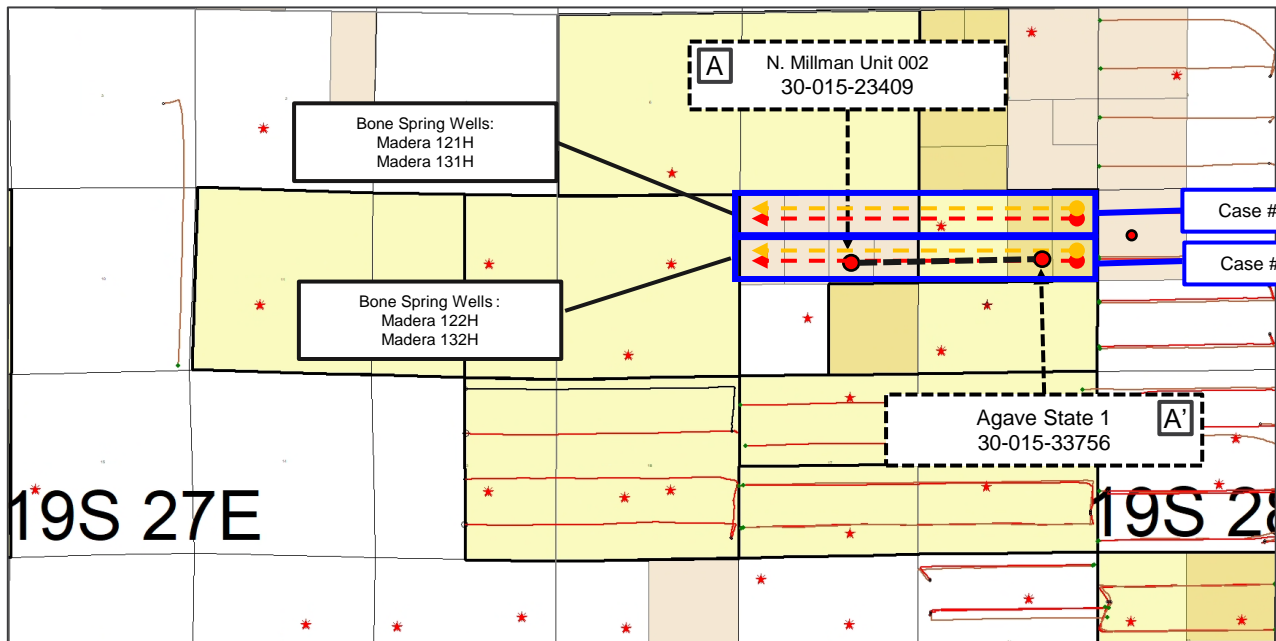
Cross-Section Locator Map

Madera 9 State Com

Case No. 24004

Exhibit B-2

Exhibit B-2



Approximate Wellbore paths

SBSG
BHL

TBSG
BHL

Producing Wells

SBSG
BHL

TBSG
BHL

Control Wells



Permian Resources



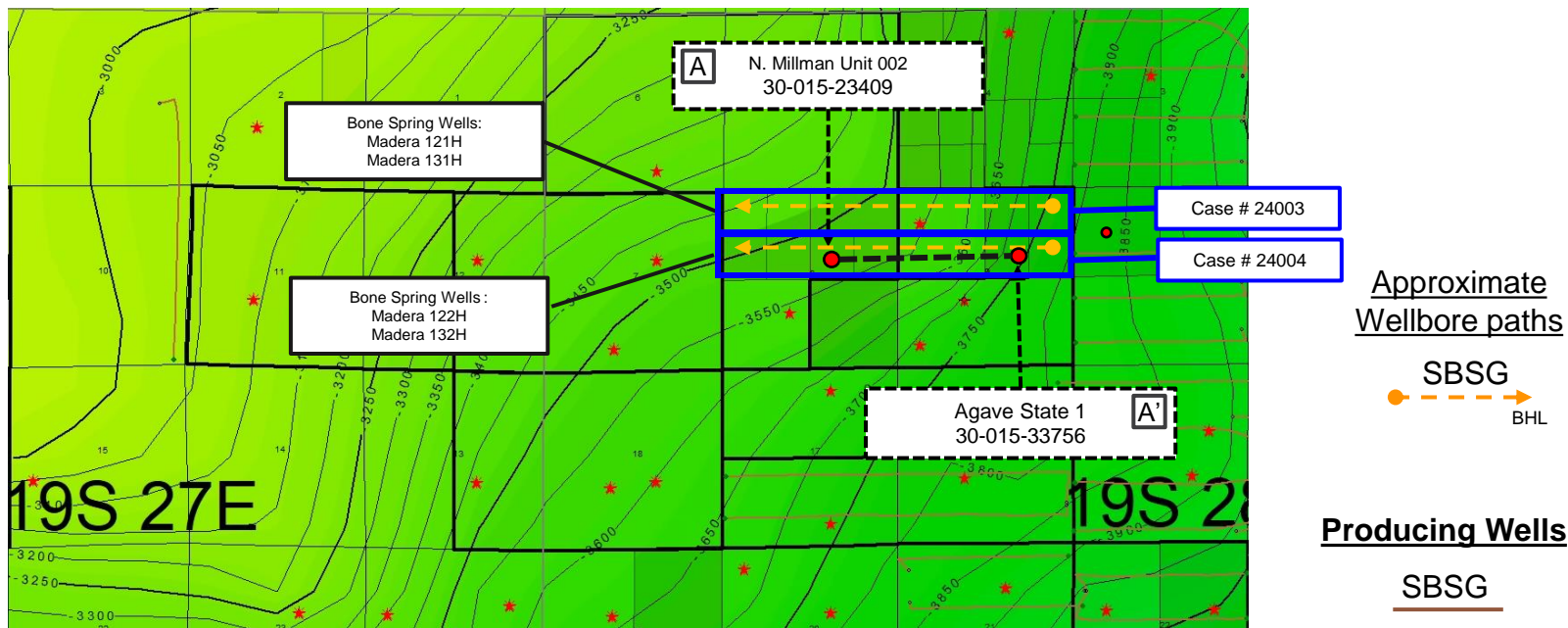
Base Second Bone Spring– Structure Map (50' CI)

Madera 9 State Com

Case No. 24004

Exhibit B-3

Exhibit B-3



Permian Resources



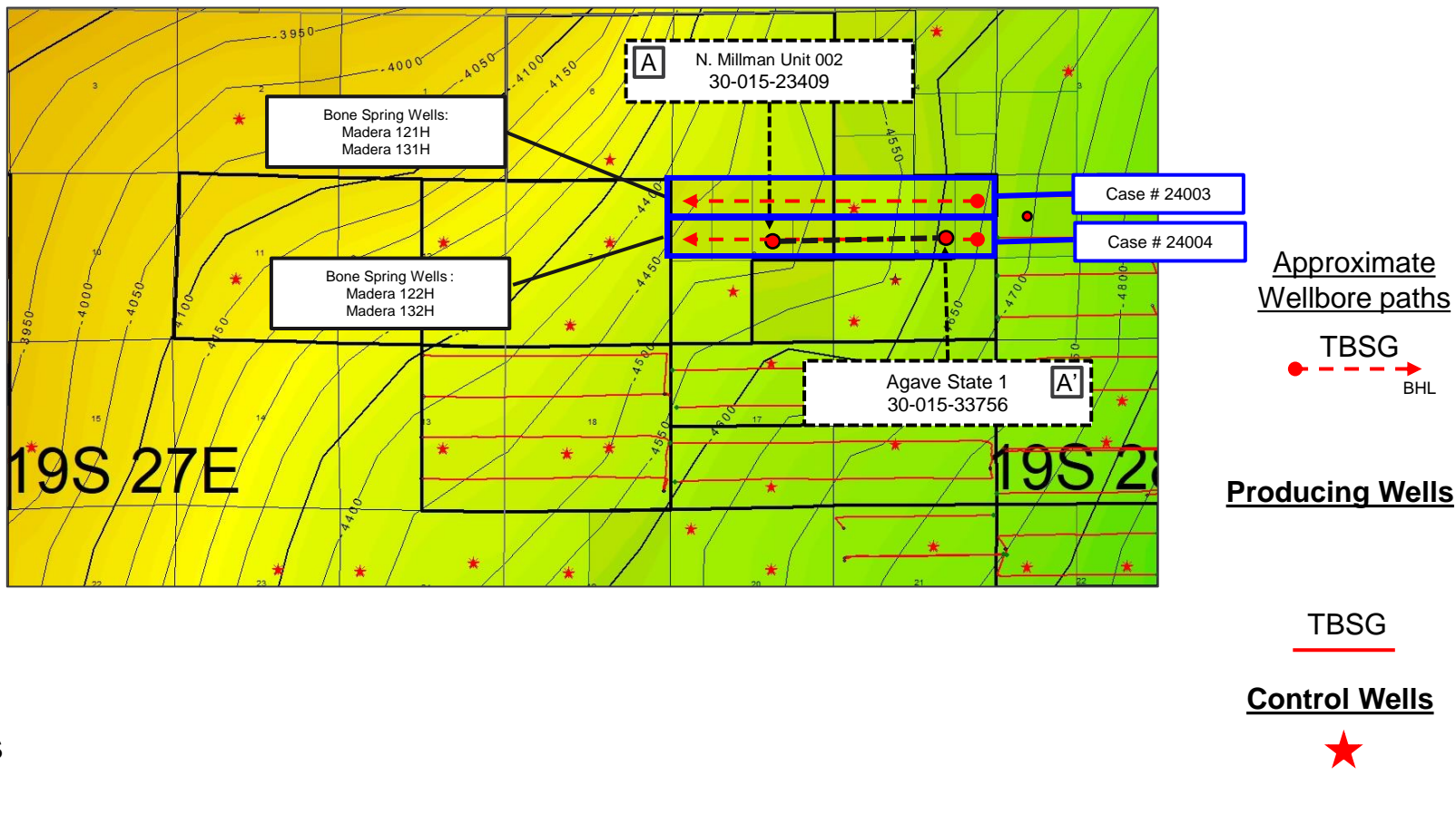
Top Third Bone Spring– Structure Map (50' C.I.)

Madera 9 State Com

Case No. 24004

Exhibit B-4

Exhibit B-4



Permian Resources



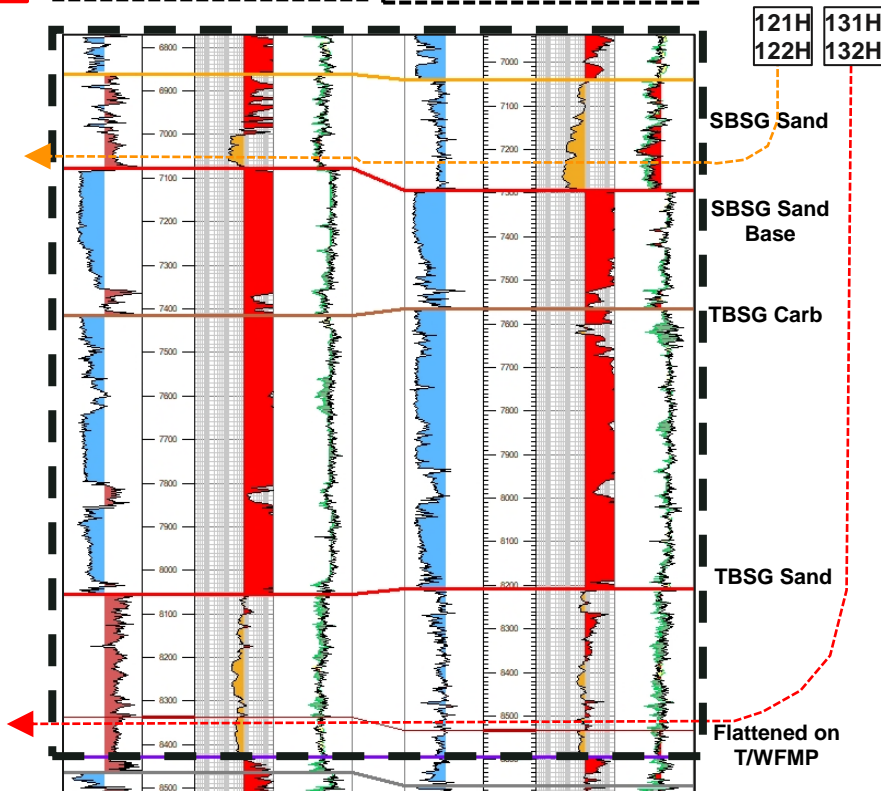
Stratigraphic Cross-Section A-A'

Madera 9 State Com

Case No. 24004

Exhibit B-5

Exhibit B-5



Approximate Wellbore paths

SBSG →

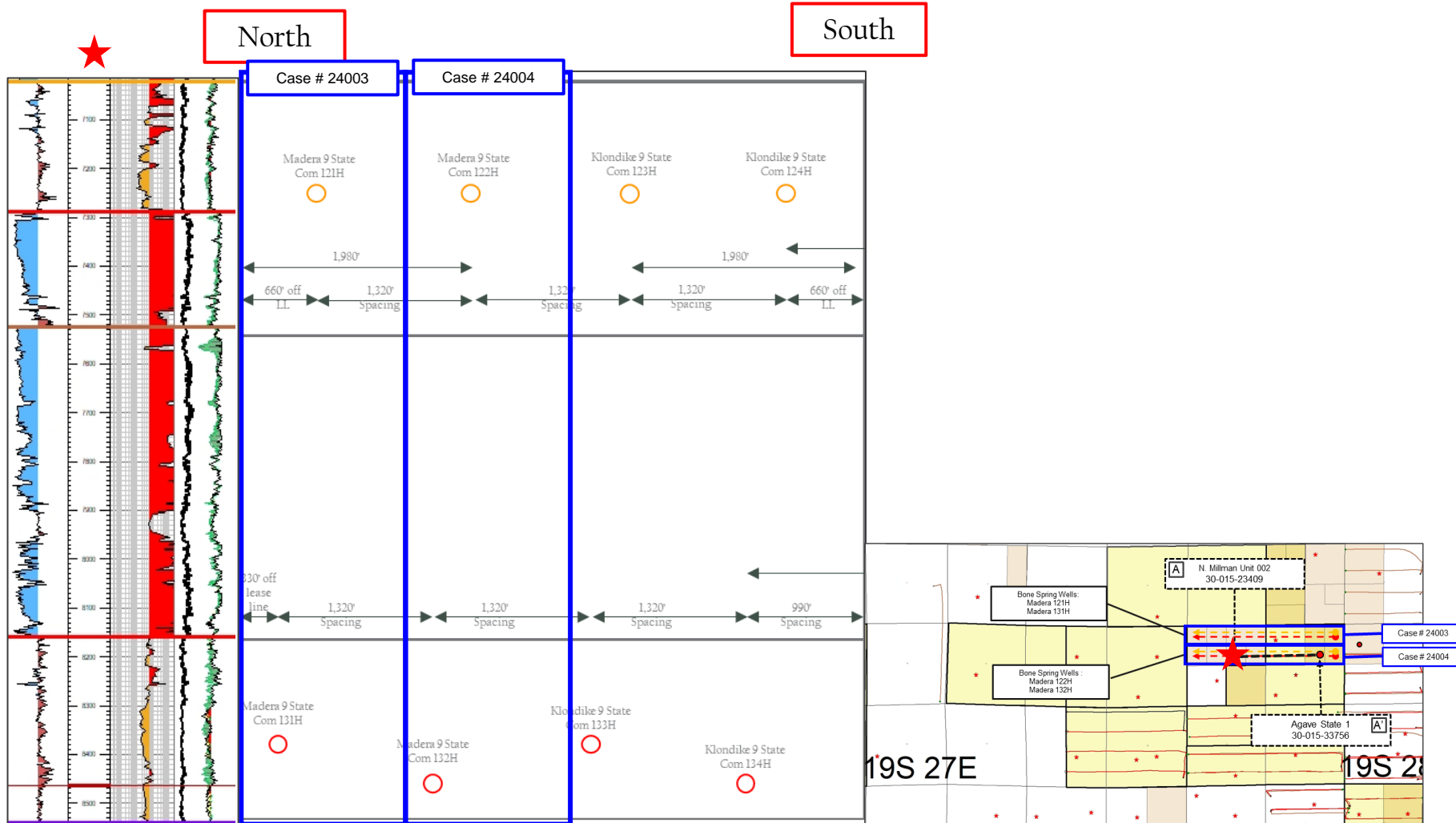
TBSG →

Pooled Interval

Gun Barrel Development Plan Madera 9 State Com

Permian Resources Operating, LLC
Case No. 24004
Exhibit B-6

Exhibit B-6



**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. 24004

**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 January 3, 2024, 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

January 26, 2024
Date

**Permian Resources Operating, LLC
Case No. 24004
Exhibit C**



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

November 17, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24003 & 24004 – Applications 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 applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **December 7, 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

Permian Resources Operating, LLC
Case No. 24004
Exhibit C-1

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



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

December 29, 2023

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24003 & 24004 – Applications 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 applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **January 4, 2024**, 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**

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Andersen-Malone, LLC 128 W 2nd St Roswell, NM 88201	12/28/23	01/18/24 Return to sender.
Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185	11/17/23	11/27/23
BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079	11/17/23	11/28/23
Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust 1919 North Turner Street Hobbs, New Mexico 88240	11/17/23	11/27/23
Bean Family Limited Company 2303 Sallee Loop Roswell, NM 88201-6408	11/17/23	12/11/23 Return to sender.
Bean Family Limited Company 803 Ulysses Dr Ballston Spa, NY 12020-4601	12/28/23	01/08/24
COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Charles F. Malone Living Trust dated August 1, 1987 2701 Chrysler Dr Roswell, NM 88201	12/28/23	01/05/24
Cheryl W. Derrick, Estate of 11 Oakgrove Irvine, CA, 92604	12/28/23	01/10/24 Return to sender.
Coille Limited Partnership, LP 1508 Wilimington Ave Richmond, VA 23227	12/28/23	01/10/24
Cokelan Corporation (address unknown)		
Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23

**Permian Resources Operating, LLC
Case No. 24004
Exhibit C-2**

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

Colgate Production, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Colgate Royalties, LP 300 N Marienfeld, Suite 1000 Midland, TX 79701	11/17/23	11/27/23
Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701	11/17/23	11/29/23
Constaplenty Energy Corporation 2308 Sierra Vista Rd Artesia, NM 88210	12/28/23	01/08/24
Contago Resources, LLC 111 E 5th Street, Suite 300 Fort Worth, TX 76102	11/17/23	11/27/23
D2 Resources, LLC P.O. Box 10187 Midland, Texas 79702	11/17/23	12/14/23
D2 Royalties, LLC P.O. Box 10187 Midland, Texas 79702	12/28/23	01/11/24
Irma Leota Davis 2702 58th Street Lubbock, TX 79413	11/17/23	12/04/23
William J. Derrick, as Trustee of the Gretchen S. White Testamentary Trust 11 Oakgrove Irvine, CA 92604	12/28/23	01/10/24 Return to sender.
Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210	11/17/23	11/27/23
Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110	11/17/23	11/27/23
Lisa L. Durban 1970 Tincup Ct Boulder, CO 80305	12/28/23	Per USPS Tracking (Last Checked 02/09/24): 01/04/24 – Delivered to neighbor as requested.

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702	11/17/23	11/29/23
Elizabeth Eaton 9657 Marmot Ridge Cir Littleton, CO 80125	12/28/23	01/08/24
Gilbert J. Eaton 48 Arizona State Dr Newark, DE 19713	12/28/23	01/12/24
Elk Oil Company P.O. Box 1973 Roswell, New Mexico 88202	12/28/23	01/05/24
Pamela Anne Evans 7625 Parkview Circle Austin, TX 78731	12/28/23	01/26/24
Explorers Petroleum Corporation 400 N Pennsylvania, Ste 550 Roswell, NM 88201	12/28/23	02/09/24 Return to sender.
Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard P.O. Box 1600 San Antonio, TX 78296	11/17/23	Per USPS Tracking (Last Checked 02/09/24): 11/23/23 – Item in transit to next facility.
James Gebel, Trustee of the James R. Gebel Revocable Living Trust 58 Road 2335 Aztec, NM 87410	12/28/23	Per USPS Tracking (Last Checked 02/09/24): 01/04/24 – Item in transit to next facility.
Hanaco, LLC Po Box 824 Holliday, TX 76366	12/28/23	01/09/24
Hanagan Investment, LLC PO Box 1737 Roswell, NM 88202	12/28/23	01/11/24
Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202	11/17/23	11/27/23 No signature.

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

Heyco Development Corporation P.O. Box 1933 Roswell, NM 88202	12/28/23	01/12/24
Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016	11/17/23	12/01/23
Edward R. Hudson, Jr. and wife, Ann F. Hudson 616 Texas Street Fort Worth, TX 76102	11/17/23	11/27/23
Francis H. Hudson, Trustee of Lindy's Living Trust 4200 S. Hulen Street, Suite 302 Fort Worth, TX 76109	11/17/23	12/11/23 Return to sender.
William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296	11/17/23	11/27/23
Jalapeno Corporation P.O. Box 1608 Albuquerque, NM 87103	11/17/23	11/27/23
Jareed Partners, Ltd. 6804 Island Circle Midland, TX 79707	12/28/23	01/11/24
Javelina Partners 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23
Anne S. Johnson 6529 Highway 42 South Fort Valley, Georgia 31030	11/17/23	Per USPS Tracking (Last Checked 02/09/24): 11/29/23 – Item being returned to sender.
Esther L. Kelly (address unknown)		
Joseph J. Kelly PO Box 310 Roswell, NM 88202	12/28/23	01/05/24

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

Dan M. Leonard, as Trustee of the DML Revocable Trust dated January 10, 2007 (address unknown)		
Robert K. Leonard PO Box 294928 Kerrville, TX 78029	12/28/23	01/08/24
Delmar Hudson Lewis, MSU 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116	11/17/23	12/11/23 Return to sender.
Lime Rock Resources A, LP 1111 Bagby St Ste 4600 Houston, TX 77002	11/17/23	Per USPS Tracking (Last Checked 02/09/24): 11/25/23 – Item in transit to next facility.
Constance White Lloyd (address unknown)		
MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240	11/17/23	11/27/23
Marathon Oil Permian, LLC 5555 San Felipe Street Houston, TX 77056	11/17/23	12/05/23 Return to sender.
Marathon Oil Permian, LLC 990 Town and Country Boulevard Houston, TX 77024	12/28/23	01/12/24
Marigold LLLP PO Box 1290 Artesia, NM 88211-1290	11/17/23	01/03/24 Return to sender.
Mark Wilson Family Partnership, LP 4501 Green Tree Boulevard Midland, TX 79707-1607	11/17/23	12/05/23 Return to sender.
Laura Lynn McCampbell 6023 Weymouth Dr Dallas, TX 75252	12/28/23	01/08/24
Mongoose Minerals, LLC 600 West Illinois Avenue Midland, Texas 79701	12/28/23	01/11/24

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

Nadel and Gussman Capitan, LLC 15 E 5th St #3300 Tulsa, OK 74103	12/28/23	01/08/24
Elizabeth White Nelson 1022 Potomac Dr Houston, TX 77057	12/28/23	Per USPS Tracking (Last Checked 02/09/24): 01/08/24 – Individual picked up at postal facility.
Nestegg Energy Corporation 2308 Sierra Vista Rd Artesia, NM 88210	12/28/23	01/08/24
New Mexico Western Minerals, Inc. PO Box 45750 Rio Rancho, NM 87174	12/28/23	01/08/24
Nilo Operating Company 5509 Champions Drive Midland, TX 79702	12/28/23	01/12/24
NonDarcy Oil & Gas, Inc. PO Box 310 Roswell, NM 88202	12/28/23	01/05/24 No signature.
Northern Oil and Gas 4350 Baker Road, Ste 400 Minnetonka, MN 55343	12/28/23	Per USPS Tracking (Last Checked 02/09/24): 01/03/24 – Delivered to agent for final delivery.
OXY USA WTP, LP 5 Greenway Plaza, Suite 110 Houston, Texas 77046	11/17/23	11/27/23
OXY Y-1 Company 5 Greenway Plaza Houston, TX 77046	11/17/23	11/27/23
Occidental Permian, Ltd. 5 Greenway Plaza Houston, TX 77046	12/28/23	01/09/24
Penroc Oil Corporation P.O. Box 2769 Hobbs, New Mexico 88241	11/17/23	12/01/23

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

Terence Patrick Perkins 3707 Rusty Spur Krum, TX 76249	11/17/23	11/27/23
Santo Legado, LLC P.O. Box 1020 Artesia, NM 88211-1020	11/17/23	11/29/23
Linda E. Schwartz 7337 Granville Dr Fort Lauderdale, FL 33321	12/28/23	01/08/24
Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211	11/17/23	11/27/23
Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202	11/17/23	11/27/23
Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710	11/17/23	12/01/23
Spiral, Inc. 400 N Pennsylvania, Ste 550 Roswell, NM 88201	12/28/23	01/30/24 Return to sender.
Theodore P. White, Est 575 S Virginia Hills Dr Unit 2701 Mckinney, TX 75072	12/28/23	Per USPS Tracking (Last Checked 02/09/24): 01/05/24 – Item in transit to next facility.
Tinian Oil & Gas LLC 319 West Main Street Artesia, NM 88210	11/17/23	12/01/23
Tulipan LLC 428 Sandoval, Suite 200 Santa Fe, NM 87501	11/17/23	12/18/23
Mary Ann Kelly Twitty 26989 Sea Vista Dr Malibu, CA 90265	12/28/23	01/08/24 No signature.
Vladin, LLC P.O. Box 100 Artesia, NM 88211-0100	11/17/23	11/27/23

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

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

CASE NOS. 24003 & 24004

NOTICE LETTER CHART

Vladin, LLC, a NM LLC 319 West Main Street Artesia, NM 88210	12/28/23	01/08/24
WPX Energy Permian, LLC 333 West Sheridan Avenue Oklahoma City, OK 73102-5015	12/28/23	01/09/24
WPX Energy Permian, LLC 3500 One Williams Center, MD 38 Tulsa, Oklahoma 74172	11/17/23	12/04/23 Return to sender.
Western Reserves Oil Company 4305 N Garfield Suite 235 Midland, TX 79707	12/28/23	01/04/24
J. Phelps White, III 4001 Southwest 33rd Ct Ocala, FL 34474	12/28/23	01/18/24 Return to sender.
J. Phelps White, IV PO Box 1433 Roswell, NM 88202	12/28/23	01/19/24 Return to sender.
Keith Williams (address unknown)		
Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210	11/17/23	12/01/23
Yates Industries, LLC 403 W San Francisco St Santa Fe, NM 87501	12/28/23	01/05/24
Yates Industries, LLC PO Box 1091 Artesia, NM 88211-1091	11/17/23	11/27/23
John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased P.O. Box 100 Artesia, NM 88211-0111	11/17/23	12/11/23 Return to sender.
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705	11/17/23	11/27/23
Zorro Partners, Ltd. 616 Texas Street Fort Worth, TX 76102-4612	11/17/23	11/27/23

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

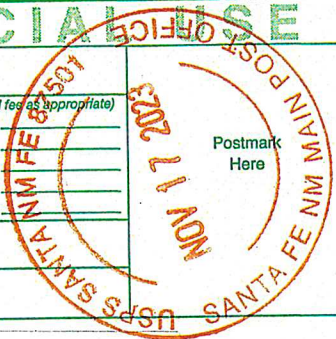
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7022 1670 0002 1188 6173

Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	Ard Oil, Ltd.
Street and Ap	Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185
City, State, Zi	24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Jo Graf</u></p> <p>C. Date of Delivery <u>11/20/23</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> <p>Ard Oil, Ltd. Mary T. Ard, President P.O. Box 101027 Fort Worth, TX 76185</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6649 90</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6173</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u></p> <p><u>Santa Fe NM 87504</u></p> <ul style="list-style-type: none"> <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) <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 	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

Permian Resources Operating, LLC
Case No. 24004
Exhibit C-3

7022 1670 0002 1188 6272

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 \$

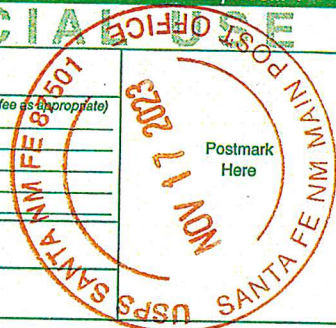
Total Postage and Fees \$

Sent To

Street and A1 BP America Production Company
501 Westlake Park Blvd.
City, State, z Houston, Texas 77079

24003-04 - PRO Madera

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 </p> <p>B. Received by (Printed Name) <u>Jesse Morales</u> C. Date of Delivery <u>11-28-23</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> <p>RECEIVED</p> <p>NOV 28 2023</p>
<p>1. Article Addressed to:</p> <p>BP America Production Company 501 Westlake Park Blvd. Houston, Texas 77079</p> <p>24003-04 - PRO Madera</p> <p></p> <p>9590 9402 7635 2122 6650 03</p>	<p>3. Service Type <u>Hinkle Shanor LLC</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87504</u> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6272</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

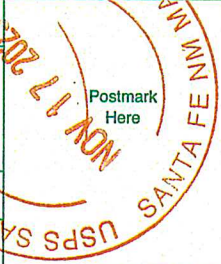
7022 1670 0002 1188 6258

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: Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust
 1919 North Turner Street
 Hobbs, New Mexico 88240
 24003-04 - PRO Madera

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) J. ISBELL</p> <p>C. Date of Delivery 11-20-23</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust 1919 North Turner Street Hobbs, New Mexico 88240 24003-04 - PRO Madera</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6258</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 type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1188 4575

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: Bean Family Limited Company
803 Ulysses Dr
City: Ballston Spa, NY 12020-4601
24003-04 - Pro Madera



PS Form 3800, April 2015 PSN 7530-02-000-8047 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): JAMES P. BEAN</p> <p>C. Date of Delivery: 1/8/24</p>
<p>1. Article Addressed to:</p> <p>Bean Family Limited Company 803 Ulysses Dr Ballston Spa, NY 12020-4601 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3696 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>JAN 8 2024</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4575</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input 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>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1188 6234

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 _____

City, State, _____

COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701
24003-04 - PRO Madera

Postmark Here

NOV 11 AM 11:50
SANTA FE NM

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

COG Operating LLC
600 West Illinois Avenue
Midland, Texas 79701
24003-04 - PRO Madera

9590 9402 7635 2122 6622 86

2. Article Number (Transfer from service label)
7022 1670 0002 1188 6234

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
11-21

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

RECEIVED
NOV 29 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

Tracie Shanor LLP
9590 9402 7635 2122 6622 86

Domestic Return Receipt

7022 1670 0002 1188 4582

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 \$ _____

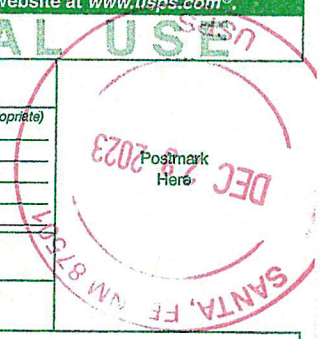
Total Postage and Fees \$ _____

Sent To Charles F. Malone Living Trust dated August 1, 1987

Street and Apt. 1 2701 Chrysler Dr Roswell, NM 88201

City, State, ZIP+4 24003-04 - Pro Madera

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>CF Malone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CF MALONE JR</i> C. Date of Delivery <i>1/2/24</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 JAN 5 2024</p>
<p>Article Addressed to:</p> <p>Charles F. Malone Living Trust dated August 1, 1987 2701 Chrysler Dr Roswell, NM 88201</p> <p>24003-04 - Pro Madera</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input checked="" 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)</p>
<p>2 Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4582</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 4520

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 Ap Coille Limited Partnership, LP
 1508 Wilimington Ave
 Richmond, VA 23227

City, State, Zi 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery M. Carner 01/05/24</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 JAN 10 2024</p>
<p>1. Article Addressed to:</p> <p>Coille Limited Partnership, LP 1508 Wilimington Ave Richmond, VA 23227 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3696 19</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature 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"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4520</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6333

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 \$ _____

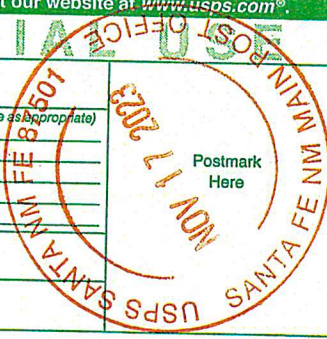
Total Postage and Fees \$ _____

Sent To _____

Street and _____
 Colgate Operating, LLC
 300 N Marienfeld, Suite 1000
 Midland, TX 79701

City, State _____
 24003-04 - PRO Madera

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"/> <u>L. Kalisek</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>11/20/23</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> <p>Colgate Operating, LLC 300 N Marienfeld, Suite 1000 Midland, TX 79701</p> <p>24003-04 - PRO Madera</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6333</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 <u>NOV 87506</u> <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6326

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

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

OFFICIAL USE

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



Sent To

Street and: Colgate Production, LLC
300 N Marienfeld, Suite 1000
Midland, TX 79701

City, State, ZIP+4: Midland, TX 79701-2403

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:

Colgate Production, LLC
300 N Marienfeld, Suite 1000
Midland, TX 79701

24003-04 - PRO Madera



9590 9402 7635 2122 6623 09

2. Article Number (Transfer from service label)

7022 1670 0002 1188 6326

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X L. Kalisek Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/20/23

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

If YES, enter delivery address below:

RECEIVED

NOV 27 2023

3. Service Type

Adult Signature Hinkle Shanor LLP Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

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 Domestic Return Receipt

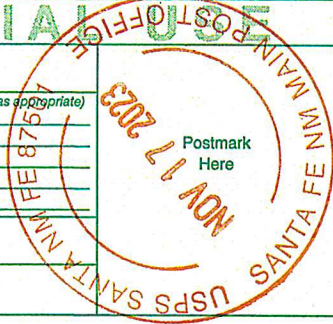
7022 1670 0002 1188 6319

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

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

OFFICIAL USPS RECEIPT

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, Colgate Royalties, LP
300 N Marienfeld, Suite 1000
City, State, Midland, TX 79701
24003-04 - PRO Madera

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:

Colgate Royalties, LP
300 N Marienfeld, Suite 1000
Midland, TX 79701
24003-04 - PRO Madera



9590 9402 7635 2122 6623 16

2. Article Number (Transfer from service label)

7022 1670 0002 1188 6319

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature L. Kalisek Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
1/16/23

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

RECEIVED
NOV 22 7 20 23

3. Service Type

<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

7022 1670 0002 1188 6302

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 \$

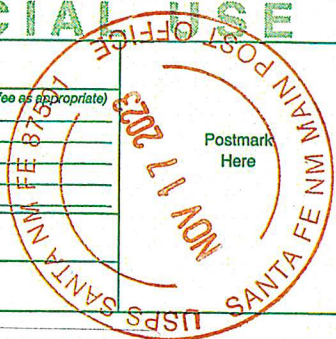
Total Postage and Fees \$

Sent To

Street and A Concho Oil & Gas LLC
600 West Illinois Avenue
City, State, & Zip Midland, Texas 79701

24003-04 - PRO Madem

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>11-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701</p> <p>24003-04 - PRO Madem</p> <p>9590 9402 7635 2122 6623 23</p>	<p>RECEIVED NOV 29 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6302</p>	<p>3. Service Type <i>Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 4537

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 _____
 Constaplenty Energy Corporation
 2308 Sierra Vista Rd
 Artesia, NM 88210

City, State _____
 24003-04 - Pro Madera

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



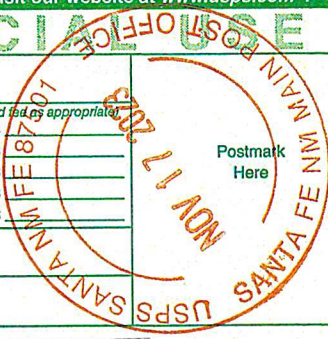
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Roy Miller</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Roy Miller</i> C. Date of Delivery <i>1-8-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Constaplenty Energy Corporation 2308 Sierra Vista Rd Artesia, NM 88210 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3696 02</p>	<p>RECEIVED</p> <p>JAN 8 2024</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4537</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™ <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>
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 dollar amount 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	\$



7022 1670 0002 1188 6296

Sent To

Street and: Contago Resources, LLC
111 E 5th Street, Suite 300
Fort Worth, TX 76102

City, State: Fort Worth, TX 76102
24003-04 - PRO Madera

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>X <i>Caroline May</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Caroline May</i> 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>Contago Resources, LLC 111 E 5th Street, Suite 300 Fort Worth, TX 76102 24003-04 - PRO Madera</p>	<p>RECEIVED</p> <p>NOV 17 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6296</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® Santa Fe NM 87504 <input type="checkbox"/> Certified 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>9590 9402 7635 2122 6623 30</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6289

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 \$

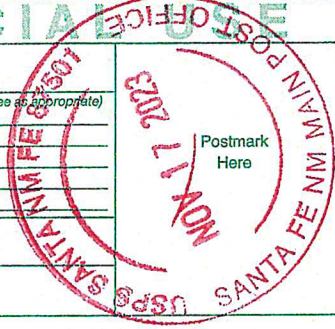
Total Postage and Fees \$

Sent To

Street and P.O. Box: D2 Resources, LLC
 P.O. Box 10187
 Midland, Texas 79702

City, State, ZIP+4: Midland, Texas 79702 - PRO Madera

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:

D2 Resources, LLC
 P.O. Box 10187
 Midland, Texas 79702

24003-04 - PRO Madera



9590 9402 7635 2122 6623 47

2. Article Number (Transfer from service label)
 7022 1670 0002 1188 6289

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

DALE DOUGLAS

C. Date of Delivery

DEC 14 2023

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

If YES, enter delivery address below:

RECEIVED

DEC 14 2023

3. Service Type
- 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

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

Domestic Return Receipt

7022 1670 0002 1188 4544

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 D2 Royalties, LLC

Street and Apt P.O. Box 10187

City, State, Zip Midland, Texas 79702 24003-04 - Pro Madera

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 </p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D2 Royalties, LLC</p> <p>C. Date of Delivery</p> <p>1-4-24</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>D2 Royalties, LLC</p> <p>P.O. Box 10187</p> <p>Midland, Texas 79702</p> <p>24003-04 - Pro Madera</p>	<p>RECEIVED</p> <p>JAN 11 2024</p>
<p>9590 9402 8595 3244 3695 96</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® <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 1188 4544</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>

7022 1670 0002 1188 6388

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 \$ _____

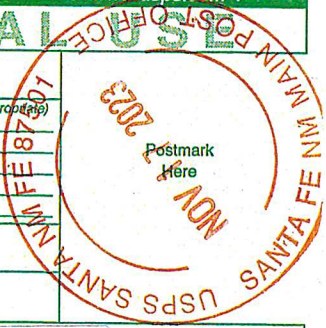
Total Postage and Fees \$ _____


Sent To _____

Street and Ap. _____
Irma Leota Davis
2702 58th Street
Lubbock, TX 79413

City, State, Zi _____
24003-04 - PRO Madera

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>Irma Leota Davis</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>Irma Leota Davis 2702 58th Street Lubbock, TX 79413</p> <p>24003-04 - PRO Madera</p>  <p>9590 9402 7635 2122 6623 54</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 Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 6388</p>	<p>RECEIVED NOV 29 2023 DEC 4 2023</p> <p>USPS Hinkle Shanon LLC Santa Fe NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6371

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

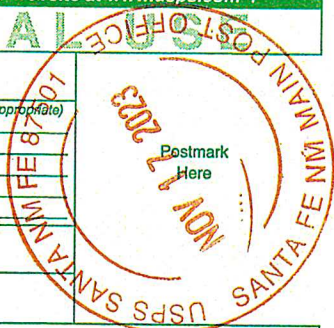
Total Postage and Fees \$

Sent To

Street and: Paula Raye Dooley
1006 S 2nd St
City, State: Artesia, NM 88210

24003-04 - PRO Madera

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>Paula Raye Dooley</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Paula Raye Dooley 1006 S 2nd St Artesia, NM 88210</p> <p>24003-04 - PRO Madera</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 NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6371</p>	<p>3. Service Type <input checked="" type="checkbox"/> Santa Fe NM 87501 <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® <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 1188 6364

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 City, State, ZIP+4®
Margaret V. Dowling, SSP
1829 Georgia Street NE
Albuquerque, NM 87110
24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MARGARET DOWLING</u></p> <p>C. Date of Delivery <u>11/20/23</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> <p>RECEIVED</p> <p>NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Margaret V. Dowling, SSP 1829 Georgia Street NE Albuquerque, NM 87110</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6623 78</p>	<p>3. Service Type <u>Hinkle Sharior 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"/> 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 1188 6364</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 6722

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. EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79702

City, State, ZIP+4® 24003-04 - PRO Madem

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>X </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p> 11/21</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>NOV 29 2023</p>
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Drive Midland, TX 79702</p> <p>24003-04 - PRO Madera</p> <p></p> <p>9590 9402 7635 2122 6648 84</p>	<p>3. Service Type <input checked="" type="checkbox"/> inkle Shanor LLP <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® <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 1188 6722</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1188 5077

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 \$ _____

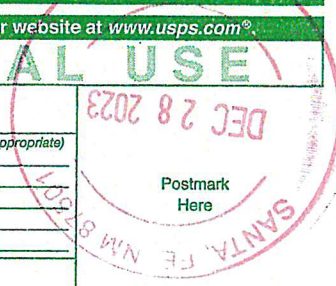
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Elizabeth Eaton
 Street and A1 9657 Marmot Ridge Cir
 Littleton, CO 80125
 City, State, Z. 24003-04 - Pro Madera

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) E. EATON</p> <p>C. Date of Delivery 1-3-24</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;">JAN 8 2024</p>
<p>1. Article Addressed to:</p> <p>Elizabeth Eaton 9657 Marmot Ridge Cir Littleton, CO 80125 24003-04 - Pro Madera</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>7022 1670 0002 1188 5077</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

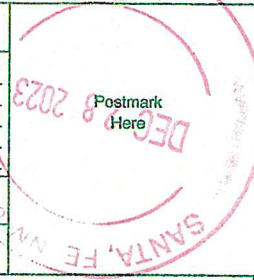
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

7020 0640 0000 0304 0510

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. #	Gilbert J. Eaton 48 Arizona State Dr Newark, DE 19713
City, State, ZIP+4	24003-04 - Pro Madera

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.

Gilbert J. Eaton
48 Arizona State Dr
Newark, DE 19713

24003-04 - Pro Madera



9590 9402 8595 3244 3695 65

2 Article Number (Transfer from service label)
7020 0640 0000 0304 0510

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X	

B. Received by (Printed Name)	C. Date of Delivery
G. Eaton	1-12/24

D. Is delivery address different from item? <input checked="" type="checkbox"/> Yes If Yes, enter delivery address below. <input type="checkbox"/> No
--

JAN 12 2024

Hinkle Shanor LLP
Santa Fe NM 87504

3. Service Type	<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"/> Signature Confirmation™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Return Receipt

7022 1670 0002 1188 4490

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 \$ _____

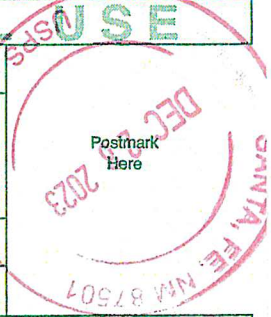
Total Postage and Fees \$ _____


Sent To _____

Street address Elk Oil Company _____
P.O. Box 1973 _____
Roswell, New Mexico 88202 _____

City, State 24003-04 - Pro Madera _____

PS Form 3800, April 2015 PSN 7630-02-000-9047 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>Elk Oil Company P.O. Box 1973 Roswell, New Mexico 88202 24003-04 - Pro Madera</p>  <p>9590 9402 8595 3244 3695 58</p>	B. Received by (Printed Name) <u>B. Maese</u>	C. Date of Delivery <u>1/3/24</u>
	<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 JAN 5 2024</p>	
<p>2 Article Number (Transfer from service label) 7022 1670 0002 1188 4490</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <u>Santa Fe NM 87501</u> <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"/> Insured Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery <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 4780

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 \$ _____

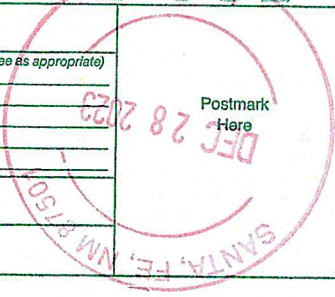
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and /
 Hanaco, LLC
 Po Box 824
 Holliday, TX 76366

City, State, .
 24003-04 - Pro Madera

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>[Signature]</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>Hanaco, LLC Po Box 824 Holliday, TX 76366</p> <p>24003-04 - Pro Madera</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>JAN 9 2024</p>
<p>9590 9402 8530 3186 0587 35</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4780</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4698

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 _____ Hanagan Investment, LLC
 PO Box 1737

City, State _____ Roswell, NM 88202

24003-04 - Pro Madera

Postmark Here

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><i>[Signature]</i></p> <p>B. Received by (Printed Name) _____</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery _____</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>Hanagan Investment, LLC PO Box 1737 Roswell, NM 88202</p> <p>24003-04 - Pro Madera</p>	<p>RECEIVED JAN 08 2024 JAN 11 2024</p>
<p>1. Article Address and Postage</p> <p>9590 9402 8595 3244 3700 04</p>	<p>3. Service Type <input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 8750 <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"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4698</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6357

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 \$ _____

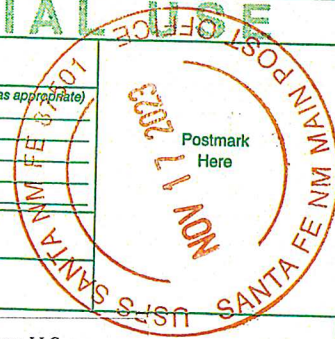
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Harvard Petroleum Company, LLC
Street and Apt P.O. Box 936
City, State, ZIP Roswell, New Mexico 88202 24003-04 - PRO Madera

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 <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>Harvard Petroleum Company, LLC P.O. Box 936 Roswell, New Mexico 88202 24003-04 - PRO Madera</p>	<p>RECEIVED NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6357</p>	<p>3. Service Type Mike Shanor LLP Santa Fe NM 87501</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"/> 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</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4704

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 \$ _____

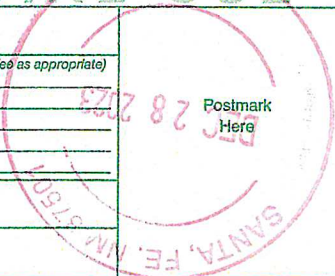
Total Postage and Fees \$ _____

Sent To _____

Street and Ap. Heyco Development Corporation
 P.O. Box 1933
 Roswell, NM 88202

City, State, Zi 24003-04 - Pro Madera

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>SM SANDERS</i> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Heyco Development Corporation P.O. Box 1933 Roswell, NM 88202</p> <p>24003-04 - Pro Madera</p>	<p>2. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES enter delivery address below:</p> <p>RECEIVED</p> <p>JAN 12 2024</p> <p>Hinkle Shanor LLP Santa Fe, NM 87501</p>
<p>3. Article Number (Transfer from sorting label)</p> <p>7022 1670 0002 1188 4704</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>

7022 1670 0002 1188 6340

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 \$ _____

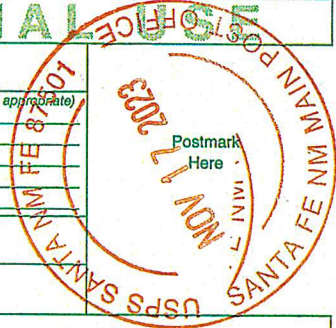
Total Postage and Fees \$ _____

Sent To _____

Street and _____ Vergil Wesley Hopp
19 Twin Lakes Ct

City, State, _____ Arlington, TX 76016
24003-04 - PRO Madera

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) Vergil Wesley Hopp</p> <p>C. Date of Delivery 11-27-23</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>RECEIVED DEC 01 2023</p>
<p>1. Article Addressed to:</p> <p>Vergil Wesley Hopp 19 Twin Lakes Ct Arlington, TX 76016 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6623 92</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>7022 1670 0002 1188 6340</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 6432

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 \$ _____

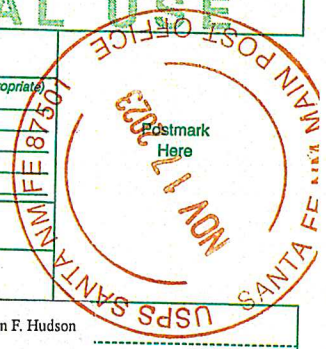
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To Edward R. Hudson, Jr. and wife, Ann F. Hudson
 Street and A 616 Texas Street
 Fort Worth, TX 76102
 City, State, & ZIP+4® 24003-04 - PRO Madern

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"/> Corri Cummings <input checked="" 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>Edward R. Hudson, Jr. and wife, Ann F. Hudson 616 Texas Street Fort Worth, TX 76102 24003-04 - PRO Madern</p>	<p>RECEIVED NOV 20 2023 BY: NOV 27 2023</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 6432</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® <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Santa Fe, NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

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

OFFICIAL USE

Certified Mail Fee \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

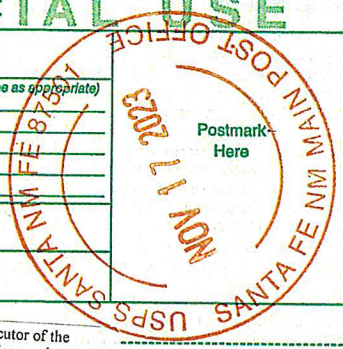
Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To William A. Hudson II, Sole Executor of the
Estate of Josephine T. Hudson, deceased
Street P.O. Box 1600
City, St San Antonio, TX 78296
24003-04 - PRO Madera

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

7015 1520 0000 6842 1516

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Al Gonzalez</u></p> <p>C. Date of Delivery <u>11-27-23</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> <p>William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased P.O. Box 1600 San Antonio, TX 78296 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6700 76</p>	<p>3. Service Type <u>Hinkle Shanor LLC</u> Priority Mail Express® <u>Santa Fe NM 87501</u> 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>7015 1520 0000 6842 1516</p>	<p>RECEIVED</p> <p>NOV 27 2023</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

Certified Mail Fee \$

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

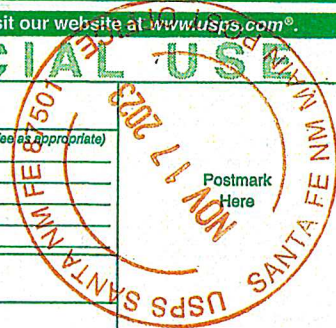
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postmark Here

Postage \$

Total Postage and Fees \$

Sent To

Street Jalapeno Corporation
P.O. Box 1608

City, State Albuquerque, NM 87103

24003-04 - PRO Madera

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

7015 1520 0000 6842 1523

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:

Jalapeno Corporation
P.O. Box 1608
Albuquerque, NM 87103

24003-04 - PRO Madera



9590 9402 7635 2122 6700 69

2. Article Number (Transfer from service label)

7015 1520 0000 6842 1523

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) Maja Slavnic

C. Date of Delivery 11/20/23

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

If YES, enter delivery address below:



3. Service Type Hinkle Shanor LLC Priority Mail Express®

Adult Signature Santa Fe, NM 87501 Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7022 1670 0002 1188 4711

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 or _____
 City, Sta. _____

Jareed Partners, Ltd.
 6804 Island Circle
 Midland, TX 79707

24003-04 - Pro Madera

Postmark Here
 JAN 18 2024
 SANTA FE

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>M. Writing</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Writing</i> C. Date of Delivery <i>1/18/24</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED JAN 18 2024 Hinkle Shanor LLP</p>
<p>1. Article Addressed to:</p> <p>Jareed Partners, Ltd. 6804 Island Circle Midland, TX 79707</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 85</p>	<p>3. Service Type <i>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"/> 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 1188 4711</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

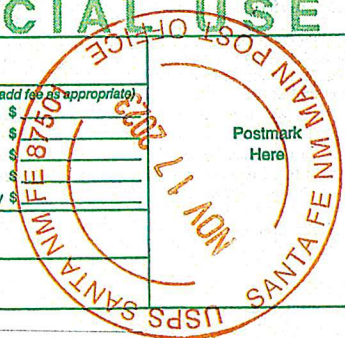
7015 1520 0000 6842 1530

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 if 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	Javelina Partners 616 Texas Street
City, State, ZIP+4®	Fort Worth, TX 76102-4612 24003-04 - PRO Madera



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 Corri Cumings</i></p>	
<p>1. Article Addressed to:</p> <p>Javelina Partners 616 Texas Street Fort Worth, TX 76102-4612</p> <p>24003-04 - PRO Madera</p>  <p>9590 9402 7635 2122 6700 52</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 NOV 20 10 12 BY: NOV 27 2023</p>	
<p>2. Article Number (Transfer from service label) 7015 1520 0000 6842 1530</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Santa Fe RMT 6750® <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)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

7022 1670 0002 1188 4599

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 A, Joseph J. Kelly
 PO Box 310
 Roswell, NM 88202

City, State, Z 24003-04 - Pro Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JOE KELLY</u></p> <p>C. Date of Delivery <u>1-3-24</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> <p>Joseph J. Kelly PO Box 310 Roswell, NM 88202</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 78</p>	<p>3. Service Type <input checked="" type="checkbox"/> Priority Mail Express® <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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 4599</p>	<p>RECEIVED</p> <p>JAN 5 2024</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4605

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 PO Box 294928
 City, State Kerrville, TX 78029 24003-04 - Pro Madera

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>Robert K. Leonard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ROBERT K. LEONARD</i></p> <p>C. Date of Delivery <i>1/5/2023</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Robert K. Leonard PO Box 294928 Kerrville, TX 78029 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 61</p>	<p>3. Service Type Hinkle Shanor LE</p> <p><input type="checkbox"/> Adult Signature Santa Fe, NM 87504 <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>7022 1670 0002 1188 4605</p>	<p>RECEIVED</p> <p>JAN 8 2024</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7020 0090 0000 0863 2117

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 \$ _____

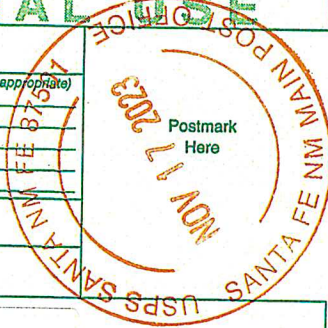
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street MRC Delaware Resources, LLC
 5400 LBJ Freeway, Suite 1500
 Dallas, TX 75240

City, State, ZIP+4® 24003-04 - PRO Madera

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) Brown</p> <p>C. Date of Delivery NOV 27 2023</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RECEIVED NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>MRC Delaware Resources, LLC 5400 LBJ Freeway, Suite 1500 Dallas, TX 75240</p> <p>24003-04 - PRO Madera</p>	
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 2117</p>	<p>3. Service Type: <u>Hinkle Shanor LLP</u></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 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>Barcode: 9590 9402 7635 2122 6702 67</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4629

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 Marathon Oil Permian, LLC
 990 Town and Country Boulevard
 Houston, TX 77024

City, State, Z 24003-04 - Pro Madera

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"/> Mailroom <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JAN</u> Date of Delivery <u>1/12/24</u></p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian, LLC 990 Town and Country Boulevard Houston, TX 77024</p> <p>24003-04 - Pro Madera</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 JAN 12 2024 JAN - 2 2024</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4629</p>	<p>3. Service Type <input checked="" type="checkbox"/> Registered Mail™ 87504 <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 1188 4612

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. Laura Lynn McCampbell

City, State, ZIP+4® 6023 Weymouth Dr
 Dallas, TX 75252

24003-04 - Pro Madera

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) LAURAYK CAMPBELL LL</p> <p>C. Date of Delivery 01/04/24</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>JAN 8 2024</p>
<p>1. Article Addressed to:</p> <p>Laura Lynn McCampbell 6023 Weymouth Dr Dallas, TX 75252</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 54</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87504 <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 1188 4612</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1188 4636

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 Mongoose Minerals, LLC 600 West Illinois Avenue Midland, Texas 79701 24003-04 - Pro Madera	

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Isaac Villalona</i></p> <p>C. Date of Delivery <i>1-3-24</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 JAN 11 2024</p>	
<p>Article Addressed to:</p> <p>Mongoose Minerals, LLC 600 West Illinois Avenue Midland, Texas 79701 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3699 30</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Adult Signature Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>Article Number (Transfer from carrier label)</p> <p>7022 1670 0002 1188 4636</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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

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

OFFICIAL USE

Postmark Here

7022 1670 0002 1188 4643

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 an	Nadel and Gussman Capitan, LLC 15 E 5th St #3300 Tulsa, OK 74103
City, Stai	24003-04 - Pro Madera

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>R. Skidmore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>R. Skidmore</i> 1-2-24</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; font-size: 2em; font-weight: bold; color: #333;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">JAN 8 2024</p>																
<p>1. Article Address</p> <p style="text-align: center;">Nadel and Gussman Capitan, LLC 15 E 5th St #3300 Tulsa, OK 74103</p> <p style="text-align: right; font-size: 0.8em;">24003-04 - Pro Madera</p> <div style="text-align: center;">  9590 9402 8595 3244 3699 23 </div>	<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®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7022 1670 0002 1188 4643</p>	<p>3. Service Type</p> <p><i>Bankle Shanor LLP</i> <i>Santa Fe NM 87504</i></p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>																	

7022 1670 0002 1188 4667

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
 Nestegg Energy Corporation
 Street and A 2308 Sierra Vista Rd
 City, State, 24003-04 - Pro Madera

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>Raye Miller</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Raye Miller</i> C. Date of Delivery <i>1-2-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If <input checked="" type="checkbox"/> Yes, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nestegg Energy Corporation 2308 Sierra Vista Rd Artesia, NM 88210 24003-04 - Pro Madera</p>	<p>RECEIVED</p> <p>JAN 8 2024</p> <p><i>Minkle Shanon LLP</i> Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4667</p>	<p>3. Service Type <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"/> 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"/> Insured Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery <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 4674

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, New Mexico Western Minerals, Inc. _____

PO Box 45750 _____

City, State, Rio Rancho, NM 87174 _____

24003-04 - Pro Madera

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



<p>SENDER: COMPLETE THIS SECTION</p> <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>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>Michael Carrico</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Carrico</i></p> <p>C. Date of Delivery <i>1/5/24</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>New Mexico Western Minerals, Inc. PO Box 45750 Rio Rancho, NM 87174</p> <p>24003-04 - Pro Madera</p>	<p>RECEIVED</p> <p>JAN 8 2024</p>
<p>9590 9402 8595 3244 3698 93</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4674</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input checked="" 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 <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <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 4681

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. Nilo Operating Company
5509 Champions Drive
Midland, TX 79702

City, State, Z. 24003-04 - Pro Madera

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Nilo Operating Company 5509 Champions Drive Midland, TX 79702</p> <p>24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3698 86</p> <p>2. Article Number (Transfer from service label) 7022 1670 0002 1188 4681</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jim Bond</i> C. Date of Delivery <i>1/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>RECEIVED JAN 12 2024 Hinkle Shanor LLP Santa Fe NM 87504</p> <p>3. Service Type <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"/> 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"/> Insured Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery <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

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 \$ _____

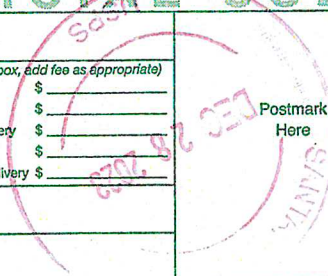
Sent To

Street or PO Box NonDarcy Oil & Gas, Inc.
PO Box 310

City, Sta Roswell, NM 88202 24003-04 - Pro Madera

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

7022 1670 0002 1188 4551



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>NonDarcy Oil & Gas, Inc. PO Box 310 Roswell, NM 88202</p> <p style="text-align: right; font-size: 0.8em;">24003-04 - Pro Madera</p> </div> <div style="text-align: center; margin: 5px 0;"> <p>9590 9402 8595 3244 3698 79</p> </div> <p>2. Article Number (Transfer from front of mailpiece)</p> <p style="font-size: 1.2em; font-weight: bold;">7022 1670 0002 1188 4551</p>	<p>A. Signature</p> <p>X <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> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; letter-spacing: 0.2em;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">JAN 5 2024</p> </div> <p>3. Service Type Hinkle Shanor LLP Santa Fe NM 87504</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)															
PS Form 3811, July 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)

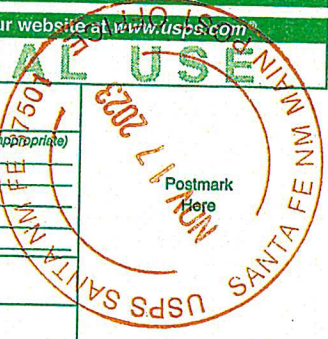
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To

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

City, State, ZIP+4® 24003-04 - PRO Madera

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

7020 0090 0000 0863 2155

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:

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

24003-04 - PRO Madera



9590 9402 7635 2122 6702 29

2. Article Number (Transfer from service label)

7020 0090 0000 0863 2155

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 11/21/23

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

RECEIVED

NOV 27 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)

Hinkle Shanor LLC

Registered Mail 87507

Domestic Return Receipt

7020 0090 0000 0863 2162

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 _____

City, St. _____

OXY Y-1 Company
 5 Greenway Plaza
 Houston, TX 77046

24003-04 - PRO Madera

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:

OXY Y-1 Company
 5 Greenway Plaza
 Houston, TX 77046

24003-04 - PRO Madera

9590 9402 7635 2122 6702 12

2. Article Number (Transfer from service label)
 7020 0090 0000 0863 2162

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 11/2/23

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

RECEIVED
 NOV 27 2023

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

Domestic Return Receipt

9589 0710 5270 0725 3416 45

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 # Occidental Permian, Ltd.
 5 Greenway Plaza
 Houston, TX 77046
 City, State, ZIP+4® 24003-04 – Pro Madera

Postmark Here
 DEC 28 2023

PS Form 3800, January 2023 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) <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 1/2/24</p>	
<p>1. Article Addressed to</p> <p>Occidental Permian, Ltd. 5 Greenway Plaza Houston, TX 77046</p> <p>24003-04 – Pro Madera</p> <p>9590 9402 8595 3244 3698 55</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>JAN 9 2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3416 45</p>	<p>3. Service Type <input checked="" 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>Hinkle Shanor LLP Santa Fe NM 87504</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

7020 0090 0000 0863 2063

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 \$

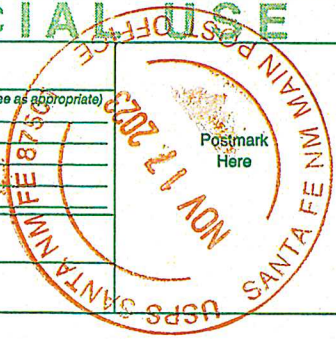
Total Postage and Fees \$

Sent To

Street Penroc Oil Corporation
P.O. Box 2769
 City, St Hobbs, New Mexico 88241

24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hinkle Shanor</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>Penroc Oil Corporation P.O. Box 2769 Hobbs, New Mexico 88241</p> <p>24003-04 - PRO Madera</p>	<p>RECEIVED DEC 01 2023</p>															
<p>2. Article Number (Transfer from service label) 7020 0090 0000 0863 2063</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Hinkle Shanor LLC</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> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <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"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Hinkle Shanor LLC	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<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"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Hinkle Shanor LLC	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<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"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)															
<p>9590 9402 7635 2122 6702 05</p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>															

7020 0090 0000 0863 2070

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 Terence Patrick Perkins
 3707 Rusty Spur
 City, State Krum, TX 76249 24003-04 - PRO Madera

Postmark Here
 NOV 17 2023
 SANTA FE NM

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:

Terence Patrick Perkins
 3707 Rusty Spur
 Krum, TX 76249
 24003-04 - PRO Madera

9590 9402 7635 2122 6701 99

2. Article Number (Transfer from service label)
 7020 0090 0000 0863 2070

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Terence Patrick Perkins* Agent Addressee

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

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

RECEIVED
 NOV 27 2023

3. Service Type *Hinkle Shanor LLP* Priority Mail Express®
 Adult Signature Restricted Delivery *Santa Fe NM 87502* 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 Domestic Return Receipt

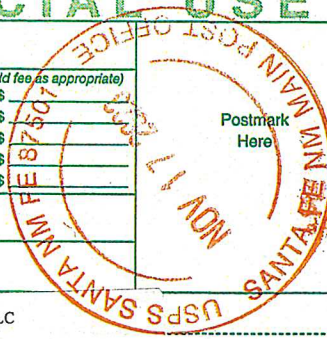
7020 0090 0000 0863 2087

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	\$	Postmark Here
Postage	\$	
Total Postage and Fees	\$	
Sent To	Santo Legado, LLC	
Street and	P.O. Box 1020	
City, State,	Artesia, NM 88211-1020	
	24003-04 - PRO Madera	

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:

Santo Legado, LLC
P.O. Box 1020
Artesia, NM 88211-1020
24003-04 - PRO Madera



2. Article Number (Transfer from service label)
7020 0090 0000 0863 2087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *Felipe* C. Date of Delivery *11/27/23*

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

RECEIVED
NOV 29 2023

3. Service Type *Hinkle Shanor LLP* Priority Mail Express®
- Adult Signature *Santa Fe NM 87508* 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

Domestic Return Receipt

9589 0710 5270 0725 3416 52

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
 Linda E. Schwartz
 7337 Granville Dr
 Fort Lauderdale, FL 33321
 24003-04 - Pro Madera

PS Form 3800, January 2023 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.

Linda E. Schwartz
 7337 Granville Dr
 Fort Lauderdale, FL 33321
 24003-04 - Pro Madera

9590 9402 8595 3244 3698 48

Article Number (Transfer from service label)
 9589 0710 5270 0725 3416 52

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X. *[Signature]* Agent Addresssee

B. Received by (Printed Name) *Steven Schwartz* C. Date of Delivery *1-3-24*

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

RECEIVED
 JAN 8 2024
 Hinkle Shanor LLP
 Santa Fe NM 87504

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)

Domestic Return Receipt

7020 0090 0000 0863 2094

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 \$ _____

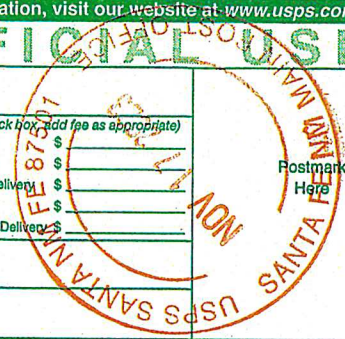
Total Postage and Fees \$ _____

Sent To _____

Street an _____
 Sharbro Energy, LLC
 P.O. Box 840
 Artesia, NM 88211

City, Stat _____ 24003-04 - PRO Madera

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>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 NOV 27 2023</p>
<p>1. Article Addressed to:</p> <p>Sharbro Energy, LLC P.O. Box 840 Artesia, NM 88211 24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6745 79</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 0090 0000 0863 2094</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7015 1520 0000 6842 1493

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 or	Slash Exploration, LP P.O. Box 1973 Roswell, New Mexico 88202
City, Sta	24003-04 - PRO Madera
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:

Slash Exploration, LP
P.O. Box 1973
Roswell, New Mexico 88202

24003-04 - PRO Madera



9590 9402 7635 2122 6745 62

2. Article Number (Transfer from service label)

7015 1520 0000 6842 1493

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
<i>Ethel</i>	11/20/23
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, enter delivery address below:	

RECEIVED

NOV 27 2023

3. Service Type **Hinkle Shanor LLP** Priority Mail Express®
Santa Fe NM 87501 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)	

Domestic Return Receipt

7015 1520 0000 6842 1486

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)

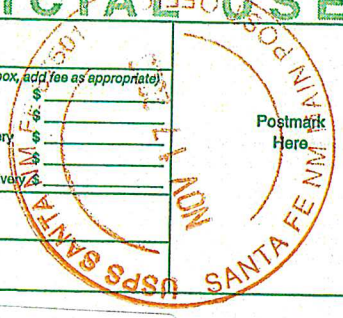
Return Receipt (hardcopy)
 Return Receipt (electronic)
 Certified Mail Restricted Delivery
 Adult Signature Required
 Adult Signature Restricted Delivery

Postage
\$

Total Postage and Fees
\$

Sent To
Street: Solis Energy, LLC
P.O. Box 51451
City, St: Midland, Texas 79710
24003-04 - PRO Madera

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>DP</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Daniela Finch</i></p> <p>C. Date of Delivery <i>11/28/23</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>1. Article Addressed to:</p> <p>Solis Energy, LLC P.O. Box 51451 Midland, Texas 79710</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6745 55</p>	<p>RECEIVED DEC 01 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0000 6842 1486</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe, NM 87501</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

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

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

Postmark Here

Postage

\$

Total Postage and Fees

\$

Sent To

Tinian Oil & Gas LLC
319 West Main Street
Artesia, NM 88210

Street

City, S.

24003-04 - PRO Madera

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

See Reverse for Instructions

7015 1520 0000 6842 1479

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:

Tinian Oil & Gas LLC
319 West Main Street
Artesia, NM 88210

24003-04 - PRO Madera



9590 9402 7635 2122 6745 48

2. Article Number (Transfer from service label)

7015 1520 0000 6842 1479

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)

[Handwritten Name]

C. Date of Delivery

11/28/23

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

RECEIVED

DEC 01 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

Domestic Return Receipt

7022 1670 0002 1189 3911

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

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 Tulipan LLC
 428 Sandoval, Suite 200
 City Santa Fe, NM 87501
 24003-04 -- PRO Madera

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>Sima Inguay</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 12/14/23</p>
<p>1. Article Addressed to:</p> <p>Tulipan LLC 428 Sandoval, Suite 200 Santa Fe, NM 87501 24003-04 -- PRO Madera</p> <p>9590 9402 7635 2122 6461 56</p> <p>Article Number (Transfer from service label) 7022 1670 0002 1189 3911</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 DEC 18 2023</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>

9589 0710 5270 0725 3416 83

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and City, State, ZIP+4®
 Mary Ann Kelly Twitty
 26989 Sea Vista Dr
 Malibu, CA 90265
 24003-04 - Pro Madera

PS Form 3800, January 2023 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:

Mary Ann Kelly Twitty
 26989 Sea Vista Dr
 Malibu, CA 90265
 24003-04 - Pro Madera



9590 9402 8595 3244 3698 17

2. Article Number (Transfer from service label)

9589 0710 5270 0725 3416 83

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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

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

RECEIVED

JAN 8 2024

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

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

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

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

7022 1670 0002 1189 3935

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

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

OFFICIAL USPS MAIL

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Service

Str Vladin, LLC
 P.O. Box 100
 Artesia, NM 88211-0100

City Artesia, NM 88211-0100
 24003-04 - PRO Madera

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>D Chavarria</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D Chavarria</i></p> <p>C. Date of Delivery <i>11-21-23</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>1. Article Addressed to:</p> <p>Vladin, LLC P.O. Box 100 Artesia, NM 88211-0100</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6461 01</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3935</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3416 90

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 \$ _____

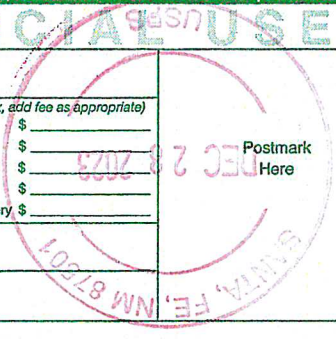
Total Postage and Fees \$ _____

Sent To

Street ar Vladin, LLC, a NM LLC
 319 West Main Street

City, Sta: Artesia, NM 88210 24003-04 - Pro Madera

PS Form 3800, January 2023 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 D Chavarria</i></p> <p>B. Received by (Printed Name) <i>D Chavarria</i></p> <p>C. Date of Delivery <i>1-3-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Vladin, LLC, a NM LLC 319 West Main Street Artesia, NM 88210 24003-04 - Pro Madera</p>	<p>RECEIVED</p> <p>JAN 8 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3416 90</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

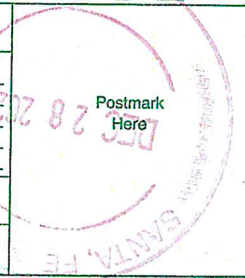
9589 0710 5270 0725 3417 06

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 Ap. WPX Energy Permian, LLC
333 West Sheridan Avenue
City, State, Zi Oklahoma City, OK 73102-5015
24003-04 - Pro Madera

PS Form 3800, January 2023 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 [Signature]</p> <p>B. Received by (Printed Name) Hinkle Shanor LLP <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery JAN 9 2024</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>WPX Energy Permian, LLC 333 West Sheridan Avenue Oklahoma City, OK 73102-5015 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3697 94</p>	<p>RECEIVED</p> <p>JAN 9 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3417 06</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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

9589 0710 5270 0725 3417 13

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 City, State _____

Western Reserves Oil Company
 4305 N Garfield Suite 235
 Midland, TX 79707
 24003-04 - Pro Madera

PS Form 3800, January 2023 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"/> Sheri Collins <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Sheri Collins</p> <p>C. Date of Delivery 1-2-24</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>Western Reserves Oil Company 4305 N Garfield Suite 235 Midland, TX 79707 24003-04 - Pro Madera</p>	<p>RECEIVED JAN 4 2024</p>
<p>9590 9402 8595 3244 3697 87</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3417 13</p>	<p>3. Service Type Hinkle Chanor LLP <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Santa Fe NM 87504 <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>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 3942

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	
St	Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210
City	24003-04 - PRO Madera

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) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Yates Brothers, a partnership 105 South Fourth Street Artesia, NM 88210</p> <p>24003-04 - PRO Madera</p> <p>9590 9402 7635 2122 6460 88</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>DEC 01 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3942</p>	<p>3. Service Type Hinkle Shanor LLP Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe, NM 87504 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery 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

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

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

OFFICIAL USE

7022 1670 0002 1188 7743

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

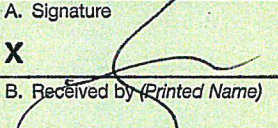
Postage \$ _____

Total Postage and Fees \$ _____

Sent To Yates Industries, LLC
 Street a 403 W San Francisco St
 City, State, ZIP+4® Santa Fe, NM 87501 24003-04 - Pro Madera

Postmark Here

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 </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 1/5/24</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 JAN 5 2024</p>
<p>1. Article Addressed to:</p> <p>Yates Industries, LLC 403 W San Francisco St Santa Fe, NM 87501 24003-04 - Pro Madera</p> <p>9590 9402 8595 3244 3697 63</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 1188 7743</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

7022 1670 0002 1189 3959

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Yates Industries, LLC
 PO Box 1091
 Artesia, NM 88211-1091
 24003-04 - PRO Madera

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

Postmark Here
 NOV 17 2023
 SANTA FE NM

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:

Yates Industries, LLC
 PO Box 1091
 Artesia, NM 88211-1091
 24003-04 - PRO Madera

9590 9402 7635 2122 6460 95

7022 1670 0002 1189 3959

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Frances Moreau

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

FRANCES MOREAU 11-22-23

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

RECEIVED
 NOV 27 2023

3. Service Type 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

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

Hinkle Shanor LLC
 Santa Fe, NM 87504

Domestic Return Receipt

7022 1670 0002 1189 3881

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

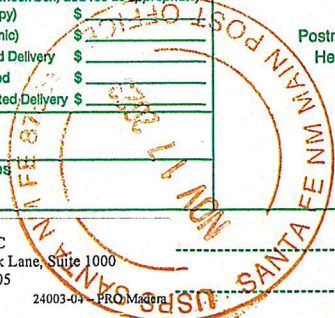
For delivery information, visit our website at www.usps.com®.

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	\$
ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705 24003-04 - PRO Madera	

Postmark Here

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ZPZ Delaware I LLC 303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705</p> <p>24003-04 - PRO Madera</p>	<p>RECEIVED</p> <p>NOV 27 2023</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1189 3881</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

7022 1670 0002 1189 3898

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	\$

Postmark
Here

Sent To

Zorro Partners, Ltd.
616 Texas Street
Fort Worth, TX 76102-4612
24003-04 - PRO Madera

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:

Zorro Partners, Ltd.
616 Texas Street
Fort Worth, TX 76102-4612

24003-04 - PRO Madera



9590 9402 7635 2122 6461 25

2. Article Number (Transfer from service label)

7022 1670 0002 1189 3898

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X Corri Cuninga

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

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

RECEIVED
NOV 20 2023
NOV 27 2023

BY:

3. Service Type Hinkle Shanor L...
 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

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 Andersen-Malone, LLC
 Street and A/ 128 W 2nd St
 City, State, Z Roswell, NM 88201 24003-04 - Pro Madera

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

7022 1670 0002 1188 4568

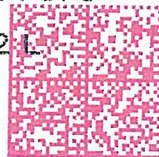
CERTIFIED MAIL®



7022 1670 0002 1188 4568

ALBUQUERQUE NM 870
29 DEC 2023 PM 2 L

FIRST-CLASS



US POSTAGE™ IM/PITNEY BOWES



ZIP 87501 \$ 008.77⁰
02 7H
0006052409 DEC 29 2023

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

RECEIVED

JAN 18 2024

Hinkle Shanor LLP
Santa Fe NM 87504

AN/S

Andersen-Malone, LLC
128 W 2nd St
Roswell, NM 88201

NIXIE 750 FE 1 6601/03/24
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
KEL 8/11/04/080008 5000-01/11-02-02

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. Bean Family Limited Company
2303 Sallee Loop
Roswell, NM 88201-6408

City, State, ZIP 24003-04 - PRO Madera

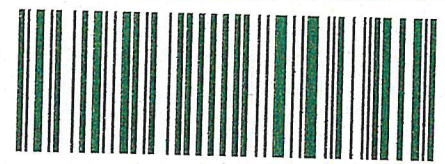
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7022 1670 0002 1188 6241

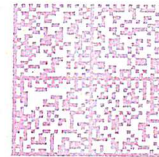
CERTIFIED MAIL®

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



7022 1670 0002 1188 6241

FIRST-CLASS



US POSTAGE™
ZIP 87501 \$ 008.77⁰
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 11 2023
Hinkle Shanor LLP
Santa Fe NM 87504

ANK
C-31
11-20-23

4/N
12/6

Bean Family Limited Company
2303 Sallee Loop
Roswell, NM 88201-6408

NIXIE 758 FE 1 0011/28/23

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

RC: 87504205802 *0268-01231-17-41

**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, Cheryl W. Derrick, Estate of
 11 Oakgrove
 Irvine, CA, 92604
 City, State, 24003-04 - Pro Madera

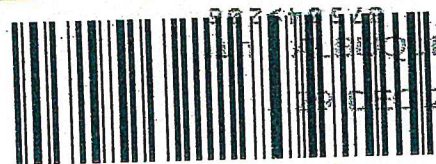
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0002 1188 4506



CERTIFIED MAIL®

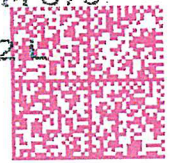
HINKLE SHANOR LLP
 ATTORNEYS AT LAW
 POST OFFICE BOX 2068
 SANTA FE, NEW MEXICO 87504



7022 1670 0002 1188 4506

ERQUE NM 870
 DEC 29 2023 PM 2 L

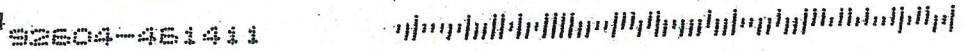
FIRST CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ 008.77⁰
 02 7H
 0006052409 DEC 29 2023

Handwritten: I/ART
 RECEIVED
 JAN 10 2024
 Hinkle Shanor LLP
 Santa Fe NM 87504

Yellow stamp: RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 OCT 27 2023 10:14 AM
 0001/04/24



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	\$ _____

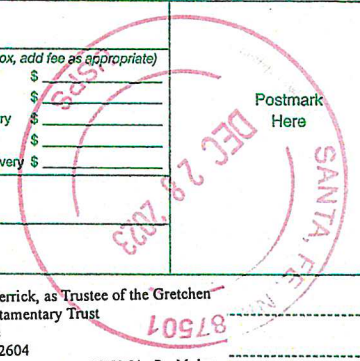
Postage \$ _____

Total Postage and Fees \$ _____

Sent To William J. Derrick, as Trustee of the Gretchen S. White Testamentary Trust
 Street and Apt 11 Oakgrove
 City, State, Zip Irvine, CA 92604 24003-04 - Pro Madera

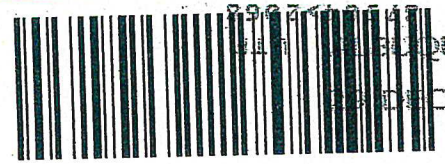
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0002 1188 5060



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

CERTIFIED MAIL®



7022 1670 0002 1188 5060

875042088888
 SANTIAGO QUERQUE NM 870
 DEC 29 2023 PM 2 L

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ 008.77⁰
 02 7H
 0006052409 DEC 29 2023

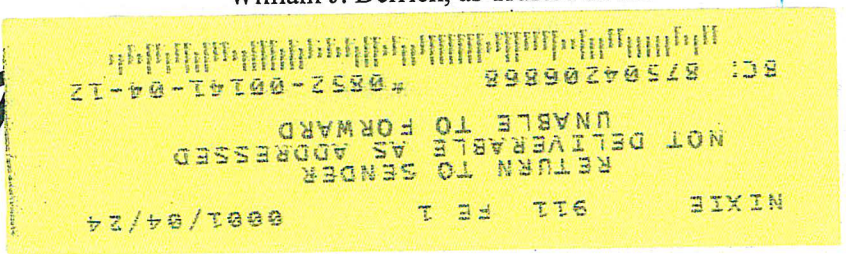
I/A
RECEIVED

JAN 10 2024

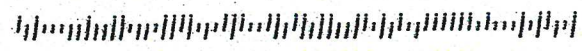
Hinkle Shanor LLP
 Santa Fe NM 87504

William J. Derrick, as Trustee of the

Ri



82604-461411



7022 1670 0002 1189 2549

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 \$ _____

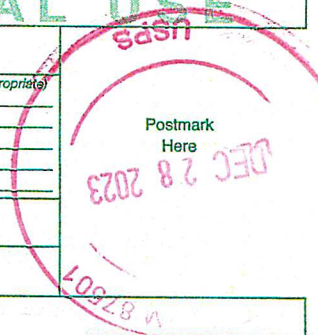
Total Postage and Fees \$ _____

Sent To _____

Street and _____ Pamela Anne Evans
 7625 Parkview Circle
 Austin, TX 78731

City, State _____ 24003-04 - Pro Madera

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®



7022 1670 0002 1189 2549

FIRST-CLASS

US POSTAGE™PITNEY BOWES

ZIP 87501 **\$ 008.770**
 02 7H
 0006052409 DEC 29 2023

Handwritten:
 1/26

RECEIVED

JAN 26 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

Pamela Anne Evans
 7625 Parkview Circle
 Austin, TX 78731

24003-04 - Pro Madera

NIXIE 787 DE 1 0001/21/24

RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD

30: 87504206888 *8750-05532-20-41

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	\$	

Postmark Here
DEC 28 2023
SANTA FE, NM 87501

Sent To: Explorers Petroleum Corporation
400 N Pennsylvania, Ste 550
Roswell, NM 88201
City, State: Roswell, NM 88201 24003-04 - Pro Madera

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

7022 1670 0002 1189 2532

CERTIFIED MAIL®

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



7022 1670 0002 1189 2532

SANTA FE, NM 87501
28 DEC 2023 PM 2

FIRST-CLASS



US POSTAGE IMPITNEY BOWES

ZIP 87501 \$ **008.77⁰**
02 7H
0006052409 DEC 29 2023

LN
1-2-24

RECEIVED

FEB 9 2024

Hinkle Shanor
Santa Fe NM 87504

Explorers Petroleum Corporation
400 N Pennsylvania, Ste 550
Roswell, NM 88201

24003-04 - Pro Madera

NIXIE 750 SE 1 2201/25/24

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504206868 *0568-01754-29-42

UNC
875042068

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

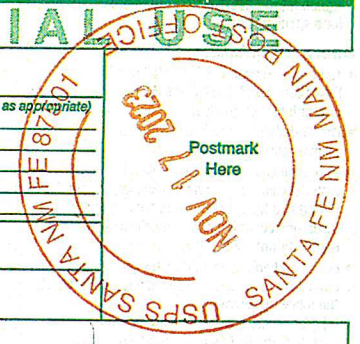
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7015 1520 0000 6842 1554

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	Delmar Hudson Lewis, MSU 6300 Ridglea Place, Suite 1005A Fort Worth, TX 76116
City, State, ZIP+4®	Fort Worth, TX 76116-2403

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

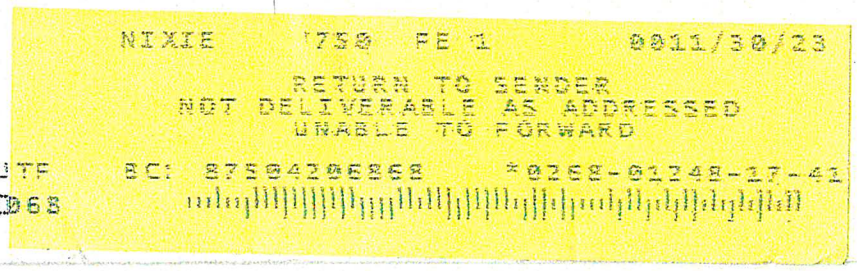


RECEIVED

DEC 11 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Delmar Hudson Lewis, MSU
6300 Ridglea Place, Suite 1005A
Fort Worth, TX 76116



CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fees 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 Marathon Oil Permian, LLC
5555 San Felipe Street
City, State Houston, TX 77056

24003-04 - PRO Madam

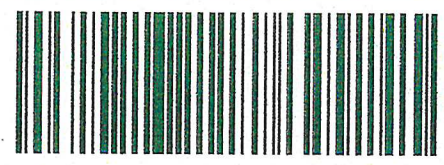
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 0090 0000 0863 2124



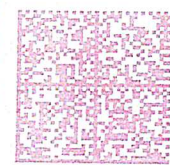
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL®



7020 0090 0000 0863 2124

FIRST-CLASS



US POSTAGE PAID PITNEY BOWES

ZIP 87501 \$ **008.77**
02 7H
0006052409 NOV 17 2023

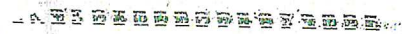
RECEIVED

DEC 5 2023

Hinkle Shanor LLP
Santa Fe NM 87504

Marathon Oil Permian, LLC
5555 San Felipe Street
Houston, TX 77056

[Handwritten initials]



ANK BCI
7020 0090 0000 0863 2124

NOV 17 2023

RETURN TO SENDER
UNDELIVERED TO ADDRESSEE

7020 0090 0000 0863 2124

0006052409

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 Marigold LLLP
 PO Box 1290
 City Artesia, NM 88211-1290
 24003-04 - PRO Madera

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

7020 0090 0000 0600 0202

NOV 17 2023
 SANTA FE NM MAIN POST OFFICE 87504

CERTIFIED MAIL



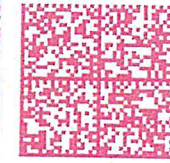
7020 0090 0000 0863 2131

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

Handwritten: $\frac{1}{3}$

Marigold LLLP
 PO Box 1290
 Artesia, NM 88211-1290

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ **008.77⁰**
 02 7H
 0006052409 NOV 17 2023

Handwritten: HSF

RECEIVED

JAN 3 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

NIXIE 750 FE 1 0012/26/23 24003-04 - PRO Madera

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

TF 068 BC: 87504000000 *2182-01155-25-04



7020 0090 0000 0863 2148

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 \$ _____

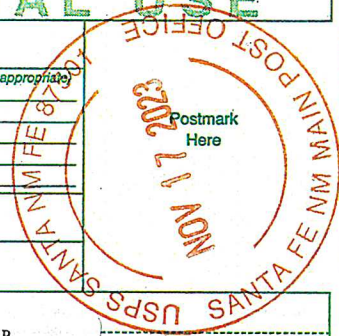
Total Postage and Fees \$ _____

Sent To _____

Street or PO Box _____ Mark Wilson Family Partnership, LP
4501 Green Tree Boulevard
Midland, TX 79707-1607

City, State, ZIP+4® _____ 24003-04 - PRO Madem

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



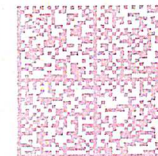
HINKLE SHANOR LLP
ATTORNEYS AT LAW
POST OFFICE BOX 2068
SANTA FE, NEW MEXICO 87504

CERTIFIED MAIL



7020 0090 0000 0863 2148

FIRST-CLASS



US POSTAGE IMPITNEY BOWES
ZIP 87501 \$ 008.779
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 5 2023

Hinkle Shanor LLP
Santa Fe NM 87504

CLS

Mark Wilson Family Partnership, LP
4501 Green Tree Boulevard
Midland, TX 79707-1607

4/N

12/5

NIXIE 799 FE 1 202311/27/23
RETURN TO SENDER
NOT DELIVERABLE AS
UNABLE TO FORWARD
BC: 875042000000 01072-28-37

1027

**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 City, State _____
Spiral, Inc.
400 N Pennsylvania, Ste 550
Roswell, NM 88201
City, State _____ 24003-04 - Pro Madera

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0725 3416 69



CERTIFIED MAIL®

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



9589 0710 5270 0725 3416 69

FIRST-CLASS



US POSTAGE™ IMM PITNEY BOWES

ZIP 87501 \$ **008.770**
02 7H
0006052409 DEC 29 2023

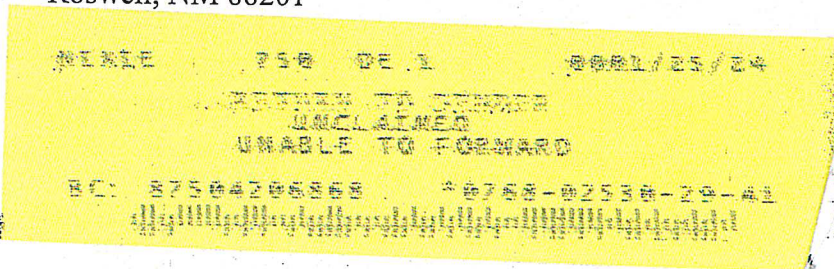
LN
1-2-24

RECEIVED

JAN 30 2024

Hinkle Shanor LLP
Santa Fe NM 87504

Spiral, Inc.
400 N Pennsylvania, Ste 550
Roswell, NM 88201



7022 1670 0002 1189 3928

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

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

OFFICIAL USE

Certified Mail Fee
 \$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

WPX Energy Permian, LLC
 3500 One Williams Center, MD 38
 Tulsa, Oklahoma 74172

24003-04 - PRO Madem

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®



7022 1670 0002 1189 3928

FIRST-CLASS



US POSTAGE IMPITHEY BOWES

ZIP 87501 \$ **008.770**
 02 7H
 0006052409 NOV 17 2023

RECEIVED

DEC 4 2023

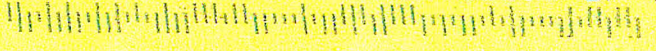
Hinkle Shanor LLP
Santa Fe NM 87504

WPX Energy Permian, LLC
3500 One Williams Center, MD 38
Tulsa, Oklahoma 74172

NIXIE 731 FE 1 0011/24/23

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

UTC BC: 87504206868 *0268-01256-17-41



7022 1670 0002 1188 7750

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fees 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 a J. Phelps White, III
 4001 Southwest 33rd Ct

City, St Ocala, FL 34474 24003-04 - Pro Madera

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®



7022 1670 0002 1188 7750

ALBUQUERQUE NM 870
DEC 29 2023 PM 02 L

FIRST CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.77⁰
02 7H
0006052409 DEC 29 2023

RECEIVED

JAN 18 2024

Hinkle Shanor LLP
Santa Fe NM 87504

Red

J. Phelps White, III
4001 Southwest 33rd Ct
Ocala, FL 34474

24003-04 - Pro Madera

RETURNS DE 1 0001/07/24

RETURN TO SENDER
 REFUSED
 UNABLE TO FORWARD

BC: 87504206888 *0238-05422-07-34

*1/2
1/17*

REF
02 11 2024

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

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

OFFICIAL USE

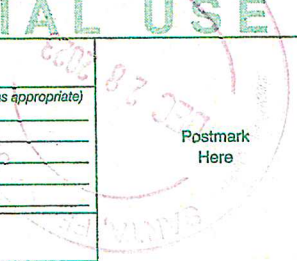
Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To
 Street and Apt J. Phelps White, IV
 PO Box 1433
 Roswell, NM 88202
 City, State, Zip 24003-04 - Pro Madem

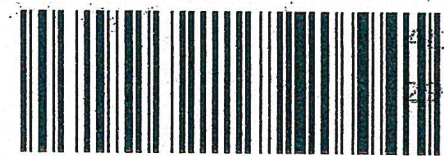
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0002 1189 1894



CERTIFIED MAIL®

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



7022 1670 0002 1189 1894

BUQUERQUE NM 870
29 DEC 2023 PM 2 L

FIRST CLASS



US POSTAGE™ PITNEY BOWES
ZIP 87501 \$ 008.770
02 7H
0006052409 DEC 29 2023

RECEIVED

JAN 10 2024

Hinkle Shanor LLP
Santa Fe, NM 87504

J. Phelps White, IV
PO Box 1433
Roswell, NM 88202

NIXIE 750 FE 1 0001/10/24
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
ANK BC: 87504206868 *0568-02444-28-42

7022 1670 0002 1189 3874

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL US MAIL

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

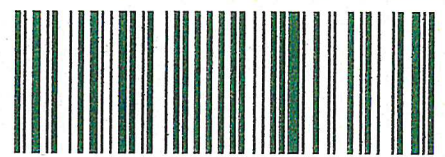
Postmark Here
NOV 17 2023 SANTA FE NM

John A. Yates, Trustee of Trust Q u/w/o
Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88211-0111
24003-04 - PRO Madem

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®



7022 1670 0002 1189 3874

FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.770
02 7H
0006052409 NOV 17 2023

RECEIVED

DEC 11 2023

Y/N

Hinkle Shanor LLP
Santa Fe NM 87504

12/8

John A. Yates, Trustee of Trust Q
u/w/o Peggy A. Yates, deceased
P.O. Box 100
Artesia, NM 88

UTP

NIXIE 750 FB 1 0011/28/23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

7022 1670 0002 1188 4513

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 A Lisa L. Durban
1970 Tincup Ct
Boulder, CO 80305

City, State, & 24003-04 - Pro Madera

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



USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211884513

Copy

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

Latest Update

Your item was delivered to a neighbor as requested at 2:04 pm on January 4, 2024 in BOULDER, CO 80305.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Neighbor as Requested

BOULDER, CO 80305

January 4, 2024, 2:04 pm

In Transit to Next Facility

January 3, 2024

Arrived at USPS Regional Facility

DENVER CO DISTRIBUTION CENTER

January 2, 2024, 9:12 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:38 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:12 pm

● 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

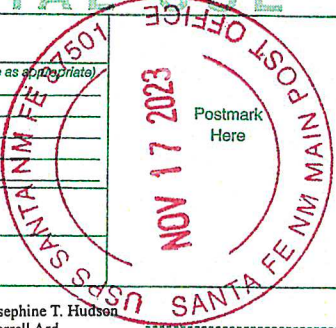
7022 1670 0002 1188 6265

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
 Frost Bank, Trustee of the Josephine T. Hudson
 Testamentary Trust f/b/o J. Terrell Ard
 P.O. Box 1600
 San Antonio, TX 78296
 24003-04 - PRO Madera

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211886265

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

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

November 23, 2023

Arrived at USPS Regional Facility

SAN ANTONIO TX DISTRIBUTION CENTER

November 19, 2023, 12:43 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 8:46 pm

● **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.

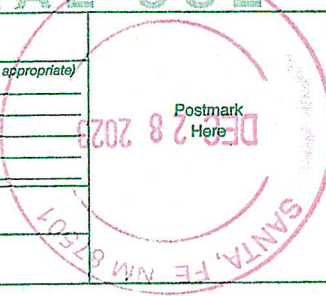
FAQs

7022 1670 0002 1189 2556

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	James Gebel, Trustee of the James R. Gebel	
	Revocable Living Trust	
Street an	58 Road 2335	
	Aztec, NM 87410	
City, State	24003-04 - Pro Madera	

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211892556

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

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

January 4, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101
December 29, 2023, 9:38 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
December 29, 2023, 8:42 pm

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 1547

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

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

OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

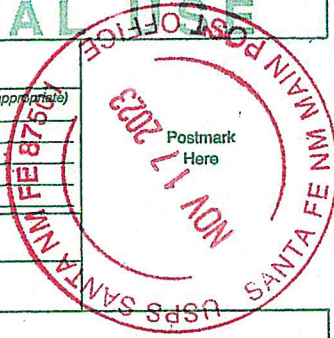
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Anne S. Johnson
 6529 Highway 42 South
 Fort Valley, Georgia 31030

24003-04 - PRO Maden

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

7015152000068421547

Copy

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

Latest Update

Your item could not be delivered on November 29, 2023 at 10:35 am in FORT VALLEY, GA 31030. It was held for the required number of days and is being returned to the sender.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Alert

Unclaimed/Being Returned to Sender

FORT VALLEY, GA 31030
November 29, 2023, 10:35 am

Available for Pickup

FORT VALLEY
111 ANDERSON AVE
FORT VALLEY GA 31030-9998
M-F 0830-1700; SAT 0900-1200
November 29, 2023, 9:09 am

Reminder to Schedule Redelivery of your item

November 27, 2023

Notice Left (No Authorized Recipient Available)

FORT VALLEY, GA 31030
November 22, 2023, 3:06 pm

In Transit to Next Facility

November 21, 2023

- **Departed USPS Regional Facility**
MACON GA DISTRIBUTION CENTER ANNEX
November 20, 2023, 2:39 pm
- **Arrived at USPS Regional Facility**
MACON GA DISTRIBUTION CENTER ANNEX
November 20, 2023, 2:12 pm
- **Departed USPS Facility**
ALBUQUERQUE, NM 87101
November 17, 2023, 9:39 pm
- **Arrived at USPS Facility**
ALBUQUERQUE, NM 87101
November 17, 2023, 8:46 pm
- **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

7020 0090 0000 0863 2100

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 Lime Rock Resources A, LP
1111 Bagby St Ste 4600
City, Houston, TX 77002

24003-04 - PRO Madera



Postmark
Here

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70200090000008632100

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

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

November 25, 2023

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

November 20, 2023, 11:17 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 9:39 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

November 17, 2023, 8:46 pm

● 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 4650

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

\$

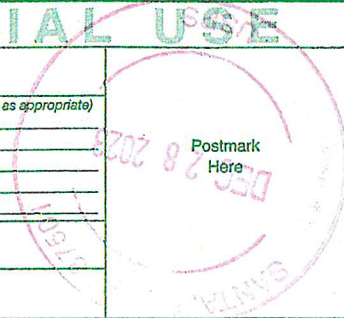
Sent To

Street and Apt.

Elizabeth White Nelson
1022 Potomac Dr
Houston, TX 77057

City, State, ZIP

24003-04 - Pro Madera



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

See Reverse for Instructions

USPS Tracking®

FAQs >

Tracking Number:

Remove X

70221670000211884650

Copy

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

Latest Update

Your item was picked up at a postal facility at 2:17 pm on January 8, 2024 in HOUSTON, TX 77057.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

HOUSTON, TX 77057

January 8, 2024, 2:17 pm

Reminder to Schedule Redelivery of your item

January 7, 2024

Notice Left (No Authorized Recipient Available)

HOUSTON, TX 77057

January 4, 2024, 2:14 pm

Notice Left (No Authorized Recipient Available)

HOUSTON, TX 77057

January 2, 2024, 5:46 pm

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

January 1, 2024, 12:00 pm

In Transit to Next Facility

December 31, 2023

Departed USPS Facility

ALBUQUERQUE, NM 87101
December 29, 2023, 9:38 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
December 29, 2023, 8:41 pm

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

9589 0710 5270 0725 3416 38

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 ? Northern Oil and Gas
4350 Baker Road, Ste 400

City, State, ? Minnetonka, MN 55343
24003-04 - Pro Madara



PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341638

Copy

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

Latest Update

Your item has been delivered to an agent for final delivery in HOPKINS, MN 55343 on January 3, 2024 at 10:39 am.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered to Agent

Delivered to Agent for Final Delivery

HOPKINS, MN 55343

January 3, 2024, 10:39 am

Arrived at USPS Regional Facility

MINNEAPOLIS MN DISTRIBUTION CENTER

January 2, 2024, 6:30 am

In Transit to Next Facility

January 1, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:38 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:06 pm

● 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

9589 0710 5270 0725 3416 76

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 Theodore P. White, Est
575 S Virginia Hills Dr Unit 2701
City, State Mckinney, TX 75072 24003-04 - Pro Madera

DEC 28 2023

Postmark
Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700725341676

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

January 5, 2024

Arrived at USPS Regional Facility

COPPELL TX DISTRIBUTION CENTER

December 31, 2023, 2:16 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 9:38 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

December 29, 2023, 8:57 pm

Feedback

● **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

Carlsbad Current Argus.

PART OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005860107

This is not an invoice

HINKLE SHANOR, LLP
POBOX 2068

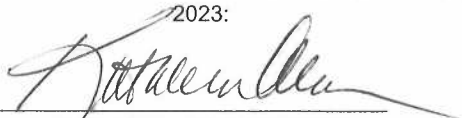
SANTA FE, NM 87504

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:

11/21/2023


Legal Clerk

Subscribed and sworn before me this November 21, 2023:



State of WI, County of Brown
NOTARY PUBLIC

1-7-25

My commission expires

This is to notify all interested parties, including Ard Oil, Ltd., Mary T. Ard, President; BP America Production Company; Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard; Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust; Bean Family Limited Company; COG Operating LLC; Colgate Opearting, LLC; Colgate Production, LLC; Colgate Royalties, LP; Concho Oil & Gas LLC; Contago Resources, LLC; D2 Resources, LLC; Irma Leota Davis; Paula Raye Dooley; Margaret V. Dowling, SSP; EOG Resources, Inc.; Harvard Petroleum Company, LLC; Vergil Wesley Hopp; Edward R. Hudson, Jr. and wife, Ann F. Hudson; Francis H. Hudson, Trustee of Lindy's Living Trust; William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased; Jalapeno Corporation; Javelina Partners; Anne S. Johnson; Delmar Hudson Lewis, MSU; Lime Rock Resources A, LP; MRC Delaware Resources, LLC; Marathon Oil Permian, LLC; Marigold LLLP; Mark Wilson Family Partnership, LP; Oxy USA WTP, LP; OXY Y-1 Company; Penroc Oil Corporation; Terence Patrick Perkins; Santo Legado, LLC; Sharbro Energy, LLC; Slash Exploration, LP; Solis Energy, LLC; Tinian Oil & Gas LLC; Tulipan LLC; Vladin, LLC; WPX Energy Permian, LLC; Yates Brothers, a partnership; Yates Industries, LLC; John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased; ZPZ Delaware I LLC; Zorro 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. 24004). The hearing will be conducted remotely on December 7, 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: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the **Madera 9 State Com #122H** and the **Madera 9 State Com #132H** wells ("Wells"), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the SW/4 NW/4 (Unit E) of Section 8. The completed interval of the Wells will be orthodox. 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 operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico. #5860107, Current Argus, November 21, 2023

KATHLEEN ALLEN
Notary Public
State of Wisconsin

Ad # 0005860107
PO #: Madera 24004
of Affidavits 1

This is not an invoice

Permian Resources Operating, LLC
Case No. 24004
Exhibit C-4

Carlsbad Current Argus.

MEMBER OF THE USA TODAY NETWORK

Affidavit of Publication

Ad # 0005870385

This is not an invoice

HINKLE SHANOR, LLP
POBOX 2068

SANTA FE, NM 87504

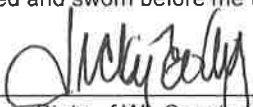
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements 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:

01/03/2024



Legal Clerk

Subscribed and sworn before me this January 3, 2024:



State of WI, County of Brown
NOTARY PUBLIC
9192

My commission expires

VICKY FELTY
Notary Public
State of Wisconsin

This is to notify all interested parties, including Andersen--Malone, LLC; Ard Oil, Ltd., Mary T. Ard, President; BP America Production Company; Frost Bank, Trustee of the Josephine T. Hudson Testamentary Trust f/b/o J. Terrell Ard; Roy G. Barton, Jr., Trustee of the Roy G. Barton, Sr., and Opal Barton Trust; Bean Family Limited Company; COG Operating LLC; Charles F. Malone Living Trust dated August 1, 1987; Cheryl W. Derrick, Estate of; Coille Limited Partnership, LP; Cokelan Corporation; Colgate Operating, LLC; Colgate Production, LLC; Colgate Royalties, LP; Concho Oil & Gas LLC; Contago Resources, LLC; Constaplenty Energy Corporation; D2 Resources, LLC; D2 Royalties, LLC; Irma Leota Davis; William J. Derrick, as Trustee of the Gretchen S. White Testamentary Trust; Paula Raye Dooley; Margaret V. Dowling, SSP; Lisa L. Durban; EOG Resources, Inc.; Elizabeth Eaton; Gilbert J. Eaton; Elk Oil Company; Pamela Anne Evans; Explorers Petroleum Corporation; James Gebel, Trustee of the James R. Gebel Revocable Living Trust; Hanaco, LLC; Hanagan Investment, LLC; Harvard Petroleum Company, LLC; Heyco Development Corporation; Vergil Wesley Hopp; Edward R. Hudson, Jr. and wife, Ann F. Hudson; Francis H. Hudson, Trustee of Lindy's Living Trust; William A. Hudson II, Sole Executor of the Estate of Josephine T. Hudson, deceased; Jalapeno Corporation; Jareed Partners, Ltd.; Javelina Partners; Anne S. Johnson; Esther L. Kelly; Joseph J. Kelly; Delmar Hudson Lewis, MSU; Lime Rock Resources A, LP; Dan M. Leonard, as Trustee of the DML Revocable Trust dated January 10, 2007; Robert K. Leonard; Constance White Lloyd; MRC Delaware Resources, LLC; Laura Lynn McCampbell; Marathon Oil Permian, LLC; Marigold LLLP; Mark Wilson Family Partnership, LP; Mongoose Minerals, LLC; Nadel and Gussman Capitan, LLC; Elizabeth White Nelson; Nestegg Energy Corporation; New Mexico Western Minerals, Inc.; Nilo Operating Company; NonDarcy Oil & Gas, Inc.; Northern Oil and Gas; Oxy USA WTP, LP; OXY Y-1 Company; Occidental Permian, Ltd.; Penroc Oil Corporation; Terence Patrick Perkins; Santo Legado, LLC; Linda E. Schwartz; Sharbro Energy, LLC; Slash Exploration, LP; Spiral, Inc.; Solis Energy, LLC; Tinian Oil & Gas LLC; Tulipan LLC; Theodore P. White, Est; Mary Ann Kelly Twitty; Vladin, LLC, a NM LLC; WPX Energy Permian, LLC; Western Reserves Oil Company; J. Phelps White, III; J. Phelps White, IV; Keith Williams; WPX Energy Permian, LLC; Yates Brothers, a partnership; Yates Industries, LLC; John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, deceased; ZPZ Delaware I LLC; Zorro 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. 24004). The hearing will be conducted remotely on January 4, 2024, beginning at 8:15 a.m. To participate in the electronic hearing, see the instructions posted on the OCD Hearings website for that date: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Applicant applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 320-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Sections 8 and 9, Township 19 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Madera 9 State Com #122H and the Madera 9 State Com #132H wells ("Wells"), which will be drilled from surface hole locations in the SE/4 NE/4 (Unit H) of Section 9 to bottom hole locations in the SW/4 NW/4 (Unit E) of Section 8. The completed interval of the Wells will be orthodox. 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 operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.
#5870385, Current Argus, January 3, 2024

Ad # 0005870385

PO #:
of Affidavits 1

This is not an invoice