

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 24172

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Taylor Warren
A-1	Application & Proposed Notice of Hearing
A-2	C-102
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-4	Sample Well Proposal Letter & AFE
A-5	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Shane Seals
B-1	Location Map, Subsea Structure Map, Gun Barrel Diagram
B-2	Stratigraphic Cross-Section
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 February 13, 2024

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

Case: 24172	APPLICANT'S RESPONSE
Date	March 21, 2024
Applicant	Steward Energy II, LLC
Designated Operator & OGRID (affiliation if applicable)	OGRID # 371682
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Steward Energy II, LLC for Compulsory Pooling and Approval of Overlapping Spacing Unit, Lea County, New Mexico.
Entries of Appearance/Intervenors:	Fasken Oil & Ranch Ltd. ; Mewbourne Oil Company
Well Family	Blue Sky
Formation/Pool	
Formation Name(s) or Vertical Extent:	San Andres
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	San Andres
Pool Name and Pool Code:	Bronco; San Andres South Pool (Code 7500)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	320-acre
Building Blocks:	quarter-quarter
Orientation:	North/South
Description: TRS/County	E/2 W/2 of Sections 10 and 15, Township 13 South, Range 38 East, Lea 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	No.
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	Blue Sky Fee 4H (API # pending) SHL: 841' FSL & 2251' FWL (Unit N), Section 3, T13S-R38E BHL: 100' FSL & 2230' FWL (Unit N), Section 15, T13S-R38E Completion Target: San Andres (Approx. 5,357' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFF Capex and Operating Costs	

Drilling Supervision/Month \$	\$7,000.00
Production Supervision/Month \$	\$700.00
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	Exhibit C-2
Ownership Depth Severance (including percentage above & below)	N/A
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-1
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-1
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-1
Structure Contour Map - Subsea Depth	Exhibit B-1
Cross Section Location Map (including wells)	Exhibit B-1
Cross Section (including Landing Zone)	Exhibit B-2

Additional Information	
Special Provisions/Stipulations	
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	3/19/2024

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 24172

**SELF-AFFIRMED STATEMENT
OF TAYLOR WARREN**

1. I am a Vice President of Land, Permian North with Steward Energy II, LLC (“Steward”). I am over the age of 18, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement, I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in petroleum land matters were accepted and made a matter of record.

2. I am familiar with the land matters involved in the above-referenced case. Copies of Steward’s 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. Steward seeks an order pooling all uncommitted interests in Bronco; San Andres, South Pool (Code 7500) within the San Andres formation underlying a 320-acre, more or less, standard, overlapping horizontal spacing unit comprised of the E/2 W/2 of Sections 10 and 15, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Blue Sky Fee 4H** well (“Well”), which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 3 to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 15.

6. The completed interval of the Well will be orthodox.

**Steward Energy II, LLC
Case No. 24172
Exhibit A**

7. The Unit will partially overlap with the spacing unit for the Huell Fee #5H well (API #30-025-49775), which is located in the W/2 of Section 15, Township 13 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

8. The Unit will also partially overlap with the spacing unit for the Lawyer Up Fee #5H (API #30-025-51003), which is located in the W/2 of Section 10, Township 13 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

9. **Exhibit A-2** contains the C-102 for the Well.

10. **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 Steward seeks to pool highlighted in yellow.

11. Steward located an address for each party it seeks to pool, but it is unclear whether each address is valid since some of the hearing notice letters were returned as undeliverable. As discussed below, Steward conducted extensive research to locate the parties it seeks to pool.

12. With respect to Steward's efforts to locate parties, Steward conducted a diligent search of all relevant county public records, phone directories and computer databases a landman in the normal course of business would search. Over the course of several years since leasing activity began, the lease broker, Shaw Interests, Inc., and our in-house Landman, Cooper Newlan, each conducted their own diligent searches, and worked in conjunction, to locate unlocatable parties. Each used <https://www.google.com/> to obtain as many details as possible prior to conducting searching on websites that included the following:

<https://accurint.com/> (a Lexis-Nexis paid subscription search service)

<https://www.ancestry.com/>

<https://www.familysearch.org/en/>

<https://www.findagrave.com/>

<https://www.legacy.com/>

<https://www.newspapers.com/>

<https://www.whitepages.com/>

13. Steward sent correspondence and lease offers to confirmed and prospective addresses. Additionally, telephone calls were made in an attempt to reach the relatives/heirs.

14. **Exhibit A-4** contains a sample well proposal letter and AFE sent to working interest owners for the Well. The estimated costs reflected on the AFE are fair and reasonable and comparable to the cost of other wells of similar depth and length drilled in the subject formation in the area.

15. In my opinion, Steward made a good-faith effort to reach voluntary joinder of uncommitted interests in the Well as indicated by the chronology of contact described in **Exhibit A-5**.

16. Steward requests overhead and administrative rates of \$7,000.00 per month while the Well is being drilled and \$700.00 per month while the Well is producing. These rates are fair and are comparable to the rates charged by Steward and other operators in the vicinity.

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

18. In my opinion, the granting of Steward's application would serve the interests of conservation, the protection of correlative rights, and the prevention of waste.

19. 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 handwritten next to my signature below.



Taylor Warren

02/16/2024

Date

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NO. 24172

AMENDED APPLICATION

In accordance with NMSA 1978, § 70-2-17 and NMAC 19.15.16.15(B)(5), Steward Energy II, LLC (“Steward” or “Applicant”), through its undersigned attorneys, files this application with the Oil Conservation Division (“Division”) seeking an order: (1) establishing a 320-acre, more or less, standard, overlapping horizontal spacing unit comprised of the E/2 W/2 of Sections 10 and 15, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the San Andres formation underlying the Unit. In support of this application, Steward states the following.

1. Applicant (OGRID No. 371682) is a working interest owner in the Unit and has the right to drill thereon.
2. Applicant seeks to dedicate the Unit to the **Blue Sky Fee 4H** well (“Well”), which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 3 to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 15.
3. The completed interval of the Well will be orthodox.
4. The Unit will partially overlap with the spacing unit for the Huell Fee #5H well (API #30-025-49775), which is located in the W/2 of Section 15, Township 13 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

**Steward Energy II, LLC
Case No. 24172
Exhibit A-1**

5. The Unit will also partially overlap with the spacing unit for the Lawyer Up Fee #5H (API #30-025-51003), which is located in the W/2 of Section 10, Township 13 South, Range 38 East, Lea County and produces from the Bronco; San Andres, South Pool (Code 7500).

6. Applicant has sought and been unable to obtain voluntary agreement for the development of these lands from all of the interest owners in the Unit.

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

8. In order to permit 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 proposed horizontal well and the Unit.

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on March 7, 2024, and, after notice and hearing as required by law, the Division enter an order:

- A. Approving the proposed overlapping spacing unit;
- B. Pooling all uncommitted interests in the Unit;
- C. Approving the initial well in the Unit;
- D. Designating Applicant as the operator of the Unit and the horizontal well to be drilled thereon;
- E. Authorizing Applicant to recover its costs of drilling, equipping, and completing the well;
- F. Approving the actual operating charges and costs of supervision, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

G. Imposing a 200% charge for the risk assumed by Applicant in drilling and completing the well against any working interest owner who does not voluntarily participate in the drilling of the well.

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) 98208623

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

Counsel for Steward Energy II, LLC

Application of Steward Energy II, LLC for Compulsory Pooling and Approval of Overlapping Spacing Unit, Lea County, New Mexico. Steward Energy II, LLC (“Applicant”) seeks an order: (1) establishing a 320-acre, more or less, standard, overlapping horizontal spacing unit comprised of the E/2 W/2 of Sections 10 and 15, Township 13 South, Range 38 East, Lea County, New Mexico (“Unit”); and (2) pooling all uncommitted interests in the San Andres formation underlying the Unit. Applicant seeks to dedicate the Unit to the **Blue Sky Fee 4H** well (“Well”), which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 3 to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 15. The completed interval of the Well will be orthodox. The Unit will partially overlap with the spacing units for the Huell Fee #5H (API #30-025-49775) and the Lawyer Up Fee #5H (API #30-025-51003). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 13.2 miles southeast from Tatum, New Mexico.

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

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

Surface Location

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

Bottom Hole Location If Different From Surface

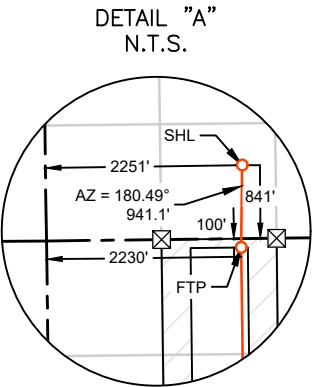
Table with 10 columns: UL or lot no., Section, Township, Range, Lot Idn, Feet from the, North/South line, Feet from the, East/West line, County.

Table with 4 columns: Dedicated Acres, Joint or Infill, Consolidation Code, Order No.

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

Main survey plat area including grid, well location details, bearings, distances, and certification sections for Operator and Surveyor.

Table with 2 columns: SECTION, DISTANCE FROM FTP TO LTP.



OPERATOR CERTIFICATION

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

Signature, Date, Printed Name, E-mail Address fields.

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...

JANUARY 31, 2023
Date of Survey

Signature and Seal of Professional Surveyor



Job No.: 24-01-3861
MATTHEW B. TOMERLIN, N.M.P.L.S.
Certificate Number 23203

NOTES

- 1. ALL COORDINATES, BEARINGS, AND DISTANCES CONTAINED HEREIN ARE GRID, BASED UPON THE NEW MEXICO STATE PLANE COORDINATES SYSTEM...
2. THIS DOCUMENT IS BASED UPON AN ON THE GROUND SURVEY PERFORMED DURING JANUARY, 2024...
3. ELEVATIONS MSL, DERIVED FROM G.N.S.S. OBSERVATION AND DERIVED FROM SAID ON-THE-GROUND SURVEY.

Table with 2 columns: NAD 83 (SHL) 841' FSL & 2251' FWL, NAD 27 (SURFACE HOLE LOCATION).

Table with 2 columns: NAD 83 (FTP) 100' FNL & 2230' FWL, NAD 27 (FTP).

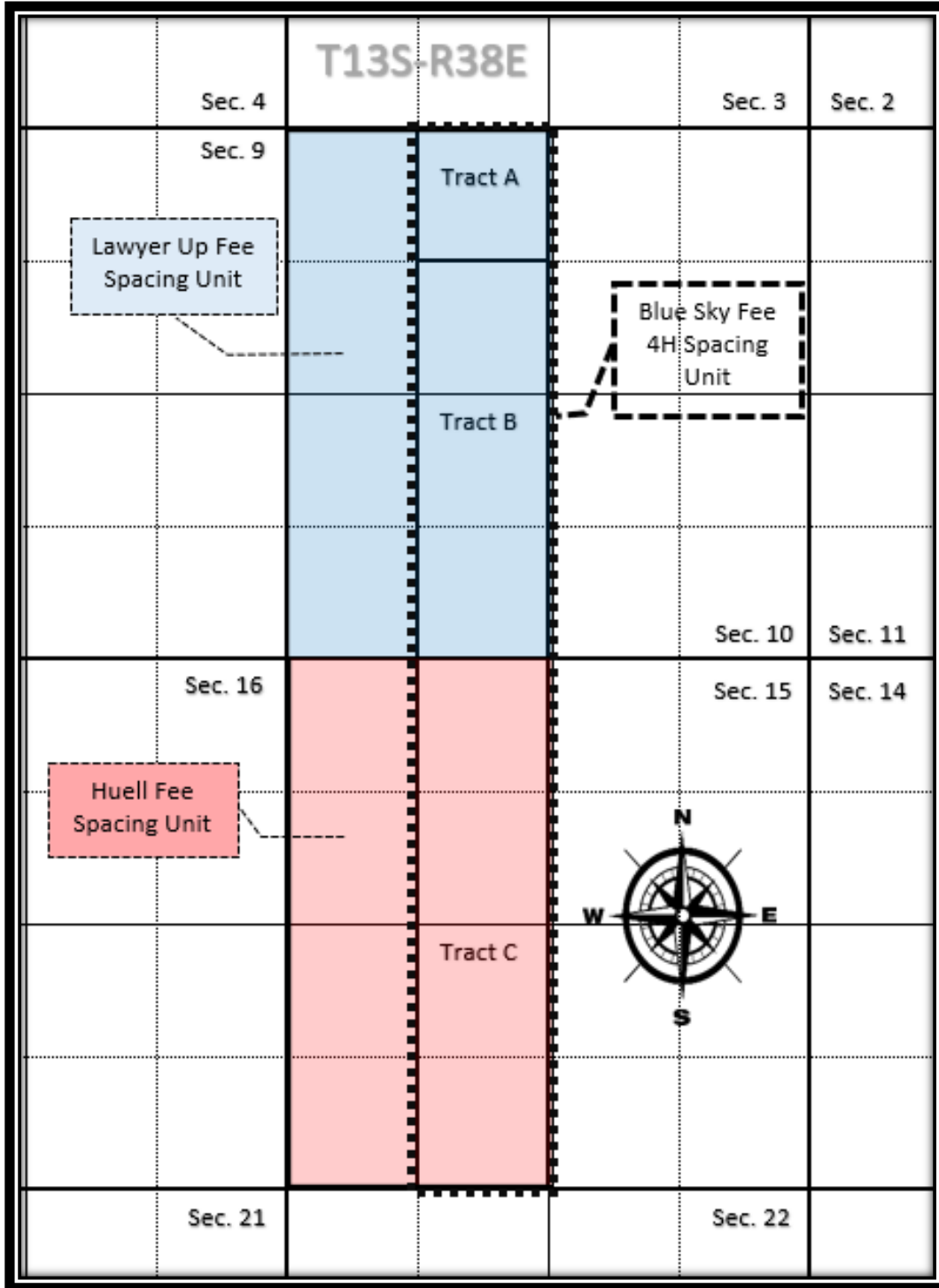
Table with 2 columns: NAD 83 (LTP/BHL) 100' FSL & 2230' FWL, NAD 27 (LTP/BHL).

Steward Energy II, LLC
Case No. 24172
Exhibit A-2

Legend for symbols and scale bar. Scale: 1" = 2500'.

EXHIBIT A-3

Blue Sky Fee 4H
E/2W/2 of Sections 10 & 15, T13S-R38E, N.M.P.M
Lea Co., NM



Steward Energy II, LLC
Case No. 24172
Exhibit A-3

Tract A - (E/2N/2NW/4, also being described as the NE/4NW/4, of Section 10, T13S-R38E, being 40.00 Acres)

Steward Energy II, LLC	WI	95.833332%
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Tract B - (E/2W/2, SAVE & EXCEPT the NE/4NW/4, of Section 10, T13S-R38E, being 120.00 Acres)

Steward Energy II, LLC	WI	100.000000%
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Tract C - (E/2W/2 of Section 15, T13S-R38E, being 160.00 Acres)

Steward Energy II, LLC	WI	83.536551%
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Tract A**(E/2N/2NW/4, also being described as the NE/4NW/4, of Section 10, T13S-R38E, being 40.00 Acres)****Committed**

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	95.833332%	Committed - JOA Executed
Totals:		95.833332%	

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Allante Joint Venture	WI/ORRI	0.919792%	Committed - JOA Executed
Armstrong Energy Corporation	WI	0.002083%	Committed - JOA Executed
Chimney Rock Oil & Gas LLC	WI	0.004613%	Committed - JOA Executed
Cinco Ranch Oil & Gas LLC	WI	0.100000%	Committed - JOA Executed
David Essex Trust, f/b/o Elliott Carter Essex	WI	0.027778%	Committed – AFE Executed
David Essex Trust, f/b/o Pierce Dean Essex	WI	0.027778%	Committed – AFE Executed
Davis Holdings L.P.	WI/ORRI	0.230208%	Uncommitted
Gunsight Limited Partnership	WI	0.097125%	Committed - JOA Executed
HJJW Interests, LP	WI	0.055556%	Uncommitted
MEMO Interests, L.P.	WI	0.055556%	Uncommitted
Mewbourne Oil Company	WI	1.666667%	Uncommitted
Rio Potomac Investments, LLC	WI	0.015367%	Committed - JOA Executed
Robert E. Landreth	WI	0.250000%	Uncommitted
Slash Exploration Limited Partnership	WI	0.714146%	Committed - JOA Executed
Totals:		4.166669%	
Grand Totals:		100.000000%	

Overriding Royalty Interest Owners

<u>Owner</u>	<u>Type</u>
Leon Jeffcoat	ORRI
Michael Lee Douglas	ORRI

Parties to be pooled are highlighted in yellow.

Plains Production, Inc.	ORRI
Robert W. Palmer	ORRI
William E. Gee and Carol E. Gee Revocable Trust	ORRI

Parties to be pooled are highlighted in yellow.

Tract B

(E/2W/2, SAVE & EXCEPT the NE/4NW/4, of Section 10, T13S-R38E, being 120.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	100.000000%	Committed - JOA Executed
Totals:		100.000000%	

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
None	-	0.000000%	
Totals:		0.000000%	
Grand Totals:		100.000000%	

Tract C

(E/2W/2 of Section 15, T13S-R38E, being 160.00 Acres)

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
Steward Energy II, LLC	WI	83.536551%	Committed - JOA Executed
Totals:		83.536551%	

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>	<u>Status</u>
G&M Oil, LLC	WI	0.085769%	Committed - JOA Executed
Kennedy Minerals, Ltd.	WI	1.600086%	Committed - JOA Executed
McCarthy Oil & Gas, LLC	WI	0.343153%	Uncommitted
Occidental Permian Ltd.	ULMI	9.375000%	Uncommitted
Suzanne Davis Working Interest, LP	WI	3.515625%	Committed - JOA Executed
Terra Nova Energy, LP	WI	1.543817%	Uncommitted
Totals:		16.463450%	
Grand Totals:		100.000000%	

Parties to be pooled are highlighted in yellow.

Recapitulation

Committed

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>
Steward Energy II, LLC	WI	91.247442%
Totals:		91.247442%

Uncommitted

<u>Owner</u>	<u>Type</u>	<u>WI Ownership</u>
Leon Jeffcoat	ORRI	0.000000%
Michael Lee Douglas	ORRI	0.000000%
Plains Production, Inc.	ORRI	0.000000%
Robert W. Palmer	ORRI	0.000000%
William E. Gee and Carol E. Gee Revocable Trust	ORRI	0.000000%
Occidental Permian Ltd.	ULMI	4.687500%
Allante Joint Venture	WI/ORRI	0.114974%
Armstrong Energy Corporation	WI	0.000260%
Chimney Rock Oil & Gas LLC	WI	0.000577%
Cinco Ranch Oil & Gas LLC	WI	0.012500%
David Essex Trust, f/b/o Elliott Carter Essex	WI	0.003472%
David Essex Trust, f/b/o Pierce Dean Essex	WI	0.003472%
Davis Holdings L.P.	WI/ORRI	0.028776%
G&M Oil, LLC	WI	0.042884%
Gunsight Limited Partnership	WI	0.012141%
HJJW Interests, LP	WI	0.006944%
Kennedy Minerals, Ltd.	WI	0.800043%
McCarthy Oil & Gas, LLC	WI	0.171577%
MEMO Interests, L.P.	WI	0.006944%
Mewbourne Oil Company	WI	0.208333%
Rio Potomac Investments, LLC	WI	0.001921%
Robert E. Landreth	WI	0.031250%
Slash Exploration Limited Partnership	WI	0.089268%
Suzanne Davis Working Interest, LP	WI	1.757813%
Terra Nova Energy, LP	WI	0.771908%
Totals:		8.752559%
Grand Totals:		100.000000%

Parties to be pooled are highlighted in yellow.



STEWARD ENERGY

*****VIA CERTIFIED U.S.P.S. MAIL # _____*****

December 13, 2023

Owner Name
Address 1
Address 2
City, State Zip-Code

**Re: Well Proposal
Blue Sky Fee 4H
Blue Sky Fee 6H
W/2 of Sections 10 and 15, T13S-R38E
Lea County, New Mexico**

Dear Owner,

Steward Energy II, LLC (“Steward”) hereby proposes to drill and complete the two horizontal wells (“Well”) listed below, at the locations, formation, and depth referenced below, which are subject to change based on final determination:

BLUE SKY FEE 4H

SHL: 820’ FSL & 2242’ FWL Sec. 3, T13S-R38E
FTP: 100’ FNL & 2248’ FWL Sec. 10, T13S-R38E
BHL: 100’ FSL & 2248’ FWL Sec. 15, T13S-R38E
Formation: San Andres
Total Vertical Depth and Measured Depth: ~ 5,357’ / 16,267’

BLUE SKY FEE 6H

SHL: 800’ FSL & 352’ FWL Sec. 3, T13S-R38E
FTP: 100’ FNL & 330’ FWL Sec. 10, T13S-R38E
BHL: 100’ FSL & 330’ FWL Sec. 15, T13S-R38E
Formation: San Andres
Total Vertical Depth and Measured Depth: ~ 5,357’ / 16,267’

Steward proposes the formation of the two (2) Horizontal Spacing Unit (“HSU”) listed below for each well:

**Steward Energy II, LLC
Case No. 24172
Exhibit A-4**

Well Proposal
Vamanos Roof Pizza #6H
December 13, 2023

HSU for the **BLUE SKY FEE 4H** being the E/2W/2 of Sections 10 and 15, T13S-R38E, Lea County, New Mexico, containing 320 acres, more or less.

HSU for the **BLUE SKY FEE 6H** being the W/2W/2 of Sections 10 and 15, T13S-R38E, Lea County, New Mexico, containing 320 acres, more or less.

Portions of these lands may be covered by an existing Joint Operating Agreements (“JOAs”), also covering the San Andres formation, and Steward hereby submits for your consideration, a new Joint Operating Agreement, dated December 1, 2023, being a modified AAPL Form 610 – 1989 Model Form Operating Agreement (“NJOA”), to govern proposals and operations within the HSU. The NJOA shall supersede any existing operations under any JOAs. The NJOA has the following general provisions:

Effective Date: December 1, 2023
Operator: Steward Energy II, LLC
Contract Area: W/2 of Sections 10 and 15, T13S-R38E, Lea County, New Mexico
Non-Consent Penalty: 300%
Overhead Rate: \$7,000/\$700 (drilling / producing monthly)

Enclosed are documents for your review and execution. Please see detailed Authorization for Expenditure (“AFE”), reflecting estimated costs that will be incurred to drill, complete, and equip the Well associated with this proposal.

If you intend to participate, please execute in the appropriate box on the AFE, and return to the undersigned within 30 days of receipt of this proposal. The AFE represents an estimated cost and is subject to change once the Well is drilled/completed and actual costs are incurred. Parties electing to participate are responsible for their proportionate share of actual costs.

Should you elect to participate in the Well, your execution of the NJOA is required. Please execute in the appropriate line, notarize, and return to the undersigned within 30 days of receipt of this proposal.

Your interest can be found on the AFE and Exhibit A to the proposed NJOA. Please note that this interest is subject to change pending further title verification.

Steward will submit an application for a Compulsory Pooling Order with the New Mexico Oil Conservation Division within 30 days of your receipt of this letter. This will allow Steward to move forward with planning and drilling the Wells while allowing time to properly execute a NJOA amongst the parties.

Please note that Steward is open to discuss possible trades, assignments, etc. of your interest in the subject acreage. Should you be interested or have any questions, please feel free to contact me at the information listed below.

Failure to respond within 30 days shall be deemed an election NOT to participate.

Well Proposal
Vamanos Roof Pizza #6H
December 13, 2023

Please send your election and all communication to:

Steward Energy II, LLC
Land Department
2600 Dallas Parkway, Suite 400
Frisco, Texas 75034

For questions regarding this well proposal please contact the Land Department via email land@stewardenergy.net or call (214) 297-0500.

Respectfully,

Keri Sweet
Sr. Landman

Attachment



AUTHORIZATION FOR EXPENDITURE

Well Name: Blue Sky Fee 4H					
Operator: Steward Energy II, LLC			AFE Number: 2404014DR		
Well Type: Oil (Horizontal)		AFE Type: Development Drig/Comp		AFE Date: 12/14/2024	
Q/Q/Q-S/T/R: E/2W/2 of Sections 10 and 15 - T13S-R38E		Prop. Depth: 5357.00 TVD, 16267.00 MD		County, State: Lea, NM	
		Field: Bronco; San Andres, South			
Surface		Lat. 33.215711	Long. -103.086093		
Bottom Hole		Lat. 33.184601	Long. -103.086111		
Project Description: Drill & Complete a ~2-mile San Andres Horizontal					

Account #	Cost Breakdown	Drilling	Dry Hole	Completion Cost	Workover	Total
8200.100	Land, Surveying & Legal	\$8,000	\$8,000			\$8,000
8200.101	Abstract, Title & Permit	\$5,000	\$5,000			\$5,000
8200.102	ROW & Surface Damages	\$20,000	\$20,000			\$20,000
8200.103	Road, Pad Location & Pit Building	\$58,500	\$58,500			\$58,500
8200.104	Environ, Reg & Safety	\$2,000	\$2,000			\$2,000
8200.105	Well Insurance	\$4,200	\$4,200			\$4,200
8200.113	Contract Labor	\$8,850	\$8,850			\$8,850
8200.114	Consulting Services & Contract Supervision	\$78,500	\$78,500			\$78,500
8200.120	Vacuum & Pump Truck	\$3,500	\$3,500			\$3,500
8200.122	Material Transportation	\$12,400	\$12,400			\$12,400
8200.126	Fuel	\$73,600	\$73,600			\$73,600
8200.131	Chemical-Downhole Treating	\$3,160	\$3,160			\$3,160
8200.132	Mud & Additives	\$68,000	\$68,000			\$68,000
8200.140	Mob/Demob	\$90,000	\$90,000			\$90,000
8200.141	Mud Disposal/Pit Closure	\$200,000	\$200,000			\$200,000
8200.142	Trailer Rental, Camp & Catering	\$35,700	\$35,700			\$35,700
8200.144	Drilling Rig - Daywork or Footage	\$243,600	\$243,600			\$243,600
8200.149	Bits, Mills & Reamers	\$34,500	\$34,500			\$34,500
8200.151	Directional Services	\$138,600	\$138,600			\$138,600
8200.160	Casing Crews & Services	\$32,700	\$32,700			\$32,700
8200.161	Cementing Services	\$150,000	\$150,000			\$150,000
8200.169	Water Transfer	\$8,500	\$8,500			\$8,500
8200.170	Water Purchase	\$30,000	\$30,000			\$30,000
8200.175	Surface Equipment Rental & Services	\$162,800	\$162,800			\$162,800
8200.193	Downhole Inspection/Testing - Casing, Tubing & Rods	\$26,650	\$26,650			\$26,650
8200.301	Overhead	\$14,000	\$14,000			\$14,000
	IDC Total:	\$1,512,760	\$1,512,760			\$1,512,760
8250.200	Conductor/Drive Pipe	\$20,600	\$20,600			\$20,600
8250.201	Surface Casing	\$68,149	\$68,149			\$68,149
8250.203	Production Casing	\$615,600	\$615,600			\$615,600
8250.205	Wellhead Equipment, Flow Tee & Meter Run	\$20,880	\$20,880			\$20,880
8250.214	Other Downhole Equipment	\$434,854	\$434,854			\$434,854
	TDC Total:	\$1,160,083	\$1,160,083			\$1,160,083
8300.110	Company Labor			\$48,000	\$48,000	\$48,000
8300.114	Consulting Services & Contract Supervision			\$48,000	\$48,000	\$48,000
8300.120	Vacuum & Pump Truck			\$34,000	\$34,000	\$34,000

8300.122	Material Transportation		\$33,000	\$33,000	\$33,000
8300.126	Fuel		\$6,500	\$6,500	\$6,500
8300.131	Chemicals - Downhole Treating		\$4,500	\$4,500	\$4,500
8300.133	Completion Fluid		\$40,000	\$40,000	\$40,000
8300.142	Trailer Rental, Camp & Catering		\$6,500	\$6,500	\$6,500
8300.143	Well Control - BOP, Isolation Assy		\$117,000	\$117,000	\$117,000
8300.146	Completion/Workover Rig		\$98,450	\$98,450	\$98,450
8300.148	Reverse Unit		\$40,000	\$40,000	\$40,000
8300.149	Bits, Mills & Reamers		\$3,500	\$3,500	\$3,500
8300.169	Water Transfer	\$106,000	\$106,000	\$106,000	\$106,000
8300.170	Water Purchase		\$270,250	\$270,250	\$270,250
8300.171	Stimulation - Frac, Acid, Gravel Pack		\$2,592,000	\$2,592,000	\$2,592,000
8300.175	Surface Equipment Rental & Services		\$94,000	\$94,000	\$94,000
8300.176	Downhole Equipment Rental & Services		\$89,000	\$89,000	\$89,000
ICC Total:			\$3,630,700	\$3,630,700	\$3,630,700
8350.205	Wellhead Equipment, Flow Tee & Meter Run	\$20,000	\$20,000	\$20,000	\$20,000
8350.206	Tubing		\$38,000	\$38,000	\$38,000
8350.211	Electric Submersible Pumps		\$305,500	\$305,500	\$305,500
8350.221	Surface VSD, Transformer, POC & Associated Equipment		\$32,000	\$32,000	\$32,000
8350.224	Electrical Installation & Power Generation		\$135,000	\$135,000	\$135,000
8350.234	Surface Pump & LACT's		\$1,500	\$1,500	\$1,500
TCC Total:			\$532,000	\$532,000	\$532,000
8600.100	Land, Surveying, & Legal	\$1,000	\$1,000		\$1,000
8600.102	ROW & Surface Damages	\$16,000	\$37,500		\$37,500
8600.111	Company Supervision	\$4,500	\$4,500		\$4,500
8600.120	Vaccum & Pump Truck	\$7,500	\$7,500		\$7,500
8600.122	Material Transportation	\$1,800	\$1,800		\$1,800
8600.175	Surface Equipment Rental & Services	\$1,500	\$1,500		\$1,500
IFC Total:			\$53,800		\$53,800
8650.222	Instrumentation & Meters	\$11,500	\$11,500		\$11,500
8650.223	SCADA & Communications	\$5,000	\$5,000		\$5,000
8650.224	Electrical Installation & Power Generation	\$15,000	\$15,000		\$15,000
8650.229	Prod & SWD Facility Inst.	\$80,000	\$105,000		\$105,000
8650.231	Separator, Heater Treater, FWKO	\$79,000	\$79,000		\$79,000
8650.233	Flowline & Gathering Lines	\$14,500	\$44,500		\$44,500
8650.235	Miscellaneous Non-Controllable - Pipe, Valves & Fittings	\$60,000	\$60,000		\$60,000
TFC Total:			\$320,000		\$320,000
Totals:					\$7,209,343

The undersign elects to / not to participate in the Blue Sky Fee 4H well with their proportionate working interest.

Owner Name: **Armstrong Energy Corporation**

Working Interest (%): **0.000260%**

Amount(\$): **\$19**

Approved by: _____

Title: _____

Signature: _____

Date: _____

This AFE is an estimate only and non-operator, by execution of same, commits to pay its proportionate share of actual cost incurred.

Communication Timeline

Chronology of contact with locatable uncommitted interest:

- November 1, 2017 – Steward Energy II, LLC (“Steward”) acquires title to twenty-six (26) oil and gas leases, from PPC Operating Company LLC, effective 11/1/2017, covering Tracts A through C. Various leases have been extended since their acquisition. Up until present, Steward has maintained and extended the acquired leases located in Tracts A through C as necessary.
- January 1, 2019 – Steward begins to acquire oil and gas leases from the unleased mineral owners in Tracts A through C. There are thirty-five (35) unique mineral owners located in Tracts A and B, while Tract C has forty-five (45) unique mineral owners. Steward has acquired thirty-seven (37) oil and gas leases covering Tracts A through C, and up until present, Steward has maintained and extended the acquired leases as necessary
- May 6, 2019 – Steward acquired title to seven (7) oil and gas leases, from Eight Energy Inc. and G.O. Basic Energy I LLC, effective 5/6/2019, covering Tract C. Up until present, Steward has maintained and extended the acquired leases located in Tract C as necessary.
- December 2, 2021 – Steward sends the Huell Fee 5H well proposals to the uncommitted owners via certified U.S. Mail.
- February 23, 2022 – Steward receives Pooling Order #R-22051 (Case No. 22476) for the Huell Fee 5H.
- April 30, 2022 – Steward spuds the Huell Fee 5H (API 30-025-49775) and completes said well on 5/31/2022. The Huell Fee 5H has continually produced since being completed.
- August 29, 2022 – Steward sends the Lawyer Up Fee 5H well proposals to the uncommitted owners via certified U.S. Mail.
- May 6, 2023 – Steward spuds the Lawyer Up Fee 5H (API 30-025-51003) and completes said well on 5/20/2023. The Lawyer Up Fee 5H has continually produced since being completed.
- May 7, 2023 – Steward receives Pooling Order #R-22678 (Case No. 23413) for the Lawyer Up Fee 5H.
- December 22, 2023 – Steward sends the Blue Sky Fee 4H joint operating agreements and well proposals to the uncommitted owners via certified U.S. Mail.
- January 22, 2024 – Steward has received thirteen (13) executed well proposals, and/or joint operating agreements, from uncommitted owners who chose to participate in the drilling and completion of the Blue Sky Fee 4H.

Steward Energy II, LLC
Case No. 24172
Exhibit A-5

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

**APPLICATION OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO**

CASE NO. 24172

**SELF-AFFIRMED STATEMENT
OF SHANE SEALS**

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

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

3. **Exhibit B-1** is a location map of the proposed horizontal spacing unit (“Unit”) within the San Andres formation. The approximate wellbore path for the proposed **Blue Sky Fee 4H** well (“Well”) is represented by a light green dashed line. Existing producing wells in the targeted interval are represented by thin, light blue solid lines.

4. **Exhibit B-1** also contains a subsea structure map for the top of the Pi Marker in the San Andres formation that is representative of the targeted interval within the formation. The data points are indicated by red circles. The approximate wellbore path for the Well is depicted by a light green dashed line. The map demonstrates the formation is gently dipping to the south in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

**Steward Energy II, LLC
Case No. 24172
Exhibit B**

5. **Exhibit B-1** identified three wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. I used these well logs because they penetrate the targeted interval, are of good quality, and are representative of the geology in the area.

6. **Exhibit B-2** is a stratigraphic cross-section using the representative wells identified on **Exhibit B-1**. It contains gamma ray, resistivity, and porosity logs. The proposed landing zone for the Well is labeled on the exhibit. This cross-section demonstrated the target interval is continuous across the Unit.

7. In my opinion, a standup orientation for the Well is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and slightly dominant stress regime that yields a preferred fracture orientation in this portion of the trend.

8. 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 Well.

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

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

11. 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.



Shane Seals

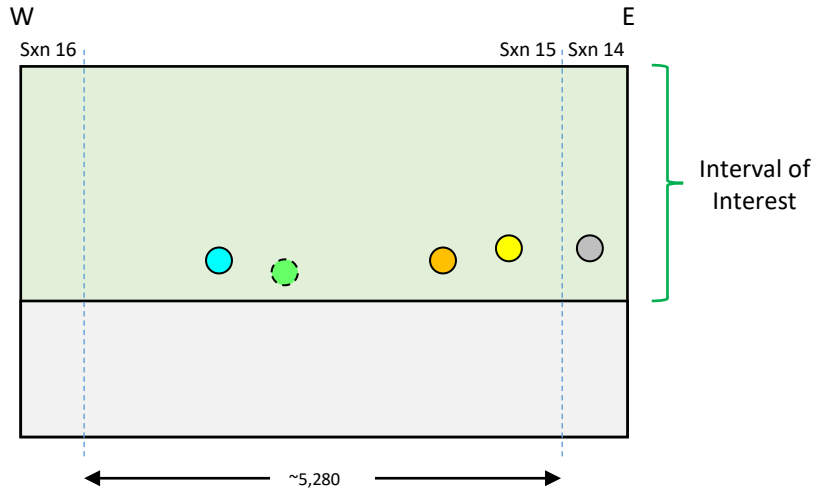
02/14/2024

Date

Steward Energy II, LLC
Case No. 24172
Exhibit B-1

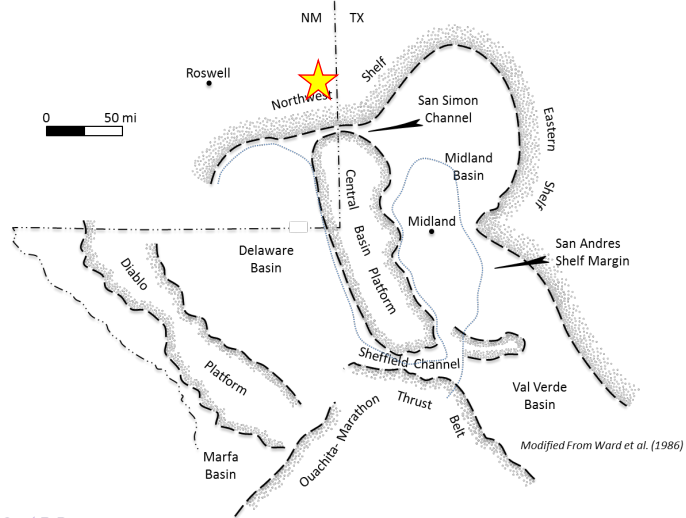
Gun Barrel

(Not to scale - Refer to map for orientation)



- Huell Fee #5H (Steward Energy)
- Proposed Blue Sky Fee #4H
- Babineaux Fee #2H (Steward Energy)
- Babineaux Fee #1H (Steward Energy)
- Gustavo Fee #6H (Steward Energy)

Permian Basin System



○ Top San Andres Pi Marker Present

↑ Proposed Blue Sky Fee #4H (Arrow towards BHL)

Steward Energy (Blue Sky) Acreage

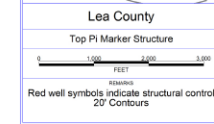
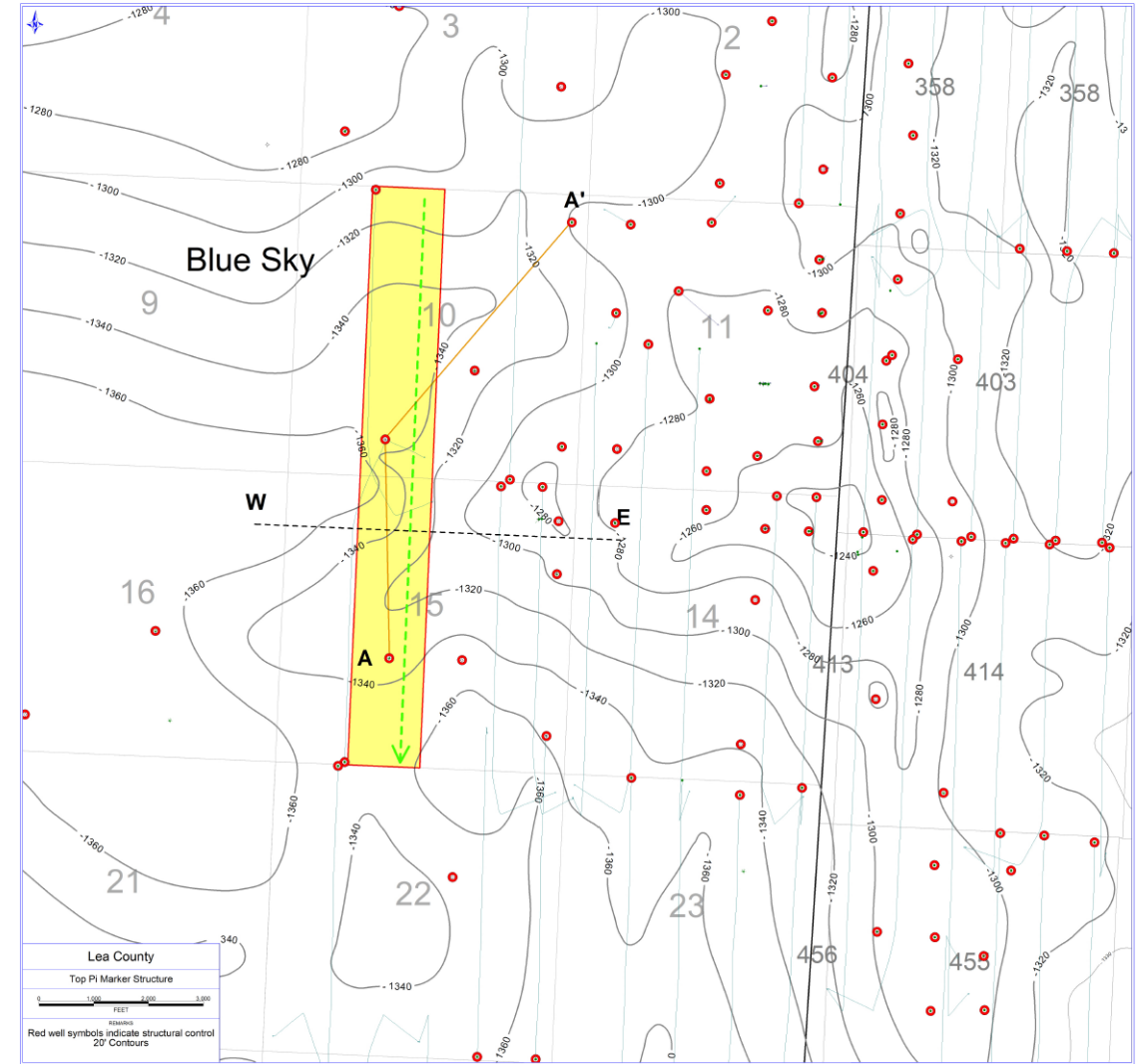
— Producing Horizontal San Andres Well (Well Symbol at BHL)

0 ft 2,000 ft



Gun Barrel

Cross Section



DAVIS 15 001
30025336410000

~4,000'

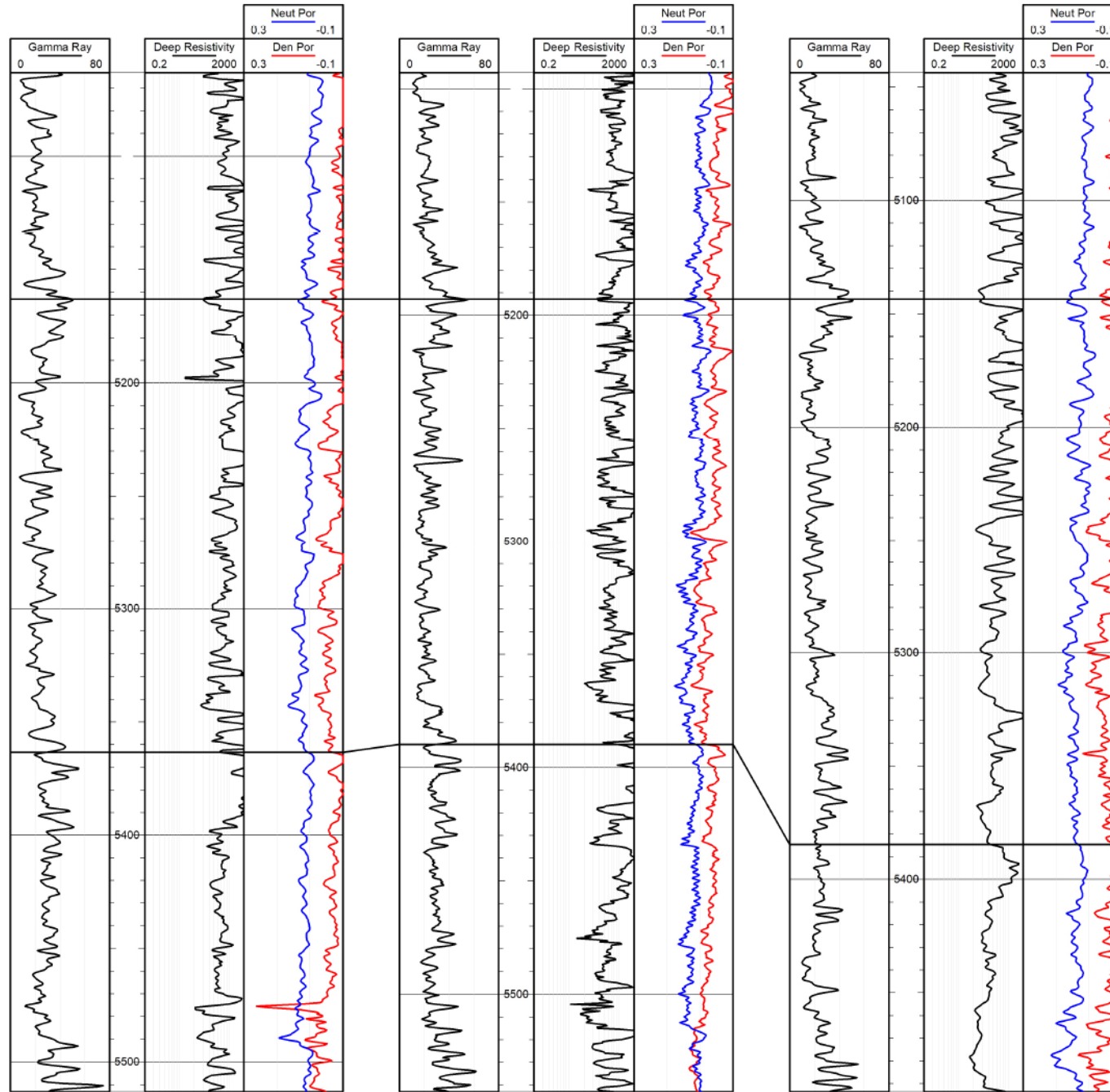
HUELL FEE 5H (PILOT)
30025497750001

~5,200'

TOWNSEND #1
30025371780000

A'

Interval
of
Interest



Steward Energy II, LLC
Case No. 24172
Exhibit B-2

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

APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,

CASE NOS. 24172
24173

SELF-AFFIRMED STATEMENT
OF DANA S. HARDY

1. I am attorney in fact and authorized representative of Steward Energy II, 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 February 13, 2024, I caused a notice to be published to all interested parties in the Hobbs News-Sun. An Affidavit of Publication from the Legal Clerk of the Hobbs News-Sun, 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

March 12, 2024
Date

Steward Energy II, LLC
Case No. 24172
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

February 7, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24172 & 24173 – Applications of Steward Energy II, LLC for Compulsory Pooling and Approval of Overlapping Spacing Units, Lea 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 **March 7, 2024**, beginning at 8:15 a.m.

The hearing will be conducted in a hybrid fashion, both in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505 and via the WebEx virtual meeting platform. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/oed/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/oed/oedpermitting/>) or via e-mail to oed.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 Cooper Newlan, Senior Landman at Steward Energy II, LLC, via email at cooper.newlan@stewardenergy.net if you have questions regarding these matters.

Sincerely,

/s/ Dana S. Hardy
Dana S. Hardy

Steward Energy II, LLC
Case No. 24172
Exhibit C-1

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
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Allante Joint Venture PO Box 9758 Midland, TX 79708-9758	02/07/24	02/15/24
Angelus, Chasidy Marie PO Box 276 Quemado, NM 87829	02/07/24	02/12/24
Armstrong Energy Corporation PO Box 1973 Roswell, NM 88202-1973	02/07/24	02/14/24
Beck Lumber & Oil, LLC 1111 N. Pennsylvania Avenue Roswell, NM 88201	02/07/24	02/15/24
Bettianne H. Bowen Living Trust, dated 4/24/1996 238 Beverly Court King City, CA 93930	02/07/24	02/20/24
Bissett, Wayne A. PO Box 2101 Midland, TX 79702-2101	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/12/24 – Item picked up at postal facility.
Board of Regents of the New Mexico Military Institute c/o Col. Deana Curnutt, CFO 101 West College Boulevard Roswell, NM 88201-5173	02/07/24	02/15/24
Board of Regents of the University of New Mexico c/o UNM Dept MSC06 3595 2811 Campus Boulevard NE Albuquerque, NM 87131-0001	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/11/24 – Item in transit to next facility.
Buckhorn Minerals IV, LP 1885 St. James Place, Suite 820 Houston, TX 77056	02/07/24	02/15/24
Burks, Jan S. 2781 Doverton Square Mountain View, CA 94040	02/07/24	02/20/24

**Steward Energy II, LLC
Case No. 24172
Exhibit C-2**

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Burt, Clyde Calvin 5206 Walton Drive Klamath Falls, OR 97603	02/07/24	02/21/24
Burt, Danny 44853 Normandy Ln Lancaster, CA 93536	02/07/24	03/12/24 Return to sender.
Chimney Rock Oil & Gas LLC PO Box 1973 Roswell, NM 88202-1973	02/07/24	02/14/24
Cinco Ranch Oil & Gas LLC 3311 Beachwater Drive Katy, TX 77450-5719	02/07/24	02/20/24
Community Minerals, LLC 2925 Richmond Ave., Suite 1200 Houston, TX 77098	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/12/24 – Delivered to individual at the address.
Conquistador Council of the Boy Scouts of America Trust Fund c/o Bank of America, NA, Agent PO Box 840738 Dallas, TX 75284-0738	02/07/24	02/20/24
Coomes, Kristin Hinkle 265 259th Avenue NE Sammamish, WA 98074-3478	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 03/12/24 – Item in transit to the destination.
David Essex Trust, f/b/o Elliott Carter Essex c/o Farmers National Company 6500 W. Freeway, Suite 706 Fort Worth, TX 76116	02/07/24	02/15/24
David Essex Trust, f/b/o Pierce Dean Essex c/o Farmers National Company 6500 W. Freeway, Suite 706 Fort Worth, TX 76116	02/07/24	02/15/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Davis Holdings L.P. 1500 McGowen, Suite 200 Houston, TX 77004	02/07/24	02/15/24
Davis, Floyd H. 22301 Hamilton Pool Road Dripping Springs, TX 78620	02/07/24	02/20/24
Davis, Lloyd C. 1532 SW 52nd Street Oklahoma City, OK 73119	02/07/24	02/13/24
Davis, Murle T. 1532 SW 52nd Street Oklahoma City, OK 73119	02/07/24	02/13/24
Davis, Sydney Dauterive PO Box 26547 Austin, TX 78755	02/07/24	02/29/24
Davis, Timothy M. 2209 SE 6th Street Moore, OK 73160	02/07/24	02/16/24
Davis-Smith LLC 2407 East 72nd Place Tulsa, OK 74136	02/07/24	02/20/24
Michael Lee Douglas 6140 Hwy 6 South #170 Missouri City, TX 77459	02/07/24	02/15/24
Dow-Wingfield Family Minerals, LLC 6301 Indian School Rd NE #800 Albuquerque, NM 87109	02/07/24	02/12/24
Duwe, Georgi Davis 6802 Rockledge Cove Austin, TX 78731-2920	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/12/24 – Delivered to individual at the address.
Estate of Xavier Leon Tamez 1617 Travis Street Garland, TX 75042	02/07/24	03/12/24 Return to sender.
Fasken Land & Minerals, Ltd. 6101 Holiday Hill Road Midland, TX 79707	02/07/24	02/14/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Fitzgerald, Pamela 609 West Birch Ave Lovington, NM 88260	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/14/24 – Delivered to individual at the address.
Fletcher, Georgia F. Lubbock, TX (address unknown)		
G&M Oil, LLC 5801 Highland Blvd. Midland, TX 79707-5032	02/07/24	02/12/24
GC Resources, LLC PO Box 601239 Dallas, TX 75360-1239	02/07/24	02/15/24
GH Hunker, LLC PO Box 524 Lander, WY 82520	02/07/24	02/21/24
Gallagher Energy, LP PO Box 98370 Lubbock, TX 79499-8370	02/07/24	02/15/24
George, Kenn S. PO Box 601239 Dallas, TX 75360	02/07/24	02/15/24
Gila Group L.P. PO Box 140460 Dallas, TX 75214	02/07/24	02/20/24
Glidden, Shari 1991 Van Ness Avenue Klamath Falls, OR 97601	02/07/24	02/21/24
Gray, Kathleen Lee 760 Wriston Place Charlotte, NC 28209	02/07/24	03/06/24
Gunsight Limited Partnership PO Box 1973 Roswell, NM 88202-1973	02/07/24	02/14/24
HJJW Interests, LP PO Box 470578 Fort Worth, TX 76147	02/07/24	02/15/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

H.M. Dow, LLC PO Box 1359 Carlsbad, NM 88221	02/07/24	02/14/24
Hall, Katherine A. 311 W. 24th Street, Apt. 6H New York, NY 10011	02/07/24	03/12/24 Return to sender.
Hall, Robert P. NM (address unknown)		
Hall, Steven R. 1665 Caille Court Fort Mill, SC 29708	02/07/24	02/20/24
Hall, Victor T. NM (address unknown)		
Harris, Amy K. 7812 Cheno Cortina Trail Austin, TX 78749	02/07/24	02/23/24
Harris, Elizabeth R. 5625 Rio Grande NW Los Ranchos, NM 87107	02/07/24	02/12/24
Harris-Kornegay, LLC c/o Reina Owen DeMartino 1332 Richmond NE Albuquerque, NM 87106-1809	02/07/24	02/12/24
Harris McAndrew Trust, dtd 5/18/1993 c/o James S. McAndrew, Trustee 5187 E. Cherry Hills Drive Palm Springs, CA 92264	02/07/24	02/20/24
Harris, Perl Harvey PO Box 473 Plains, TX 79355	02/07/24	03/12/24 Return to sender.
Harris, Wesley D. HC 12 Box 510 Tatum, NM 88267	02/07/24	02/22/24
Hefner, Cora Frances 452 County Road 1110 Pittsburg, TX 75686	02/07/24	02/20/24

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

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FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Heinsohn, Ed PO Box 206 Quemado, NM 87829	02/07/24	02/12/24
Heinsohn, Ken PO Box 232 Quemado, NM 87829	02/07/24	02/14/24
Hinkle, Charles E. PO Box 1030 King City, CA 93930	02/07/24	02/26/24
Hinkle Living Trust, dated 1/9/1996 PO Box 1793 Roswell, NM 88202-1793	02/07/24	02/15/24
Hodge, Lance PO Box 117 Lovington, NM 88260-0117	02/07/24	02/15/24
Jacobson, Kimberly 113 W 18th Avenue Eugene, OR 97401	02/07/24	02/26/24
James Dowaliby Revocable Trust, dated 12/22/2014, a/k/a James M. Dowaliby, II Revocable Trust 200 College Street, Apt. 331 New Haven, CT 06510-2489	02/07/24	02/20/24
James Presley Hodge Living Trust PO Box 565 Lovington, NM 88260	02/07/24	02/26/24
Leon Jeffcoat PO Box 9758 Midland, TX 79708-9758	02/07/24	02/15/24
Jochimsen, Alan 4209 Cardinal Lane Midland, TX 79707	02/07/24	02/14/24
Johnson, Lori Jean 1303 N. Liberty St. #1422 Boise, ID 83704	02/07/24	02/20/24
Karemont Properties LLC PO Box 9451 Midland, TX 79708-9451	02/07/24	02/15/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Kennedy Minerals, Ltd. 223 West Wall Street, Suite 700 Midland, TX 79701-4695	02/07/24	02/14/24
Koch, Suzanne B. PO Box 270475 Houston, TX 77277	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/22/24 – Item picked up at post office.
LML, LLC PO Box 2267 King City, CA 93930	02/07/24	02/26/24
LaFon, Leigh Harris 2260 South Pinon Court Denver, CO 80210	02/07/24	02/13/24
Robert E. Landreth 110 West Louisiana Street, Ste 404 Midland, TX 79701	02/07/24	03/05/24 Return to sender.
Lucida Investments, Ltd. PO Box 11566 Birmingham, AL 35202	02/07/24	02/20/24
MEMO Interests, L.P. c/o Valor Mineral Management PO Box 470578 Fort Worth, TX 76147	02/07/24	02/20/24
MGH Legacy LLC 17861 S. Section St, Unit 3 Fairhope, AL 36532	02/07/24	02/20/24
MKHM Oil, LLC 3200 North Tacoma Street Arlington, VA 22213	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/15/24 – Item in transit to next facility.
Mai, Dung Quoc 3504 Clary Avenue Fort Worth, TX 76111	02/07/24	02/23/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Maupin, Ross DeArman 233 Newark Avenue, Apt 2B Jersey City, NJ 07302	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/27/24 – Item being returned to sender.
Maxwell, Janice Badker 5215 Walton Drive Klamath Falls, OR 97603	02/07/24	02/21/24
McCarthy Oil & Gas, LLC 25807 Westheimer Pkwy, Ste 349 Katy, TX 77494	02/07/24	02/20/24
Mewbourne Oil Company 500 W. Texas Ave., Suite 1020 Midland, TX 79701	02/07/24	02/14/24
Miranda, Lisa Dawn 306 FM 547 Farmersville, TX 75442	02/07/24	02/15/24
Nauert, John Rondal 4601 71st Street, #340 Lubbock, TX 79424	02/07/24	02/15/24
Oberholtzer Family Trust, f/b/o Carl E. Oberholtzer, Jr. 4516 Lovers Lane #417 Dallas, TX 75225	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/14/24 – Item in transit to next facility.
Oberholtzer Family Trust, f/b/o Carol Ann Cantrell 3089 Newcastle Drive Dallas, TX 75220	02/07/24	02/20/24
Oberholtzer Family Trust, f/b/o Claudia Sue Means 336 S Congress Ave, Ste 100 Austin, TX 78704-1221	02/07/24	02/21/24 Return to sender.
Oberholtzer Family Trust, f/b/o Cynthia Lynn Anderson 2056 Brook Way Montrose, CO 81403-9598	02/07/24	02/12/24

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
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**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Oberholtzer Family Trust, f/b/o Sharon Kay Compton 4374 E 135th Way Thornton, CO 80241	02/07/24	02/20/24
Occidental Permian Ltd. PO Box 841803 Dallas, TX 75284-1803	02/07/24	02/20/24
Robert W. Palmer PO Box 3548 Midland, TX 79702	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 03/12/24 – Item in transit to the destination.
Pena, Frieda Newelene Williams PO Box 852 Lovington, NM 88260	02/07/24	02/15/24
Permian Development, LLC PO Box 136879 Fort Worth, TX 76136	02/07/24	02/15/24
Plains Production, Inc. 1313 Campbell Road, Bldg. D Houston, TX 77055	02/07/24	02/15/24
Pool, Mark H. 509 N. Ponderosa Way Mustang, OK 73064	02/07/24	02/15/24
Pool, Sandra D. 1229 SW 65th Street Oklahoma City, OK 73139	02/07/24	02/20/24
Quimby, Inc. PO Box 1 Plains, TX 79355	02/07/24	02/14/24
Ranck Minerals, LLC PO Box 911 Lubbock, TX 79408	02/07/24	02/14/24
Rio Potomac Investments, LLC PO Box 1973 Roswell, NM 88202-1973	02/07/24	02/14/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Sartori, Jenna Hinkle 5710 Hatchery Court Penngrove, CA 94951	02/07/24	Per USPS Tracking (Last Checked 03/12/24): 02/15/24 – Individual picked up at post office.
Sid Smith Family LLC 2407 East 72nd Place Tulsa, OK 74136	02/07/24	02/20/24
Slash Exploration Ltd Partnership PO Box 1973 Roswell, NM 88202-1973	02/07/24	02/14/24
States Royalty LP PO Box 911 Breckenridge, TX 76424-0911	02/07/24	02/20/24
Suzanne Davis, LP 3300 South 14th, Suite 206 Abilene, TX 79605	02/07/24	03/08/24 Return to sender.
Suzanne Davis Working Interest, LP 3300 South 14th, Suite 206 Abilene, TX 79605	02/07/24	03/08/24 Return to sender.
Tamez, Jaime Alonso 3006 Robin Hill Lane Garland, TX 75044	02/07/24	02/15/24
Tamez, Juan Andre 407 South 4th Street Crandall, TX 75114	02/07/24	02/16/24
Tamez, Lori Lea 4745 Sunset Circle S Fort Worth, TX 76244	02/07/24	02/15/24
Terra Nova Energy, LP 242 Spring Park Drive, Suite C Midland, TX 79705	02/07/24	02/14/24
Tidmore-Terrell Family Partnership Ltd PO Box 2388 Lubbock, TX 79408	02/07/24	02/15/24
Tinsley, Meredith George 71 Calle Ventoso West Santa Fe, NM 87506	02/07/24	02/14/24

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

**APPLICATIONS OF STEWARD ENERGY II, LLC
FOR COMPULSORY POOLING AND
APPROVAL OF OVERLAPPING SPACING UNIT,
LEA COUNTY, NEW MEXICO,**

CASE NOS. 24172 & 24173

NOTICE LETTER CHART

Travis, Misty Lee 133 Iron Eagle Abilene, TX 79602	02/07/24	02/20/24
Warren and Priscilla Gravely Revocable Trust, dated 1/5/2018 3510 Saint John's Drive Dallas, TX 75205	02/07/24	02/16/24
Wegener Enterprises, Ltd. 5100 North Brookline, 300 Oklahoma City, OK 73112-3603	02/07/24	02/22/24 Return to sender.
Welch, Vanda G. 12605 Covey Creek Drive Oklahoma City, OK 73142	02/07/24	02/13/24
William E. Gee & Carol E. Gee Revocable Trust c/o Carol E. Gee, Co-Trustee 1401 NW 191st Street Edmond, OK 73012	02/07/24	02/13/24
Yates, June B. 3964 FM 556 Pittsburg, TX 75686	02/07/24	02/20/24

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9589 0710 5270 0752 4575 00

Certified Mail Fee \$ _____

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

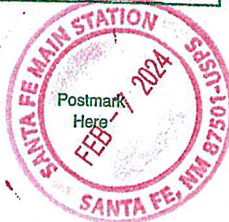
Total Postage and Fees \$ _____

Sent To

Street and Apt. Allante Joint Venture
 PO Box 9758
 Midland, TX 79708-9758

City, State, ZIP 24172-73 – Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Leon J. [Signature]</u></p> <p>C. Date of Delivery <u>2/13/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Allante Joint Venture PO Box 9758 Midland, TX 79708-9758 24172-73 – Steward Blue Sky</p> <p>9590 9402 8561 3186 6080 53</p>	<p>3. Service Type <u>inkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87501</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"/> 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>9589 0710 5270 0752 4575 00</p>	<p>RECEIVED</p> <p>FEB 15 2024</p>

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

Steward Energy II, LLC
Case No. 24172
Exhibit C-3

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9589 0710 5270 0752 4600 12

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 276

City, State Quemado, NM 87829

24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Chasidylus</i></p> <p>B. Received by (Printed Name) <i>C. Angeles</i></p> <p>C. Date of Delivery <i>2/9/24</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</p> <p>FEB 12 2024</p>
<p>1. Article Addressed to:</p> <p>Angelus, Chasidy Marie PO Box 276 Quemado, NM 87829</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6080 60</p>	<p>3. Service Type <i>Hinkle Shamir LLP</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4600 12</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No. Armstrong Energy Corporation
 PO Box 1973
 Roswell, NM 88202-1973

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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"/> Kelscy Dan <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kelscy Dan</p> <p>C. Date of Delivery 2-12-24</p>
<p>1. Article Addressed to:</p> <p>Armstrong Energy Corporation PO Box 1973 Roswell, NM 88202-1973 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6080 77</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p> <p>RECEIVED FEB 12 2024 FEB 14 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4600 29</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Shanon, LLC Santa Fe NM 87501</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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

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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 A1	Beck Lumber & Oil, LLC 1111 N. Pennsylvania Avenue Roswell, NM 88201
City, State, Z	24172-73 - Steward Blue Sky

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"/> Charles Beck <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) CHARLES BECK</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Beck Lumber & Oil, LLC 1111 N. Pennsylvania Avenue Roswell, NM 88201 24172-73 - Steward Blue Sky</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 FEB 15 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4600 36</p>	<p>3. Service Type <i>Pinkie Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

9589 0710 5270 0752 4600 43

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Bettianne H. Bowen Living Trust, dated 4/24/1996	
Street and	
238 Beverly Court	
City, State,	
King City, CA 93930	24172-73 - Steward Blue Sky



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Shanor</u></p> <p>C. Date of Delivery <u>2/20/24</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>Bettianne H. Bowen Living Trust, dated 4/24/1996 238 Beverly Court King City, CA 93930 24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 20 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4600 43</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"/> 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

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

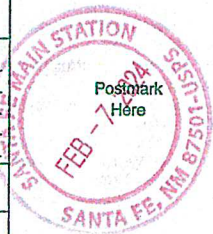
Total Postage and Fees \$ _____

Sent To

Board of Regents of the New Mexico Military Institute
 c/o Col. Deana Curnutt, CFO
 101 West College Boulevard
 Roswell, NM 88201-5173

Street and _____
 City, State, _____ 24172-73 - Steward Blue Sky

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



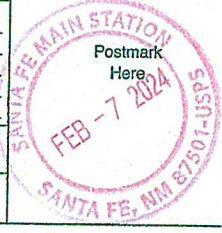
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Deana Curnutt</u></p> <p>C. Date of Delivery <u>2/13/24</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 FEB 15 2024</p>
<p>1. Article Addressed to:</p> <p>Board of Regents of the New Mexico Military Institute c/o Col. Deana Curnutt, CFO 101 West College Boulevard Roswell, NM 88201-5173 <small>24172-73 - Steward Blue Sky</small></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4600 67</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>

9589 0710 5270 0752 4600 81

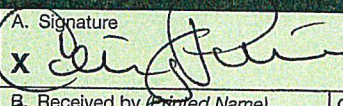
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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 a	Buckhorn Minerals IV, LP 1885 St. James Place, Suite 820 Houston, TX 77056
City, State	24172-73 - Steward Blue Sky

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"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Cindy P. Tolman</p> <p>C. Date of Delivery FEB 15 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>Buckhorn Minerals IV, LP 1885 St. James Place, Suite 820 Houston, TX 77056</p> <p>24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 15 2024</p>												
<p>9590 9402 8561 3186 6081 38</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4600 81</p>													
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> </table> <p>Shinkle Shanor LLP Santa Fe NM 87504</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</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"/> 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												

9589 0710 5270 0752 4600 98

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

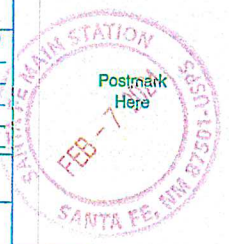
Sent To

Street and Apt. _____

City, State, ZIP _____

Burks, Jan S.
2781 Doverton Square
Mountain View, CA 94040
24172-73 - Steward Blue Sky

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:

Burks, Jan S.
2781 Doverton Square
Mountain View, CA 94040
24172-73 - Steward Blue Sky

9590 9402 8561 3186 6081 45

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4600 98

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

RECEIVED
FEB 20 2024

3. Service Type

Adult Signature Hinkle Shanor
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail
 Registered Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

9589 0710 5270 0752 4601 04

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 Burt, Clyde Calvin
 5206 Walton Drive
 Klamath Falls, OR 97603
 24172-73 - Steward Blue Sky

Postmark Here
 SANTA FE MAIN STATION
 FEB 7 2024
 SANTA FE, NM 87501

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:

Burt, Clyde Calvin
 5206 Walton Drive
 Klamath Falls, OR 97603
 24172-73 - Steward Blue Sky

2. Barcode
 9590 9402 8561 3186 6081 52

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

4. Tracking Number (Transfer from service label)
 9589 0710 5270 0752 4601 04

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Clyde Calvin* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 C. Calvin 2-13

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

RECEIVED
 FEB 21 2024

Hinkle Shan...
 Santa Fe, NM 87501

Domestic Return Receipt

9589 0710 5270 0752 4601 28

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OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To

Street and Chimney Rock Oil & Gas LLC
PO Box 1973
City, State, Roswell, NM 88202-1973
24172-73 - Steward Blue Sky

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:

Chimney Rock Oil & Gas LLC
 PO Box 1973
 Roswell, NM 88202-1973
 24172-73 - Steward Blue Sky

2. Article Number (Transfer from service label)
 9589 0710 5270 0752 4601 28

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

RECEIVED
 FEB 12 2024
 FEB 14 2024

USPS
 Kinko Shanon LLC
 Santa Fe, NM 87501

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name)
 Kelsey L. [unclear]

C. Date of Delivery
 2-12-24

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

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

9589 0710 5270 0752 4601 35

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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: Cinco Ranch Oil & Gas LLC
Street: 3311 Beachwater Drive
City, State: Katy, TX 77450-5719 24172-73 - Steward Blue Sky

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 <i>Steve Howard</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Steve Howard</i> C. Date of Delivery <i>2/10/24</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>Cinco Ranch Oil & Gas LLC 3311 Beachwater Drive Katy, TX 77450-5719 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6081 83</p>	<p>RECEIVED FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4601 35</p>	<p>3. Service Type: <i>Stinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Insured Mail (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4601 59

U.S. Postal Service
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OFFICIAL USE

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

Sent To
 Conquistador Council of the Boy Scouts of America
 Trust Fund
 c/o Bank of America, NA, Agent
 PO Box 840738
 Dallas, TX 75284-0738
 24172-73 - Steward Blue Sky

Postmark Here
 SANTA FE, NM 87501
 FEB 10 2024

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 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>1. Article Addressed to:</p> <p>Conquistador Council of the Boy Scouts of America Trust Fund c/o Bank of America, NA, Agent PO Box 840738 Dallas, TX 75284-0738 24172-73 - Steward Blue Sky</p>	<p>RECEIVED FEB 10 2024 FEB 20 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4601 59</p>	<p>3. Service Type</p> <p>Hinkle Shanor 199 Santa Fe, NM 87501</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0752 4601 73

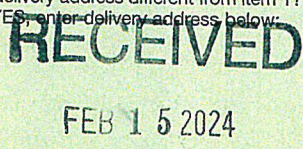

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OFFICIAL USE

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Street and Apt David Essex Trust, f/b/o Elliott Carter Essex c/o Farmers National Company 6500 W. Freeway, Suite 706 City, State, ZIP Fort Worth, TX 76116 24172-73 - Steward Blue Sky	

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) J. Swankers C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: David Essex Trust, f/b/o Elliott Carter Essex c/o Farmers National Company 6500 W. Freeway, Suite 706 Fort Worth, TX 76116 24172-73 - Steward Blue Sky		
 9590 9402 8561 3186 6082 20		
2. Article Number (Transfer from service label) 9589 0710 5270 0752 4601 73	3. Service Type: Hinkle Shanor LLP Santa Fe NM 87501 <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"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

9589 0710 5270 0752 4601 80

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OFFICIAL USE

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



Sent To: David Essex Trust, f/b/o Pierce Dean Essex
c/o Farmers National Company
Street and Apt. 1: 6500 W. Freeway, Suite 706
City, State, ZIP+4: Fort Worth, TX 76116 24172-73 - Steward Blue Sky

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 <i>Jody Walker</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J Walker</i></p> <p>C. Date of Delivery RECEIVED FEB 15 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>David Essex Trust, f/b/o Pierce Dean Essex c/o Farmers National Company 6500 W. Freeway, Suite 706 Fort Worth, TX 76116 24172-73 - Steward Blue Sky</p>  <p>9590 9402 8561 3186 6082 37</p>	<p>3. Service Type Hinkle Shanor LLP Santa Fe NM 87504</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"/> Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4601 80</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

9589 0710 5270 0752 4601 97

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and A. Davis Holdings L.P.
1500 McGowen, Suite 200

City, State, Z. Houston, TX 77004

24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Nerida Estrada</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Nerida Estrada</i></p> <p>C. Date of Delivery</p> <p><i>2/12/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>Davis Holdings L.P. 1500 McGowen, Suite 200 Houston, TX 77004</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6082 44</p>	<p>RECEIVED</p> <p>FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4601 97</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 <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4602 03

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 Davis, Floyd H.
22301 Hamilton Pool Road
City, State, ZIP+4® Dripping Springs, TX 78620
24172-73 - Steward Blue Sky

Postmark Here
SANTA FE MAIN STATION
FEB - 7 2024
SANTA FE, NM 87501

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>1. Article Addressed to:</p> <p>Davis, Floyd H. 22301 Hamilton Pool Road Dripping Springs, TX 78620 24172-73 - Steward Blue Sky</p>  <p>9590 9402 8561 3186 6082 51</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4602 03</p>	<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery FLOYD DAVIS 2/20/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>RECEIVED FEB 20 2024</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Shanor Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4602 10

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OFFICIAL USE

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



Sent To
 Street and City, State, ZIP+4®
 Davis, Lloyd C.
 1532 SW 52nd Street
 Oklahoma City, OK 73119
 24172-73 – Steward Blue Sky

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

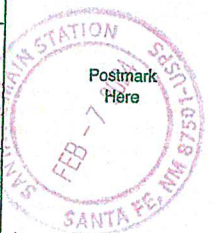
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 2-10-24</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>1. Article Addressed to:</p> <p>Davis, Lloyd C. 1532 SW 52nd Street Oklahoma City, OK 73119 24172-73 – Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 13 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4602 10</p>	
<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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9589 0710 5270 0752 4602 27

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. Davis, Murle T. 1532 SW 52nd Street City, State, ZIP+4 Oklahoma City, OK 73119 24172-73 - Steward Blue Sky	

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hinkle Shanor</u> C. Date of Delivery <u>2-10-24</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 style="text-align: center; font-size: 1.2em;">Davis, Murle T. 1532 SW 52nd Street Oklahoma City, OK 73119</p> <p style="text-align: center; font-size: 0.8em;">24172-73 - Steward Blue Sky</p>	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">FEB 13 2024</div>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4602 27</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

9589 0710 5270 0752 4602 34

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A Davis, Sydney Dauterive
 PO Box 26547

City, State, Z Austin, TX 78755
 24172-73 - Steward Blue Sky

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"/> <i>Sydney Dauterive</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SYDNEY DAVIS</p> <p>C. Date of Delivery 2/26/24</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>Davis, Sydney Dauterive PO Box 26547 Austin, TX 78755 24172-73 - Steward Blue Sky</p>	<p>RECEIVED FEB 29 2024</p>
<p>9590 9402 8561 3186 6082 82</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4602 34</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87501 <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 (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	
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Sent To
 Street and Apt. Davis, Timothy M.
 2209 SE 6th Street
 Moore, OK 73160
 City, State, ZIP 24172-73 - Steward Blue Sky

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>Timothy M. Davis</u> <u>2/13/24</u></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>Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Davis, Timothy M. 2209 SE 6th Street Moore, OK 73160</p> <p style="text-align: right; font-size: 0.8em;">24172-73 - Steward Blue Sky</p>	<p style="text-align: center; font-size: 2em; color: green;">RECEIVED</p> <p style="text-align: center; color: green;">FEB 13 2024</p>
<p style="text-align: center;">9590 9402 8561 3186 6082 99</p> <p>1 Article Number (Transfer from service label) 9589 0710 5270 0752 4602 41</p>	<p>3. Service Type <u>Inkline Shanor LLP</u></p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 87504</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <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 <input type="checkbox"/> Insured Mail Restricted Delivery over \$500</p>

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

9589 0710 5270 0752 4602 58

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OFFICIAL USE

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



Sent To

Street and Apt. Davis-Smith LLC
2407 East 72nd Place
Tulsa, OK 74136

City, State, ZIP: 24172-73 - Steward Blue Sky

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:

Davis-Smith LLC
2407 East 72nd Place
Tulsa, OK 74136

24172-73 - Steward Blue Sky



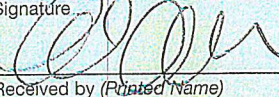
9590 9402 8561 3186 6083 05

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4602 58

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

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

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

RECEIVED

FEB 20 2024

3. Service Type

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

Domestic Return Receipt

9589 0710 5270 0752 4602 65

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt.	Michael Lee Douglas 6140 Hwy 6 South #170
City, State, Zip	Missouri City, TX 77459 24172-73 - Steward Blue Sky

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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Prabhu Komal</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>												
<p>1. Article Addressed to:</p> <p>Michael Lee Douglas 6140 Hwy 6 South #170 Missouri City, TX 77459 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6083 12</p>	<p>RECEIVED FEB 15 2024</p> <p><i>Stinkie Shoner LLP</i></p>												
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4602 65</p>	<p>3. Service Type <i>Santa Fe NM 87505</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<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"/> 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													
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt												

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To


Street and Apt. Dow-Wingfield Family Minerals, LLC
 6301 Indian School Rd NE #800

City, State, ZIP Albuquerque, NM 87109

24172-73 - Steward Blue Sky

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"/> <i>E. Gardipe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>E. Gardipe</i></p> <p>C. Date of Delivery <i>2/9/24</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>Dow-Wingfield Family Minerals, LLC 6301 Indian School Rd NE #800 Albuquerque, NM 87109</p> <p>24172-73 - Steward Blue Sky</p> <p> 9590 9402 8561 3186 6083 29</p>	<p>RECEIVED</p> <p>FEB 12 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4602 72</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery (over \$500)</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"/> 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><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

9589 0710 5270 0752 4603 02

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt Fasken Land & Minerals, Ltd.
 6101 Holiday Hill Road
 Midland, TX 79707
 City, State, ZIP 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Cynthia Moreno</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>2/12/24</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>Fasken Land & Minerals, Ltd. 6101 Holiday Hill Road Midland, TX 79707 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6083 50</p>	<p>RECEIVED</p> <p>FEB 14 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4603 02</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor LLC</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® <i>Santa Fe NM 87504</i> <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</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail (over \$500)</p>

9589 0710 5270 0752 4603 26

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<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. G&M Oil, LLC 5801 Highland Blvd. Midland, TX 79707-5032 City, State, ZIP+ 24172-73 - Steward Blue Sky	

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> G&M Oil, LLC 5801 Highland Blvd. Midland, TX 79707-5032 <small>24172-73 - Steward Blue Sky</small> </div>	B. Received by (Printed Name) C. Date of Delivery 2-10-24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FEB 12 2024</div>
2. Article Number (Transfer from service label) 9589 0710 5270 0752 4603 26	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
	<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

9589 0710 5270 0752 4603 33

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

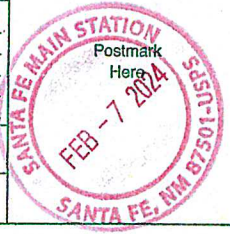
Street and Apt. # _____ GC Resources, LLC _____

PO Box 601239 _____

City, State, ZIP+4 _____ Dallas, TX 75360-1239 _____

24172-73 - Steward Blue Sky

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><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>CAVERSON</i></p> <p>C. Date of Delivery <i>2/15/24</i></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>FEB 15 2024</p>
<p>1. Article Addressed to:</p> <p>GC Resources, LLC PO Box 601239 Dallas, TX 75360-1239</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6083 98</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>9589 0710 5270 0752 4603 33</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4603 40

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

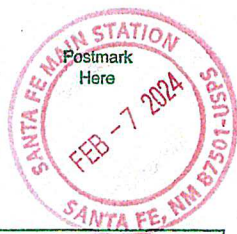
Total Postage and Fees \$ _____

Sent To

Street and A GH Hunker, LLC
 PO Box 524
 Lander, WY 82520

City, State, & Zip 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Colleen Redding</i></p> <p>B. Received by (Printed Name) <i>Colleen Redding</i> C. Date of Delivery <i>2/12/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">GH Hunker, LLC PO Box 524 Lander, WY 82520 24172-73 - Steward Blue Sky</p> <p style="text-align: center;">9590 9402 8561 3186 6083 81</p>	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 21 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4603 40</p>	<p>3. Service Type <input 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™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail (over \$500)</p>

9589 0710 5270 0752 4603 57

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

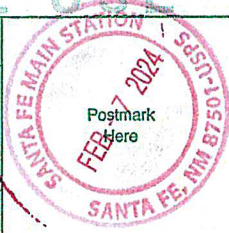
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. Gallagher Energy, LP _____
 PO Box 98370 _____

City, State, ZIP Lubbock, TX 79499-8370 _____
 24172-73 – Steward Blue Sky

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Gallagher Energy, LP PO Box 98370 Lubbock, TX 79499-8370 24172-73 – Steward Blue Sky</p> <p>9590 9402 8561 3186 6084 04</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 FEB 15 2024</p>
<p>2. Article Number (Transfer from service label): 9589 0710 5270 0752 4603 57</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4603 64

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A George, Kenn S. _____

PO Box 601239 _____

Dallas, TX 75360 _____

City, State, & Zip _____

24172-73 - Steward Blue Sky

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>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>[Signature]</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below.</p> <p>RECEIVED FEB 15 2024</p>
<p>1. Article Addressed to:</p> <p>George, Kenn S. PO Box 601239 Dallas, TX 75360</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6084 11</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i></p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87501 <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"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4603 64</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4603 71

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OFFICIAL USE

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

Sent To

Street and Apt. 1 Gila Group L.P.
PO Box 140460
Dallas, TX 75214

City, State, ZIP+4 24172-73 - Steward Blue Sky

Postmark: Santa Fe, NM 87501 FEB - 7 2024

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</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>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>Gila Group L.P. PO Box 140460 Dallas, TX 75214</p> <p>24172-73 - Steward Blue Sky</p>	<p>RECEIVED 140460 FEB 20 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4603 71</p>	<p>3. Service Type Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0752 4603 88

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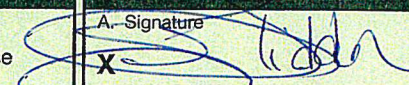
OFFICIAL USE

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

Sent To
 Street and / Glidden, Shari
 1991 Van Ness Avenue
 Klamath Falls, OR 97601
 City, State, ZIP+4® 24172-73 - Steward Blue Sky

Postmark Here
 SANTA FE, NM 87501
 FEB - 7 2024

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Shari Glidden</p> <p>C. Date of Delivery 2-14-24</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>1. Article Addressed to:</p> <p>Glidden, Shari 1991 Van Ness Avenue Klamath Falls, OR 97601 24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 21 2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4603 88</p>	<p>3. Service Type Hinkle Shanor LLP Santa Fe NM 87504</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"/> Registered Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

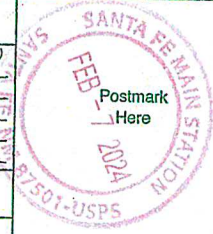
Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

Gray, Kathleen Lee
 760 Wriston Place
 Charlotte, NC 28209
 24172-73 - Steward Blue Sky

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



9589 0710 5270 0752 4606 09

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) Kathleen Gray</p> <p>C. Date of Delivery 3/2/24</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>1. Article Addressed to:</p> <p>Gray, Kathleen Lee 760 Wriston Place Charlotte, NC 28209 24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>MAR 6 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4606 09</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LL <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

9589 0710 5270 0752 4606 16

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

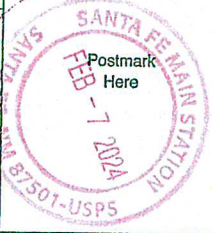
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

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

City, State, ZIP+4® _____

Gunsight Limited Partnership
PO Box 1973
Roswell, NM 88202-1973
24172-73 - Steward Blue Sky

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:

Gunsight Limited Partnership
PO Box 1973
Roswell, NM 88202-1973
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6095 55

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4606 16

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent Addressee

B. Received by (Printed Name) *Kristen L. Clapper*

C. Date of Delivery *2-12-24*

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

If YES, enter delivery address below: _____

RECEIVED
FEB 12 2024
FEB 14 2024

3. Service Type *First Class*

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 (over \$500)

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

9589 0710 5270 0752 4607 77

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

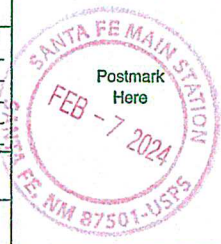
Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

Sent To
 Street and Apt. No., or PO Box No. **HJJW Interests, LP**
PO Box 470578
 City, State, ZIP+4® **Fort Worth, TX 76147**
 24172-73 - Steward Blue Sky

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"/> <i>M. Daugherty</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Daugherty</i> C. Date of Delivery <i>2/12/24</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>HJJW Interests, LP PO Box 470578 Fort Worth, TX 76147 <small>24172-73 - Steward Blue Sky</small></p> <p>9590 9402 8561 3186 6084 80</p>	<p>RECEIVED FEB 15 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4607 77</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> 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"/> 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

9589 0710 5270 0752 4606 23

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. H.M. Dow, LLC
 PO Box 1359
 Carlsbad, NM 88221

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> Sara Weems</p>
<p>1. Article Addressed to:</p> <p>H.M. Dow, LLC PO Box 1359 Carlsbad, NM 88221</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6095 48</p>	<p>B. Received by (Printed Name) Sara Weems</p> <p>C. Date of Delivery 2-14-24</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>RECEIVED</p> <p>FEB 14 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4606 23</p>	<p>3. Service Type Hinkle Shanor LLC</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4606 47

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

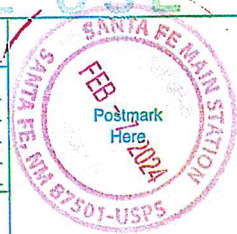
Sent To _____

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

City, State, ZIP+4® _____

Hall, Steven R.
 1665 Caille Court
 Fort Mill, SC 29708
 24172-73 - Steward Blue Sky

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:

Hall, Steven R.
 1665 Caille Court
 Fort Mill, SC 29708
 24172-73 - Steward Blue Sky



2. Article Number (Transfer from service label)
 9589 0710 5270 0752 4606 47

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name): *STEVEN HALL* C. Date of Delivery

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

RECEIVED
 FEB 20 2024

3. Service Type *Santa Fe NM 87501*
- 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

9589 0710 5270 0752 4606 54

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

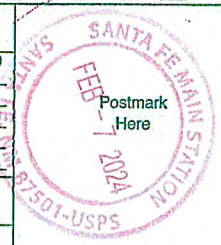
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. Harris, Amy K.
 7812 Cheno Cortina Trail
 Austin, TX 78749

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) AMY HARRIS</p> <p>C. Date of Delivery 2117124</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>Harris, Amy K. 7812 Cheno Cortina Trail Austin, TX 78749</p> <p>24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 23 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4606 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"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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OFFICIAL USE

9589 0710 5270 0752 4606 61

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

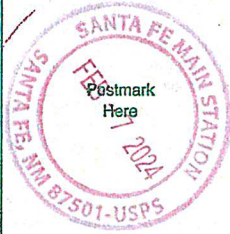
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. Harris, Elizabeth R.
5625 Rio Grande NW
Los Ranchos, NM 87107

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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) ELIZABETH R. HARRIS</p> <p>C. Date of Delivery 2-9</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input checked="" type="checkbox"/> No</p> <p>RECEIVED FEB 12 2024</p>
<p>1. Article Addressed to:</p> <p>Harris, Elizabeth R. 5625 Rio Grande NW Los Ranchos, NM 87107 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6079 40</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Priority Mail Express® Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4606 61</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

Harris-Kornegay, LLC
 c/o Reina Owen DeMartino
 1332 Richmond NE
 Albuquerque, NM 87106-1809
 24172-73 - Steward Blue Sky

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



9589 0710 5270 0752 4607 15

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. DeMartino</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. DeMartino</i></p> <p>C. Date of Delivery <i>2-9-24</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>RECEIVED FEB 12 2024</p>
<p>1. Article Addressed to:</p> <p>Harris-Kornegay, LLC c/o Reina Owen DeMartino 1332 Richmond NE Albuquerque, NM 87106-1809 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6085 34</p>	<p>3. Service Type <i>Santa Fe NM 87501</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4607 15</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0752 4606 78

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Harris McAndrew Trust, dtd 5/18/1993 c/o James S. McAndrew, Trustee 5187 E. Cherry Hills Drive Palm Springs, CA 92264
City, State, ZIP+4®	24172-73 - Steward Blue Sky

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"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 2/14/24</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;">RECEIVED FEB 20 2024</p>	
<p>1. Article Addressed to:</p> <p>Harris McAndrew Trust, dtd 5/18/1993 c/o James S. McAndrew, Trustee 5187 E. Cherry Hills Drive Palm Springs, CA 92264 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6085 96</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 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>9589 0710 5270 0752 4606 78</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

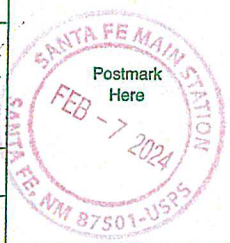
9589 0710 5270 0752 4606 92

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

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OFFICIAL USE

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



Postage	\$
Total Postage and Fees	\$

Sent To	
Street and Apt. No., or PO Box No.	Harris, Wesley D. HC 12 Box 510 Tatum, NM 88267
City, State, ZIP+4®	24172-73 - Steward Blue Sky

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:

Harris, Wesley D.
HC 12 Box 510
Tatum, NM 88267

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6085 41

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4606 92

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ Date of Delivery 2/22/24

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

RECEIVED

FEB 22 2024

3. Service Type Hinkle Sharon L Priority Mail Express®

Santa Fe NM 87501 Registered Mail™

Adult Signature Registered Mail Restricted Delivery

Adult Signature Restricted Delivery 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 0752 4607 22

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Hefner, Cora Frances
452 County Road 1110
Pittsburg, TX 75686

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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:

Hefner, Cora Frances
452 County Road 1110
Pittsburg, TX 75686
24172-73 - Steward Blue Sky

9590 9402 8561 3186 6085 27

Article Number (Transfer from service label)
9589 0710 5270 0752 4607 22

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Paul Hefner Addressee

B. Received by (Printed Name) *Paul Hefner* C. Date of Delivery *2-13-24*

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

RECEIVED
FEB 20 2024

3. Service Type

Adult Signature *Hinkle Shanor LE* Priority Mail Express®

Adult Signature Restricted Delivery *8750* 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

9589 0710 5270 0752 4607 39

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

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____



Sent To

Street and Apt. No., or PO Box No. _____ Heinsohn, Ed
PO Box 206

City, State, ZIP+4® _____ Quemado, NM 87829
24172-73 - Steward Blue Sky

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:

Heinsohn, Ed
PO Box 206
Quemado, NM 87829
24172-73 - Steward Blue Sky



2. Article Number (Transfer from service label)

9589 0710 5270 0752 4607 39

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ed Heinsohn Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Ed Heinsohn 2/9/24

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

RECEIVED

FEB 12 2024

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

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

Domestic Return Receipt

9589 0710 5270 0752 4607 46

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

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

OFFICIAL USE

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



Sent To	
Street and Apt. No., or PO Box No.	Heinsohn, Ken PO Box 232
City, State, ZIP+4®	Quemado, NM 87829 24172-73 - Steward Blue Sky

PS Form 3800, January 2023 PSN 7630-02-000-9047 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:

Heinsohn, Ken
PO Box 232
Quemado, NM 87829
24172-73 - Steward Blue Sky

9590 9402 8561 3186 6079 57

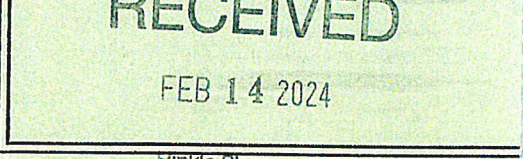
2. Article Number (Transfer from service label)

9589 0710 5270 0752 4607 46

SECTION ON DELIVERY

Delivered by (Printed Name) Ken Heinsohn Agent Addressee
Date of Delivery 2/12/24

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



3. Service Type First Class Letter Mail® Priority Mail Express®
Santa Fe NM 87501 Registered Mail™

Adult Signature Certified Mail® Registered Mail Restricted Delivery

Adult Signature Restricted Delivery Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

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

9589 0710 5270 0752 4607 60

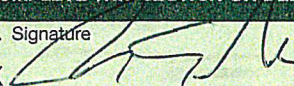

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No.	Hinkle, Charles E. PO Box 1030
City, State, ZIP+4®	King City, CA 93930 24172-73 - Steward Blue Sky

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"/>  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>																									
1. Article Addressed to:	<p>B. Received by (Printed Name) <i>Charles E. Hinkle</i> C. Date of Delivery <i>2-15-24</i></p>																									
<p>Hinkle, Charles E. PO Box 1030 King City, CA 93930 24172-73 - Steward Blue Sky</p>  <p>9590 9402 8561 3186 6084 97</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>RECEIVED FEB 26 2024</p>																									
2. Article Number (Transfer from service label) 9589 0710 5270 0752 4607 60	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Hinkle Shanor LLP</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"/> Signature Confirmation™</td> <td><input type="checkbox"/> Signature Confirmation™ Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™ Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Hinkle Shanor LLP	<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"/> Signature Confirmation™	<input type="checkbox"/> Signature Confirmation™ Restricted Delivery	<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)		
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Hinkle Shanor LLP	<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"/> Signature Confirmation™	<input type="checkbox"/> Signature Confirmation™ Restricted Delivery																								
<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)																										
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																									

9589 0710 5270 0752 4607 53

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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

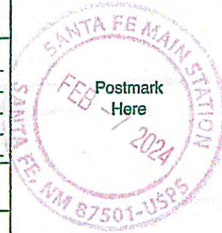
Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____ Hinkle Living Trust, dated 1/9/1996
 PO Box 1793

City, State, ZIP+4® _____ Roswell, NM 88202-1793
 24172-73 – Steward Blue Sky

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 checked="" type="checkbox"/> Addressee</p> <p><i>John Hinkle</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Hinkle Living Trust, dated 1/9/1996 PO Box 1793 Roswell, NM 88202-1793</p> <p>24172-73 – Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4607 53</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0752 4607 84

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____ Hodge, Lance
 PO Box 117
 City, State, ZIP+4® _____ Lovington, NM 88260-0117
 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Lance Hodge</i> <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>1. Article Addressed to:</p> <p>Hodge, Lance PO Box 117 Lovington, NM 88260-0117 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6084 73</p>	<p>RECEIVED USPS FEB 13 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4607 84</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <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"/> 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

9589 0710 5270 0752 4607 91

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

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

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

Jacobson, Kimberly
 113 W 18th Avenue
 Eugene, OR 97401
 24172-73 - Steward Blue Sky

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 <i>Kim Jacobson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jacobson</i></p> <p>C. Date of Delivery <i>2/16/24</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>1. Article Addressed to:</p> <p>Jacobson, Kimberly 113 W 18th Avenue Eugene, OR 97401</p> <p>24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 26 2024</p> <p>Hinkle Shanon L L P</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4607 91</p>	<p>3. Service Type Santa Fe NM 87501</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																		
<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt																

9589 0710 5270 0752 4608 07

CERTIFIED MAIL® RECEIPT

Domestic Mail-Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. _____ James Dowaliby Revocable Trust, dated 12/22/2014, a/k/a James M. Dowaliby, II Revocable Trust
200 College Street, Apt. 331
New Haven, CT 06510-2489

City, State, ZIP+4® _____ 24172-73 - Steward Blue Sky

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:

James Dowaliby Revocable Trust, dated 12/22/2014, a/k/a James M. Dowaliby, II Revocable Trust
200 College Street, Apt. 331
New Haven, CT 06510-2489
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6084 59

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4608 07

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

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

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

RECEIVED
FEB 20 2024

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 Restricted Delivery

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

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

9589 0710 5270 0752 4608 14

U.S. Postal Service™
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OFFICIAL USE

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



Sent To	
Street and Apt. No., or PO Box No.	James Presley Hodge Living Trust PO Box 565
City, State, ZIP+4®	Lovington, NM 88260 24172-73 - Steward Blue Sky

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:

James Presley Hodge Living Trust
PO Box 565
Lovington, NM 88260
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6084 42

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4608 14

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

James Hodge

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

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



3. Service Type Hinkle Shanor LLP 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 Insured Mail

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

Domestic Return Receipt

9589 0710 5270 0752 4603 95

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. Leon Jeffcoat
 PO Box 9758
 Midland, TX 79708-9758

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Leon Jeffcoat 2/13/24</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>1. Article Addressed to:</p> <p>Leon Jeffcoat PO Box 9758 Midland, TX 79708-9758 24172-73 - Steward Blue Sky</p>	<p>RECEIVED FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8561 3186 6080 22</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor LE <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 Int</p>

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OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____ Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	 <p>Postmark Here</p>
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Jochimsen, Alan
4209 Cardinal Lane
Midland, TX 79707
24172-73 - Steward Blue Sky

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

9589 0710 5270 0752 4604 01

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; text-align: center;"> <p>Jochimsen, Alan 4209 Cardinal Lane Midland, TX 79707</p> <p>24172-73 - Steward Blue Sky</p> </div> <div style="text-align: center;">  9590 9402 8561 3186 6080 39 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0752 4604 01</p>	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2-10-24</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> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; color: lightblue;">FEB 14 2024</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</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	<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	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														

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

9589 0710 5270 0752 4604 18

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. Johnson, Lori Jean
1303 N. Liberty St. #1422

City, State, ZIP+4® Boise, ID 83704
24172-73 - Steward Blue Sky

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:

Johnson, Lori Jean
1303 N. Liberty St. #1422
Boise, ID 83704

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6079 64

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4604 18

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Lori Johnson*

B. Received by (Printed Name) *Lori Johnson*

C. Date of Delivery *2/12/24*

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

If YES, enter delivery address below: _____

RECEIVED

FEB 20 2024

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 Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0752 4604 25

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Karemont Properties LLC
 PO Box 9451
 Midland, TX 79708-9451
 24172-73 - Steward Blue Sky

Postmark Here
 SANTA FE, NM 87501
 FEB - 7 2024

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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. J. McLane</i></p> <p>C. Date of Delivery <i>2-13-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p>Karemont Properties LLC PO Box 9451 Midland, TX 79708-9451 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6080 46</p>	<p>RECEIVED FEB 15 2024</p> <p>Hinkio Shanor LLC Santa Fe NM 87501</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4604 25</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <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 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>

9589 0710 5270 0752 4604 32

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

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

OFFICIAL USE

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



Sent To
 Street and Apt. No., or PO Box No. Kennedy Minerals, Ltd.
 223 West Wall Street, Suite 700
 Midland, TX 79701-4695
 City, State, ZIP+4® 24172-73 - Steward Blue Sky

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:

Kennedy Minerals, Ltd.
 223 West Wall Street, Suite 700
 Midland, TX 79701-4695
 24172-73 - Steward Blue Sky

9590 9402 8561 3186 6079 88

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4604 32

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

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

RECEIVED

FEB 14 2024

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

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

Domestic Return Receipt

9589 0710 5270 0752 4604 70

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. LML, LLC
PO Box 2267
King City, CA 93930

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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"/> <i>Shari Hehl</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Shari Hehl</i> C. Date of Delivery <i>2-23-24</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 style="text-align: center;">RECEIVED FEB 26 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">LML, LLC PO Box 2267 King City, CA 93930 24172-73 - Steward Blue Sky</p> <p style="text-align: center;">9590 9402 8561 3186 6095 00</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4604 70</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4604 56

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. LaFon, Leigh Harris
2260 South Pinon Court
Denver, CO 80210

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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:

LaFon, Leigh Harris
2260 South Pinon Court
Denver, CO 80210

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6079 95

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4604 56

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Leish Lafon* Agent Addressee

B. Received by (Printed Name) *Leish Lafon*

C. Date of Delivery *02/10/24*

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

RECEIVED

FEB 13 2024

3. Service Type **Hinkle Shanor LLP** Priority Mail Express®
- Adult Signature **Santa Fe NM 87501** Registered Mail™
- Adult Signature Restricted Delivery Registered Mail Restricted Delivery
- Certified Mail® Signature Confirmation™
- Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0752 4604 87

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

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

City, State, ZIP+4® _____

Lucida Investments, Ltd.
PO Box 11566
Birmingham, AL 35202
24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Receiver's Printed Name <input type="checkbox"/> Date of Delivery</p> <p>Desmond Mastin</p> <p>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>Lucida Investments, Ltd. PO Box 11566 Birmingham, AL 35202 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6080 15</p>	<p>RECEIVED FEB 20 2024 BIRMINGHAM, AL 35204</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4604 87</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>

9589 0710 5270 0752 4605 31

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

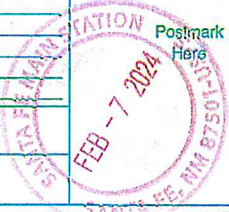
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To MEMO Interests, L.P.
c/o Valor Mineral Management
PO Box 470578
Fort Worth, TX 76147
24172-73 - Steward Blue Sky

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>1. Article Addressed to:</p> <p>MEMO Interests, L.P. c/o Valor Mineral Management PO Box 470578 Fort Worth, TX 76147 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6086 19</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4605 31</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>M. Dougherty</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Dougherty</i></p> <p>C. Date of Delivery <i>2/12/24</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>RECEIVED FEB 20 2024</p> <p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</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 Restricted Delivery (over \$500)</p>

9589 0710 5270 0752 4605 55

CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Street and Apt. No., or PO Box No. MGH Legacy LLC
17861 S. Section St, Unit 3
Fairhope, AL 36532

City, State, ZIP+4® 24172-73 - Steward Blue Sky

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 <i>[Signature]</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>MGH Legacy LLC 17861 S. Section St, Unit 3 Fairhope, AL 36532</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6079 33</p>	<p>RECEIVED FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4605 55</p>	<p>3. Service Type Hinkle Shanor LLC <input type="checkbox"/> Adult Signature Santa Fe NM 87501 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4604 94


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OFFICIAL USE

Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. No., or PO Box No.	Mai, Dung Quoc 3504 Clary Avenue Fort Worth, TX 76111
City, State, ZIP+4®	24172-73 - Steward Blue Sky

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 checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mai, Dung Quoc 3504 Clary Avenue Fort Worth, TX 76111 24172-73 - Steward Blue Sky</p>  <p>9590 9402 8561 3186 6086 26</p>	<p>B. Received by (Printed Name) <u>Dung Mai</u></p> <p>C. Date of Delivery <u>2/20/24</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>RECEIVED FEB 23 2024</p>	
<p>2. Article Number (Transfer from service label) 589 0710 5270 0752 4604 94</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>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt	

9589 0710 5270 0752 4605 17

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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

Maxwell, Janice Badker
 5215 Walton Drive
 Klamath Falls, OR 97603
 24172-73 - Steward Blue Sky

Postmark Here

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 </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED FEB 21 2024</p>
<p>1. Article Addressed to:</p> <p>Maxwell, Janice Badker 5215 Walton Drive Klamath Falls, OR 97603 24172-73 - Steward Blue Sky</p> <p></p> <p>9590 9402 8561 3186 6079 02</p>	<p>3. Service Type Linkie Shanor LE Santa Fe, NM 87504</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4605 17</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4605 24

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

McCarthy Oil & Gas, LLC
25807 Westheimer Pkwy, Ste 349
Katy, TX 77494

24172-73 - Steward Blue Sky

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 <i>Xiao Jinghui</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>McCarthy Oil & Gas, LLC 25807 Westheimer Pkwy, Ste 349 Katy, TX 77494</p> <p>24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6086 02</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 FEB 20 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4605 24</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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

OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

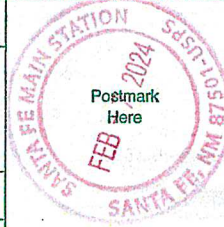
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____



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

Mewbourne Oil Company
500 W. Texas Ave., Suite 1020
Midland, TX 79701
24172-73 - Steward Blue Sky

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

9589 0710 5270 0752 4605 48

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:

Mewbourne Oil Company
500 W. Texas Ave., Suite 1020
Midland, TX 79701

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6085 65

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4605 48

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Victor Arzola* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
12/12/24

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

RECEIVED

FEB 14 2024

3. Service Type *Hinkle Shanor LLP* Priority Mail Express®
Santa Fe NM 87504 Registered Mail™
 Adult Signature Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery Certified Mail 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)

Domestic Return Receipt

9589 0710 5270 0752 4605 62

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

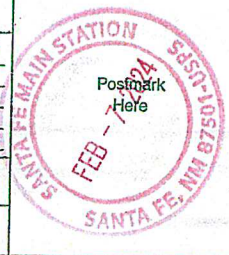
Sent To _____

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

City, State, ZIP+4® _____

Miranda, Lisa Dawn
 306 FM 547
 Farmersville, TX 75442
 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>Miranda, Lisa Dawn 306 FM 547 Farmersville, TX 75442 24172-73 - Steward Blue Sky</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</p> <p>FEB 15 2024</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4605 62</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 checked="" 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>		

9589 0710 5270 0752 4605 86

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

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

City, State, ZIP+4® _____

Nauert, John Rondal
 4601 71st Street, #340
 Lubbock, TX 79424
 24172-73 - Steward Blue Sky

Postmark Here
 FEB - 7 2024
 SANTA FE, NM 87501

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:

Nauert, John Rondal
 4601 71st Street, #340
 Lubbock, TX 79424
 24172-73 - Steward Blue Sky


 9590 9402 8561 3186 6079 19

2. Article Number (Transfer from service label)
 9589 0710 5270 0752 4605 86

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

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

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

RECEIVED
 FEB 15 2024

3. Service Certified Mail® 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

9589 0710 5270 0752 4623 20

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

Oberholtzer Family Trust,
f/b/o Carol Ann Cantrell
3089 Newcastle Drive
Dallas, TX 75220
24172-73 - Steward Blue Sky

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:

Oberholtzer Family Trust,
f/b/o Carol Ann Cantrell
3089 Newcastle Drive
Dallas, TX 75220
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6089 54

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4623 20

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Carol Ann Cantrell Agent Addressee

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

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

RECEIVED

FEB 20 2024

3. Service Type

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

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

Domestic Return Receipt

9589 0710 5270 0752 4623 44

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 \$ _____

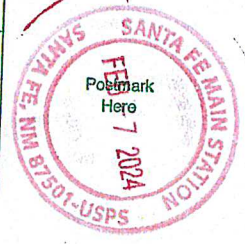
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Oberholtzer Family Trust,
 f/b/o Cynthia Lynn Anderson
 2056 Brook Way
 Montrose, CO 81403-9598
 24172-73 – Steward Blue Sky

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 <i>[Signature]</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>Oberholtzer Family Trust, f/b/o Cynthia Lynn Anderson 2056 Brook Way Montrose, CO 81403-9598 24172-73 – Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 12 2024</p> <p>Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4623 44</p>	<p>3. Service Type Santa Fe NM 87504</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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0752 4623 51

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

Oberholtzer Family Trust,
f/b/o Sharon Kay Compton
4374 E 135th Way
Thornton, CO 80241
24172-73 - Steward Blue Sky

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:

Oberholtzer Family Trust,
f/b/o Sharon Kay Compton
4374 E 135th Way
Thornton, CO 80241
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6089 16

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4623 51

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Sharon Compton Addressee

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

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

RECEIVED

FEB 20 2024

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

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

Domestic Return Receipt

9589 0710 5270 0752 4623 68

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) \$ _____

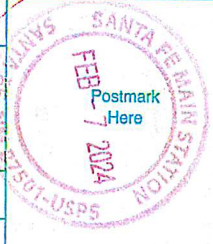
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Occidental Permian Ltd.
PO Box 841803
Dallas, TX 75284-1803
24172-73 - Steward Blue Sky

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:

Occidental Permian Ltd.
PO Box 841803
Dallas, TX 75284-1803
24172-73 - Steward Blue Sky

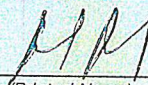


9590 9402 8561 3186 6089 23

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4623 68

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

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

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

RECEIVED
FEB 10 2024
FEB 20 2024

3. Service Type Santa Fe NM 8750

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

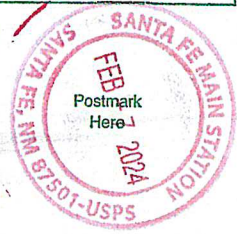
9589 0710 5270 0752 4623 82

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

Pena, Frieda Newelene Williams
PO Box 852
Lovington, NM 88260
24172-73 - Steward Blue Sky

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:

Pena, Frieda Newelene Williams
PO Box 852
Lovington, NM 88260

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6088 93

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4623 82

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Frieda Newelene Williams* Agent Addressee

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

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



FEB 15 2024

3. Service Type

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

9589 0710 5270 0752 4623 99

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) \$ _____

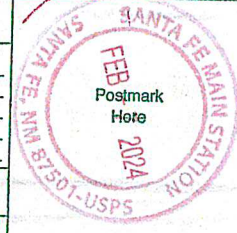
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Permian Development, LLC
PO Box 136879
Fort Worth, TX 76136
24172-73 - Steward Blue Sky

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:

Permian Development, LLC
PO Box 136879
Fort Worth, TX 76136
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6088 86

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4623 99

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

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

Joseph Gregory 2/12/24

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

If YES, enter delivery address below:

RECEIVED

FEB 15 2024

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 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 0752 4622 69

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 \$ _____

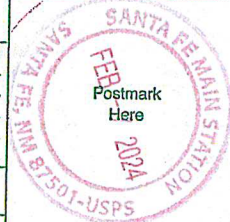
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Plains Production, Inc.
 1313 Campbell Road, Bldg. D
 Houston, TX 77055
 24172-73 - Steward Blue Sky

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 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:

Plains Production, Inc.
 1313 Campbell Road, Bldg. D
 Houston TX 77055
 24172-73 - Steward Blue Sky

9590 9402 8561 3186 6088 79

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4622 69

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address

B. Received by (Printed Name) _____ C. Date of Delivery 2-10-24

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

RECEIVED
 FEB 15 2024

3. Service Type Hinkle Shanor LLP
Santa Fe NM 87501

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 Restricted Delivery

Insured Mail (over \$500)

Domestic Return Receipt

9589 0710 5270 0752 4622 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

Pool, Mark H.
 509 N. Ponderosa Way
 Mustang, OK 73064
 24172-73 - Steward Blue Sky

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 </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DR POOL</p> <p>C. Date of Delivery FEB 15 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>Pool, Mark H. 509 N. Ponderosa Way Mustang, OK 73064 24172-73 - Steward Blue Sky</p> <p></p> <p>9590 9402 8561 3186 6088 55</p>	<p>3. Service Type Hinkle Shanor, LLC Santa Fe NM 87501</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery over \$500</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4622 76</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0752 4622 83

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 \$ _____

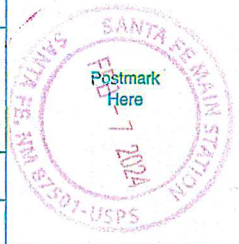
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Pool, Sandra D.
1229 SW 65th Street
Oklahoma City, OK 73139
24172-73 - Steward Blue Sky

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:

Pool, Sandra D.
1229 SW 65th Street
Oklahoma City, OK 73139
24172-73 - Steward Blue Sky

9590 9402 8561 3186 6088 62

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4622 83

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Sandra Pool*

B. Received by (Printed Name) *Sandra Pool* C. Date of Delivery *0-14-24*

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

RECEIVED
FEB 20 2024

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

Domestic Return Receipt

9589 0710 5270 0752 4622 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)	
<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

Quimby, Inc.
PO Box 1
Plains, TX 79355
24172-73 - Steward Blue Sky

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:

Quimby, Inc.
PO Box 1
Plains, TX 79355
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6088 48

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4622 90

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

RECEIVED

FEB 14 2024

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

Santa Fe, NM 87504 Registered Mail Restricted Delivery Signature Confirmation™

Certified Mail® Signature Confirmation Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

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

Domestic Return Receipt

9589 0710 5270 0752 4623 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

Ranck Minerals, LLC
PO Box 911
Lubbock, TX 79408
24172-73 - Steward Blue Sky

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:

Ranck Minerals, LLC
PO Box 911
Lubbock, TX 79408

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6088 31

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4623 06

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

COMPLETE THIS SECTION ON DELIVERY

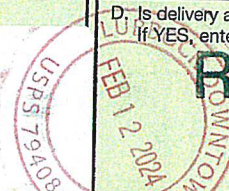
A. Signature Agent Addressee

X

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

JOSHUA BURSTEAD FEB 14 2024

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



RECEIVED

FEB 14 2024

3. Service Type Hinkle Shanor LLP Priority Mail Express®
Santa Fe NM 87501 Registered Mail™
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail (over \$500)
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

9589 0710 5270 0752 4621 91

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

Rio Potomac Investments, LLC
 PO Box 1973
 Roswell, NM 88202-1973
 24172-73 - Steward Blue Sky

Postmark Here
 FEB - 2024
 SANTA FE, NM 87501-USPS
 SANTA FE MAIN STATION

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"/> <i>Kelsey Shanor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kelsey Shanor</i></p> <p>C. Date of Delivery <i>2-12-24</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>1. Article Addressed to:</p> <p>Rio Potomac Investments, LLC PO Box 1973 Roswell, NM 88202-1973 24172-73 - Steward Blue Sky</p>	<p>RECEIVED FEB 12 2024 FEB 14 2024</p>														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4621 91</p>	<p>3. Service Type</p> <table border="1"> <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

9589 0710 5270 0752 4622 14

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) \$

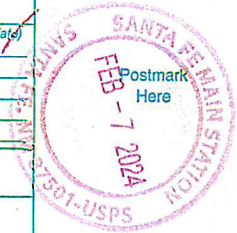
Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To

Sid Smith Family LLC
2407 East 72nd Place
Tulsa, OK 74136

24172-73 - Steward Blue Sky

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:

Sid Smith Family LLC
2407 East 72nd Place
Tulsa, OK 74136

24172-73 - Steward Blue Sky



9590 9402 8561 3186 6088 00

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4622 14

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

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

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

RECEIVED

FEB 20 2024

3. Service Type Hinkle Shanor LLC Priority Mail Express® Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery Restricted Delivery

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

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

Domestic Return Receipt

9589 0710 5270 0752 4622 21

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

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Slash Exploration Ltd Partnership
 PO Box 1973
 Roswell, NM 88202-1973
 24172-73 - Steward Blue Sky

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"/> <i>Kelsy Ma</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kelsy Ma</i></p> <p>C. Date of Delivery <i>2-12-24</i></p>
<p>1. Article Addressed to:</p> <p>Slash Exploration Ltd Partnership PO Box 1973 Roswell, NM 88202-1973 24172-73 - Steward Blue Sky</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 FEB 12 2024 FEB 14 2024</p> <p>Hinkle Shanor LLP Santa Fe, NM 87501</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4622 21</p>	<p>3. Service Type <i>USPS</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4622 38

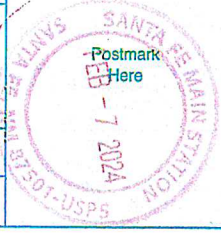
U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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	
States Royalty LP	
PO Box 911	
Breckenridge, TX 76424-0911	
24172-73 - Steward Blue Sky	

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"/> <i>Christie Sp...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Christie Sp...</i></p> <p>C. Date of Delivery <i>2-12-24</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>RECEIVED FEB 20 2024</p>
<p>1. Article Addressed to:</p> <p>States Royalty LP PO Box 911 Breckenridge, TX 76424-0911 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6087 87</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4622 38</p>	

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

9589 0710 5270 0752 4621 15

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

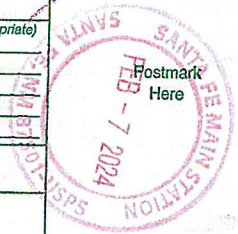
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Tamez, Jaime Alonso
 3006 Robin Hill Lane
 Garland, TX 75044
 24172-73 - Steward Blue Sky

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:

Tamez, Jaime Alonso
 3006 Robin Hill Lane
 Garland, TX 75044
 24172-73 - Steward Blue Sky

2. Article Number (Transfer from service label)
 9589 0710 5270 0752 4621 15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jaime Tamez* Agent Addressee

B. Received by (Printed Name) *Jaime Tamez* C. Date of Delivery *2-12*

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

RECEIVED
 FEB 15 2024

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 Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

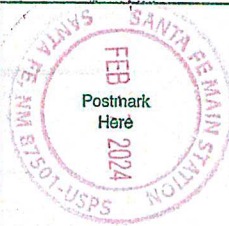
9589 0710 5270 0752 4621 22

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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

Tamez, Juan Andre
407 South 4th Street
Crandall, TX 75114
24172-73 - Steward Blue Sky

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:

Tamez, Juan Andre
407 South 4th Street
Crandall, TX 75114
24172-73 - Steward Blue Sky

9590 9402 8561 3186 6087 49

2. Article Number (Transfer from service label)

9589 0710 5270 0752 4621 22

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Teri Tamez Agent
 Addressee

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

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

RECEIVED

FEB 16 2024

3. Service Type

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

9589 0710 5270 0752 4621 46

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

\$: Tamez, Lori Lea
 4745 Sunset Circle S
 Fort Worth, TX 76244
 24172-73 - Steward Blue Sky

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) <u>Lori L. Tamez</u></p> <p>C. Date of Delivery <u>2-12-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Tamez, Lori Lea 4745 Sunset Circle S Fort Worth, TX 76244 24172-73 - Steward Blue Sky</p>	<p>RECEIVED</p> <p>FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4621 46</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <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 <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 0752 4621 53

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

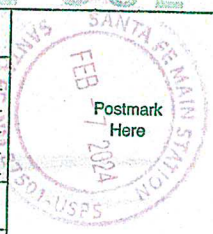
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Terra Nova Energy, LP
 242 Spring Park Drive, Suite C
 Midland, TX 79705
 24172-73 - Steward Blue Sky

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:

Terra Nova Energy, LP
 242 Spring Park Drive, Suite C
 Midland, TX 79705
 24172-73 - Steward Blue Sky

2. Article Number (Transfer from service label)
 9589 0710 5270 0752 4621 53

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Daniel Kneels Agent
 Addressee

B. Received by (Printed Name)
 Daniel Kneels

C. Date of Delivery
 FEB 14 2024

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

RECEIVED
 FEB 14 2024

3. Service Type **Hinkle Shanor LLP** Priority Mail Express®
 Adult Signature **Santa Fe, NM 87504** Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

9589 0710 5270 0752 4621 60

U.S. Postal Service™
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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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
 Tidmore-Terrell Family Partnership Ltd
 PO Box 2388
 Lubbock, TX 79408
 24172-73 - Steward Blue Sky

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



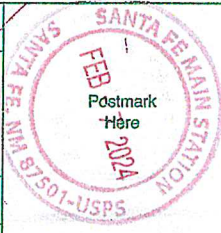
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input 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>Tidmore-Terrell Family Partnership Ltd PO Box 2388 Lubbock, TX 79408 24172-73 - Steward Blue Sky</p>	<p>RECEIVED FEB 15 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4621 60</p>	<p>3. Service Type Hinkle Shanor LI <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4621 77

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	
Tinsley, Meredith George 71 Calle Ventoso West Santa Fe, NM 87506 24172-73 - Steward Blue Sky	

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Meredith George Tinsley</i> C. Date of Delivery <i>2-14-24</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>RECEIVED SANTA FE, NM 87501-POST OFFICE FEB 14 2024</p>
<p>1. Article Addressed to:</p> <p>Tinsley, Meredith George 71 Calle Ventoso West Santa Fe, NM 87506 24172-73 - Steward Blue Sky</p>  <p>9590 9402 8561 3186 6087 01</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanon</i> <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"/> Certified 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"/> 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) 9589 0710 5270 0752 4621 77</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

9589 0710 5270 0752 4621 84

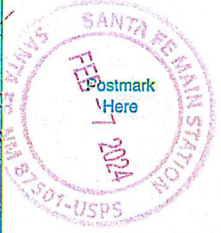
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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	
Travis, Misty Lee 133 Iron Eagle Abilene, TX 79602 24172-73 - Steward Blue Sky	

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"/> <i>M. Lee</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>Travis, Misty Lee 133 Iron Eagle Abilene, TX 79602 24172-73 - Steward Blue Sky</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 FEB 20 2024</p>																
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0752 4621 84</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> <p><i>Hinkle Shanor</i> Santa Fe NM 87501</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)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

9589 0710 5270 0752 4624 05

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) \$ _____

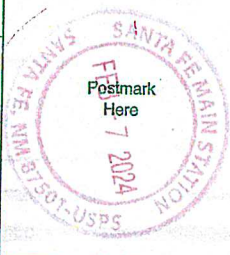
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

Warren and Priscilla Gravely
Revocable Trust, dated 1/5/2018
3510 Saint John's Drive
Dallas, TX 75205
24172-73 - Steward Blue Sky

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:

Warren and Priscilla Gravely
Revocable Trust, dated 1/5/2018
3510 Saint John's Drive
Dallas, TX 75205
24172-73 - Steward Blue Sky



9590 9402 8561 3186 6086 88

2. Article Number (Transfer from service label)
9589 0710 5270 0752 4624 05

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

RECEIVED

FEB 16 2024

3. Service Type Steward Blue Sky
- 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

9589 0710 5270 0752 4624 29

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

Welch, Vanda G.
 12605 Covey Creek Drive
 Oklahoma City, OK 73142
 24172-73 - Steward Blue Sky

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Welch, Vanda G. 12605 Covey Creek Drive Oklahoma City, OK 73142 24172-73 - Steward Blue Sky</p> <p>9590 9402 8561 3186 6086 64</p>	<p>RECEIVED FEB 13 2024</p> <p>Hinkle Shamir LLP Santa Fe NM 87504</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0752 4624 29</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 Mail¹</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0752 4624 36

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Sent To

William E. Gee & Carol E. Gee Revocable Trust
c/o Carol E. Gee, Co-Trustee
1401 NW 191st Street
Edmond, OK 73012

24172-73 - Steward Blue Sky

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:

William E. Gee & Carol E. Gee Revocable Trust
c/o Carol E. Gee, Co-Trustee
1401 NW 191st Street
Edmond, OK 73012

24172-73 - Steward Blue Sky



2. Article Number (Transfer from service label)

9589 0710 5270 0752 4624 36

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

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

Bill Gee 2-10-24

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

If YES, enter delivery address below: _____

RECEIVED

FEB 13 2024

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 (over \$500)

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

Domestic Return Receipt

7022 1670 0002 1188 7842

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

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____



Sent To

Yates, June B.
3964 FM 556
Pittsburg, TX 75686
24172-73 - Steward Blue Sky

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:

Yates, June B.
3964 FM 556
Pittsburg, TX 75686
24172-73 - Steward Blue Sky



2. Article Number (Transfer from service label)

7022 1670 0002 1188 7842

COMPLETE THIS SECTION ON DELIVERY

A. Signature

June Yates Agent Addressee

B. Received by (Printed Name) *Lisa Yates*

C. Date of Delivery *02-13-24*

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

RECEIVED
FEB 20 2024

3. Service Type

Adult Signature Restricted Delivery Priority Mail Express®

Certified Mail® Registered Mail™

Certified Mail Restricted Delivery Registered Mail Restricted Delivery

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A Burt, Danny
 44853 Normandy Ln
 Lancaster, CA 93536

City, State, Z 24172-73 - Steward Blue Sky

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

9589 0710 5270 0752 4601 11



CERTIFIED MAIL®



9589 0710 5270 0752 4601 11

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

RECEIVED

MAR 12 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

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US POSTAGE™PITNEY BOWES



ZIP 87501 \$ 008.93⁰
 02 7H
 0006052409 FEB 07 2024

ML 2-12-24

Burt, Danny
 44853 Normandy Ln
 Lancaster, CA 93536

24172-73 - Steward Blue Sky

NIXIE 011 DE 1 0003/02/24

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

UNC

BC: 87504206868 *2252-00515-08-12

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

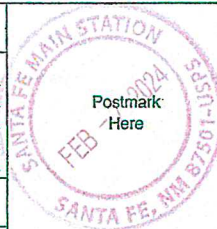
Sent To

Street and Ap Estate of Xavier Leon Tamez
 1617 Travis Street
 Garland, TX 75042

City, State, Zi 24172-73 - Steward Blue Sky

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

9589 0710 5270 0752 4602 96



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



9589 0710 5270 0752 4602 96

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 0006052409 FEB 07 2024

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MAR 12 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

2-10-24
 L.N.

Estate of Xavier Leon Tamez
 1617 Travis Street
 Garland, TX 75042

24172-73 - Steward Blue Sky

NIXIE /50 DE 1 0003/07/24

RETURN TO SENDER
 NO SUCH NUMBER
 UNABLE TO FORWARD

**U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

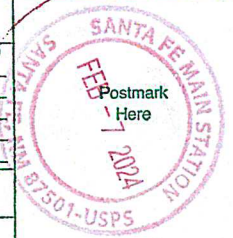
Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No. _____ Hall, Katherine A.
311 W. 24th Street, Apt. 6H
New York, NY 10011

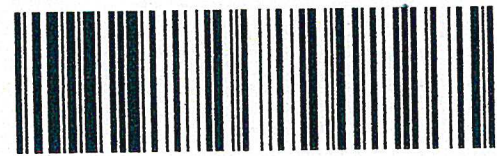
City, State, ZIP+4® _____ 24172-73 -- Steward Blue Sky

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



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



9589 0710 5270 0752 4606 30

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ZIP 87501 \$ **008.93**⁰
02 7H
0006052409 FEB 07 2024

RECEIVED

MAR 12 2024

Hinkle Shanor LLP
Santa Fe NM 87504

Hall, Katherine A.
311 W. 24th Street, Apt. 6H
New York, NY 10011

C/N/RT25
G/T-12

NIXTE 100 OF 1 0000/00/24

RETURN TO SENDER
UNABLE TO FORWARD

BC: 87504206868 *1000-06287-00-24

000000000000000000000000

UNC
10011 NM 87504

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

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <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 \$ _____	
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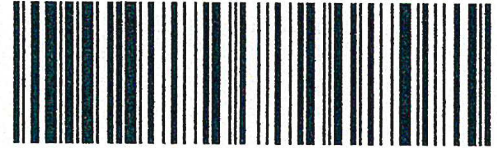
Sent To
 Street and Apt. No., or PO Box No. Harris, Perl Harvey
 PO Box 473
 City, State, ZIP+4® Plains, TX 79355
 24172-73 - Steward Blue Sky

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

9589 0710 5270 0752 4606 85

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

CERTIFIED MAIL®



9589 0710 5270 0752 4606 85

UNE

NAME _____
 1ST NOTICE 2/10
 2ND NOTICE 2/15
 RETURN 2/25

Harris, Perl Harvey
 PO Box 473
 Plains, TX 79355

24172-7

FIRST-CLASS

US POSTAGE™

 ZIP 87501 **\$ 008.93⁰**
 02 7H
 0006052409 FEB 07 2024

RECEIVED

MAR 12 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

NIXIE 750 DE 1 0003/02/24

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

NO: 0708AND0000 0000-0000-0000-0000


ANKK1: 9589071052700752460685

UNE

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

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

OFFICIAL USE

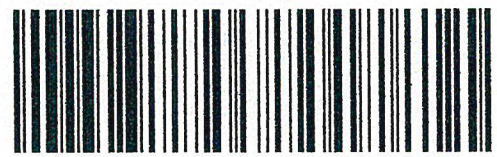
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. Robert E. Landreth 110 West Louisiana Street, Ste 404 Midland, TX 79701 City, State, ZIP+4® 24172-73 -- Steward Blue Sky	

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

9589 0710 5270 0752 4604 63

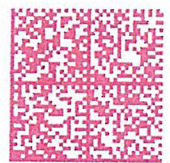
CERTIFIED MAIL®

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



9589 0710 5270 0752 4604 63

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US POSTAGE™
PITNEY BOWES
ZIP 87501 \$ **008.93⁰**
02 7H
0006052409 FEB 07 2024

Robert E. Landreth
110 West Louisiana Street, Ste 404
Midland, TX 79701

24172-73 -- Steward Blue Sky

RECEIVED

MAR - 5 2024

Hinkle Shanor LLP
Santa Fe NM 87504

VACK1: 9333100079

UNC
7530-02-000-9047

NIXIE 799 DE 1 0003/02/24
RETURN TO SENDER
UNABLE TO FORWARD
BC: 87504206868 *0693-02493-02-25

U.S. Postal Service™
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OFFICIAL USE

<p>Certified Mail Fee \$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p> <p>Sent To</p> <p style="padding-left: 20px;">Oberholtzer Family Trust, f/b/o Claudia Sue Means 336 S Congress Ave, Ste 100 Austin, TX 78704-1221 24172-73 - Steward Blue Sky</p>	
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PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 0752 4623 37

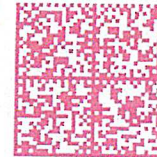
CERTIFIED MAIL®

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



9589 0710 5270 0752 4623 37

FIRST-CLASS



US POSTAGE™^{INTL} PITNEY BOWES

ZIP 87501 \$ **008.93⁰**
02 7H
0006052409 FEB 07 2024

RECEIVED

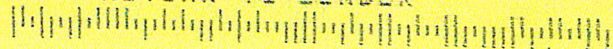
FEB 21 2024

Hinkle Shanor LLP
Santa Fe NM 87504

Oberholtzer Family Trust,
f/b/o Claudia Sue Means
336 S Congress Ave, Ste 100
Austin, TX 78704-1221

787 NFE 1 A2210002/14/24
FORWARD TIME EXP RTN TO SEND
: OBERHOLTZER FAMILY TRUST
3089 NEWCASTLE DR
DALLAS TX 75220-1635

RETURN TO SENDER



787 NFE 1 A2210002/14/24

9589 0710 5270 0752 4621 39

U.S. Postal Service™
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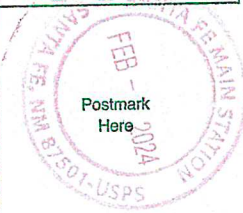
OFFICIAL USE

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

Sent To

Suzanne Davis, LP
 3300 South 14th, Suite 206
 Abilene, TX 79605
 24172-73 - Steward Blue Sky

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



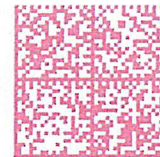
CERTIFIED MAIL®

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



9589 0710 5270 0752 4621 39

FIRST-CLASS



US POSTAGE™
 ZIP 87501
 02 7H
 0006052409
\$ 008.93⁰
 FEB 07 2024

2-12-24
 ATH

RECEIVED

MAR 8 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

Suzanne Davis, LP
 3300 South 14th, Suite 206
 Abilene, TX 79605

UNCLAIMED

NIXIE 759 DE 1 6683/01/24

RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 87504206868 *2182-02970-01-47

9589071052700752462139

7530-02-000-9047
 87504206868

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OFFICIAL USE

Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Suzanne Davis Working Interest, LP 3300 South 14th, Suite 206 Abilene, TX 79605 24172-73 - Steward Blue Sky	

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

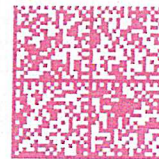
CERTIFIED MAIL®

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



9589 0710 5270 0752 4622 52

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
ZIP 87501 **\$ 008.93⁰**
02 7H
0006052409 FEB 07 2024

2-12-24
AA
BT

RECEIVED

MAR 8 2024

Hinkle Shanor LLP
Santa Fe NM 87504

Suzanne Davis Working Interest, LP
3300 South 14th, Suite 206
Abilene, TX 79605

UNCLAIMED

NIXIE 758 DE 1 0003/01/24
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 87504206868 * N107-02971-01-47

75004206868
87504206868

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Wegener Enterprises, Ltd.
 5100 North Brookline, 300
 Oklahoma City, OK 73112-3603
 24172-73 - Steward Blue Sky

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

9589 0710 5270 0752 4624 12



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



9589 0710 5270 0752 4624 12

FIRST-CLASS



US POSTAGE™PITNEY BOWES



ZIP 87501 \$ 008.93⁰
 02 7H
 0006052409 FEB 07 2024

4/N
 2/22

RECEIVED

FEB 22 2024

Hinkle Shanor LLP
 Santa Fe NM 87504

Wegener Enterprises, Ltd.
 5100 North Brookline, 300
 Oklahoma City, OK 73112-3603

24172-73 - Steward Blue Sky

NEXIE 731 FE 1 0002/18/24

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

BC: 87504206800 *0557-00934-18-20

731123603
 8750420680

9589 0710 5270 0752 4600 50

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



Sent To

Street and: Bissett, Wayne A.
PO Box 2101
Midland, TX 79702-2101

City, State: 24172-73 - Steward Blue Sky

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460050

Copy

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

Latest Update

Your item was picked up at a postal facility at 9:22 am on February 12, 2024 in MIDLAND, TX 79702.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Postal Facility

MIDLAND, TX 79702

February 12, 2024, 9:22 am

Available for Pickup

DOWNTOWN MIDLAND

100 E WALL ST

MIDLAND TX 79701-9998

M-F 0830-1700

February 10, 2024, 11:42 am

Arrived at USPS Regional Facility

MIDLAND TX DISTRIBUTION CENTER

February 10, 2024, 2:14 am

In Transit to Next Facility

February 9, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

● **Arrived at USPS Facility**
 ALBUQUERQUE, NM 87101
 February 7, 2024, 9:50 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

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 0752 4600 74

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OFFICIAL USE

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



Sent To

Board of Regents of the University of New Mexico
 c/o UNM Dept MSC06 3595
 2811 Campus Boulevard NE
 Albuquerque, NM 87131-0001

Street and

City, State, 24172-73 - Steward Blue Sky

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460074

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

February 11, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:50 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 0752 4601 42

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OFFICIAL USE

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

Postage	
\$	
Total Postage and Fees	
\$	

Sent To	
Street and:	Community Minerals, LLC 2925 Richmond Ave., Suite 1200 Houston, TX 77098
City, State:	24172-73 - Steward Blue Sky



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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460142

Copy

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

Latest Update

Your item was delivered to an individual at the address at 4:48 pm on February 12, 2024 in HOUSTON, TX 77098.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

HOUSTON, TX 77098

February 12, 2024, 4:48 pm

Redelivery Scheduled for Next Business Day

HOUSTON, TX 77098

February 10, 2024, 12:43 pm

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

February 9, 2024, 10:45 am

In Transit to Next Facility

February 8, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:50 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 0752 4601 66

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<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 \$ _____	Postmark Here
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Ap _____ City, State, Zip _____	Coomes, Kristin Hinkle 265 259th Avenue NE Sammamish, WA 98074-3478 24172-73 - Steward Blue Sky
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460166

Copy

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

Latest Update

Your item departed our USPS facility in SEATTLE WA DISTRIBUTION CENTER on March 12, 2024 at 7:21 am. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Moving Through Network

Departed USPS Regional Facility

SEATTLE WA DISTRIBUTION CENTER
March 12, 2024, 7:21 am

Arrived at USPS Regional Facility

SEATTLE WA DISTRIBUTION CENTER
March 11, 2024, 12:27 pm

Unclaimed/Being Returned to Sender

REDMOND, WA 98052
March 6, 2024, 8:36 pm

Reminder to Schedule Redelivery of your item

February 15, 2024

Notice Left (No Authorized Recipient Available)

SAMMAMISH, WA 98074
February 10, 2024, 11:09 am

Arrived at USPS Facility

REDMOND, WA 98052
February 9, 2024, 5:13 pm

Arrived at USPS Regional Facility

SEATTLE WA DISTRIBUTION CENTER
February 9, 2024, 7:53 am

In Transit to Next Facility

February 8, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:50 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.

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OFFICIAL USE

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

Postage	
\$	
Total Postage and Fees	
\$	



Sent To	
Street and	Duwe, Georgi Davis 6802 Rockledge Cove Austin, TX 78731-2920
City, State,	24172-73 - Steward Blue Sky

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460289

Copy

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

Latest Update

Your item was delivered to an individual at the address at 3:02 pm on February 12, 2024 in AUSTIN, TX 78731.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

AUSTIN, TX 78731

February 12, 2024, 3:02 pm

In Transit to Next Facility

February 11, 2024

Departed USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

February 10, 2024, 8:21 am

Arrived at USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

February 10, 2024, 2:37 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:50 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 0752 4603 19

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



Sent To	
Street and Apt	Fitzgerald, Pamela 609 West Birch Ave Lovington, NM 88260
City, State, Zip	24172-73 - Steward Blue Sky

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460319

Copy

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

Latest Update

Your item was delivered to an individual at the address at 1:06 pm on February 14, 2024 in LOVINGTON, NM 88260.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Left with Individual

LOVINGTON, NM 88260

February 14, 2024, 1:06 pm

Held at Post Office, At Customer Request

LOVINGTON, NM 88260

February 12, 2024, 2:59 pm

In Transit to Next Facility

February 10, 2024

Departed USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

February 9, 2024, 11:27 pm

Arrived at USPS Regional Facility

LUBBOCK TX DISTRIBUTION CENTER

February 9, 2024, 7:24 am

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:50 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

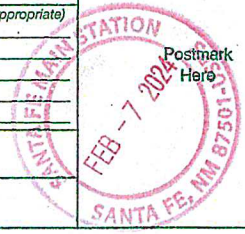
Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 0752 4604 49

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street and Apt. No., or PO Box No.	Koch, Suzanne B. PO Box 270475 Houston, TX 77277
City, State, ZIP+4®	24172-73 - Steward Blue Sky
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460449

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

Latest Update

Your item was picked up at the post office at 11:11 am on February 22, 2024 in HOUSTON, TX 77005.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

HOUSTON, TX 77005

February 22, 2024, 11:11 am

Arrived at Post Office

HOUSTON, TX 77005

February 13, 2024, 3:14 pm

In Transit to Next Facility

February 12, 2024

Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

February 9, 2024, 10:45 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:50 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

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Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

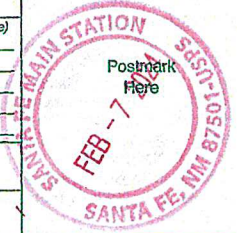
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____



Postmark
Here

Sent To

Street and Apt. No., or PO Box No. _____
MKHM Oil, LLC
3200 North Tacoma Street
Arlington, VA 22213

City, State, ZIP+4® _____
24172-73 - Steward Blue Sky

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USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460579

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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

February 15, 2024

Arrived at USPS Regional Facility

MERRIFIELD VA DISTRIBUTION CENTER

February 11, 2024, 1:42 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:50 pm

Feedback

● 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

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



Sent To	
Street and Apt. No., or PO Box No.	Maupin, Ross DeArman 233 Newark Avenue, Apt 2B Jersey City, NJ 07302
City, State, ZIP+4®	24172-73 - Steward Blue Sky

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USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752460500

Copy

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

Latest Update

Your item could not be delivered on February 27, 2024 at 5:04 pm in JERSEY CITY, NJ 07302. 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

JERSEY CITY, NJ 07302
February 27, 2024, 5:04 pm

Notice Left (No Authorized Recipient Available)

JERSEY CITY, NJ 07302
February 12, 2024, 5:15 pm

Arrived at USPS Regional Facility

KEARNY NJ DISTRIBUTION CENTER
February 11, 2024, 2:13 pm

In Transit to Next Facility

February 10, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101
February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:50 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

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



Sent To	Oberholtzer Family Trust,
Street ar.	f/b/o Carl E. Oberholtzer, Jr.
	4516 Lovers Lane #417
City, Sta	Dallas, TX 75225
	24172-73 - Steward Blue Sky

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752462313

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

February 14, 2024

Departed USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

February 10, 2024, 4:56 am

Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

February 9, 2024, 10:11 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 8, 2024, 7:57 am

Feedback

● **Arrived at USPS Facility**
 ALBUQUERQUE, NM 87101
 February 7, 2024, 9:52 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

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

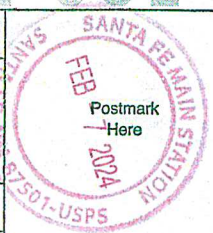
9589 0710 5270 0752 4623 75

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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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	
Robert W. Palmer	-----
PO Box 3548	-----
Midland, TX 79702	-----
24172-73 - Steward Blue Sky	

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

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752462375

Copy

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

Latest Update

Your item arrived at our USPS facility in EL PASO TX DISTRIBUTION CENTER on March 12, 2024 at 1:24 pm. The item is currently in transit to the destination.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Moving Through Network

Arrived at USPS Regional Facility

EL PASO TX DISTRIBUTION CENTER
March 12, 2024, 1:24 pm

Unclaimed/Being Returned to Sender

MIDLAND, TX 79701
March 6, 2024, 1:36 pm

Delivered, Individual Picked Up at Postal Facility

MIDLAND, TX 79702
February 12, 2024, 9:54 am

Available for Pickup

DOWNTOWN MIDLAND
100 E WALL ST
MIDLAND TX 79701-9998
M-F 0830-1700
February 10, 2024, 11:43 am

Arrived at USPS Regional Facility

MIDLAND TX DISTRIBUTION CENTER

February 9, 2024, 5:18 pm

In Transit to Next Facility

February 8, 2024

Departed USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:51 pm

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

February 7, 2024, 9:50 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 0752 4622 07

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	
Sartori, Jenna Hinkle	
5710 Hatchery Court	
Penngrove, CA 94951	

PS Form 3800, January 2023 Form 3800-9047 24172-73 - Steward Blue Sky See Reverse for Instructions

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9589071052700752462207

Copy

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

Latest Update

Your item was picked up at the post office at 4:23 pm on February 15, 2024 in PENNGROVE, CA 94951.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Delivered

Delivered, Individual Picked Up at Post Office

PENNGROVE, CA 94951

February 15, 2024, 4:23 pm

Notice Left (No Authorized Recipient Available)

PENNGROVE, CA 94951

February 13, 2024, 11:20 am

Out for Delivery

PENNGROVE, CA 94951

February 13, 2024, 7:36 am

Arrived at Post Office

PENNGROVE, CA 94951

February 13, 2024, 7:25 am

Arrived at USPS Regional Facility

NORTH BAY CA DISTRIBUTION CENTER

February 11, 2024, 11:46 pm

Arrived at USPS Regional Facility

SAN FRANCISCO CA DISTRIBUTION CENTER
February 11, 2024, 5:14 am

In Transit to Next Facility
February 10, 2024

Departed USPS Facility
ALBUQUERQUE, NM 87101
February 7, 2024, 9:51 pm

Arrived at USPS Facility
ALBUQUERQUE, NM 87101
February 7, 2024, 9:50 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

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
February 13, 2024
and ending with the issue dated
February 13, 2024.



Publisher

Sworn and subscribed to before me this
13th day of February 2024.



Business Manager

My commission expires
January 29, 2027

(Seal) STATE OF NEW MEXICO
NOTARY PUBLIC
GUSSIE RUTH BLACK
COMMISSION # 1087526
COMMISSION EXPIRES 01/29/2027

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said publication has been made.

LEGAL NOTICE February 13, 2024

This is to notify all interested parties, including Allante Joint Venture; Angelus, Chasidy Marie; Armstrong Energy Corporation; Beck Lumber & Oil, LLC; Bettianne H. Bowen Living Trust, dated 4/24/1996; Bissett, Wayne A.; Board of Regents of the New Mexico Military Institute; Board of Regents of the University of New Mexico; Buckhorn Minerals IV, LP; Burks, Jan S.; Burt, Clyde Calvin; Burt, Danny; Chimney Rock Oil & Gas LLC; Cinco Ranch Oil & Gas LLC; Community Minerals, LLC; Conquistador Council of the Boy Scouts of America Trust Fund, c/o Bank of America, NA, Agent; Coomes, Kristin Hinkle; David Essex Trust, f/b/o Elliott Carter Essex, c/o Farmers National Company; David Essex Trust, f/b/o Pierce Dean Essex, c/o Farmers National Company; Davis Holdings L.P.; Davis, Floyd H.; Davis, Lloyd C.; Davis, Murle T.; Davis, Sydney Dauterive; Davis, Timothy M.; Davis-Smith LLC; Michael Lee Douglas; Dow-Wingfield Family Minerals, LLC; Duwe, Georgi Davis; Estate of Xavier Leon Tamez; Fasken Land & Minerals, Ltd.; Fitzgerald, Pamela; Fletcher, Georgia F.; Q&M Oil, LLC; GC Resources, LLC; GH Hunker, LLC; Gallagher Energy, LP; George, Kenn S.; Gila Group L.P.; Glidden, Shari; Gray, Kathleen Lee; Gunsight Limited Partnership; H.M. Dow, LLC; Hall, Katherine A.; Hall, Robert P.; Hall, Steven R.; Hall, Victor T.; Harris, Amy K.; Harris, Elizabeth R.; Harris McAndrew Trust, dtd 5/18/1993, c/o James S. McAndrew, Trustee; Harris, Perl Harvey; Harris, Wesley D.; Harris-Kornegay, LLC; Hefner, Cora Frances; Heinsohn, Ed; Heinsohn, Ken; Hinkle Living Trust, dated 1/9/1996; Hinkle, Charles E.; HJJW Interests, LP; Hodge, Lance; Jacobson, Kimberly; James Dowaliby Revocable Trust, dated 12/22/2014, a/k/a James M. Dowaliby, II Revocable Trust; James Presley Hodge Living Trust; Leon Jeffcoat; Jochimsen, Alan; Johnson, Lori Jean; Karemont Properties LLC; Kennedy Minerals, Ltd.; Koch, Suzanne B.; LaFon, Leigh Harris; Robert E. Landreth; LML, LLC; Lucida Investments, Ltd.; Mai, Dung Quoc; Maupin, Ross DeArman; Maxwell, Janice Badker; McCarthy Oil & Gas, LLC; MEMO Interests, L.P., c/o Valor Mineral Management; Mewbourne Oil Company; MGH Legacy LLC; Miranda, Lisa Dawn; MKHM Oil, LLC; Nauert, John Rondal; Oberholtzer Family Trust, f/b/o Carl E. Oberholtzer, Jr.; Oberholtzer Family Trust, f/b/o Carol Ann Cantrell; Oberholtzer Family Trust, f/b/o Claudia Sue Means; Oberholtzer Family Trust, f/b/o Cynthia Lynn Anderson; Oberholtzer Family Trust, f/b/o Sharon Kay Compton; Occidental Permian Ltd.; Robert W. Palmer; Pena, Frieda Newelene Williams; Permian Development, LLC; Plains Production, Inc.; Pool, Mark H.; Pool, Sandra D.; Quimby, Inc.; Ranck Minerals, LLC; Rio Potomac Investments, LLC; Sartori, Jenna Hinkle; Sid Smith Family LLC; Slash Exploration Ltd Partnership; States Royalty LP; Suzanne Davis, LP; Suzanne Davis Working Interest, LP; Tamez, Jaime Alonso; Tamez, Juan Andre; Tamez, Lori Lea; Terra Nova Energy, LP; Tidmore-Terrell Family Partnership Ltd; Tinsley, Meredith George; Travis, Misty Lee; Warren and Priscilla Gravelly Revocable Trust, dated 1/5/2018; Wegener Enterprises, Ltd.; Welch, Vanda G.; William E. Gee & Carol E. Gee Revocable Trust, c/o Carol E. Gee, Co-Trustee; Yates, June B.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Steward Energy II, LLC (Case No. 24172). The hearing will be conducted on March 7, 2024 in a hybrid fashion, both in-person at the Energy, Minerals, Natural Resources Department, Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, 1st Floor, Santa Fe, NM 87505 and via the WebEx virtual meeting platform. To participate virtually, see the instructions posted on the OCD Hearings website: <https://www.emnrd.nm.gov/ocd/hearing-info/>. Steward Energy II, LLC ("Applicant") seeks an order: (1) establishing a 320-acre, more or less, standard, overlapping horizontal spacing unit comprised of the E/2 W/2 of Sections 10 and 15, Township 13 South, Range 38 East, Lea County, New Mexico ("Unit"); and (2) pooling all uncommitted interests in the San Andres formation underlying the Unit. Applicant seeks to dedicate the Unit to the Blue Sky Fee 4H well ("Well"), which will be drilled from a surface hole location in the SE/4 SW/4 (Unit N) of Section 3 to a bottom hole location in the SE/4 SW/4 (Unit N) of Section 15. The completed interval of the Well will be orthodox. The Unit will partially overlap with the spacing units for the Huell Fee #5H (API #30-025-49775) and the Lawyer Up Fee #5H (API #30-025-51003). Also to be considered will be the cost of drilling and completing the Well and the allocation of the costs, the designation of Applicant as operator of the Well, and a 200% charge for the risk involved in drilling and completing the Well. The Well is located approximately 13.2 miles southeast from Tatum, New Mexico. #00287297

02107475

00287297

GILBERT
HINKLE, SHANOR LLP
PO BOX 2068
SANTA FE, NM 87504

Steward Energy II, LLC
Case No. 24172
Exhibit C-4