

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

**APPLICATION OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 24165

EXHIBIT INDEX

Compulsory Pooling Checklist

Exhibit A	Self-Affirmed Statement of Ryan Curry
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A-2	C-102s
A-3	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-4	Sample Well Proposal Letter & AFEs
A-5	Chronology of Contact
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B-2	Cross Section Location Map
B-3	Second Bone Spring Subsea Structure Map
B-4	Third Bone Spring Subsea Structure Map
B-4	Stratigraphic Cross-Section
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COMPULSORY POOLING APPLICATION CHECKLIST**ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS**

Case: 24165	APPLICANT'S RESPONSE
Date	April 18, 2024
Applicant	Colgate Production, LLC
Designated Operator & OGRID (affiliation if applicable)	Permian Resources Operating, LLC (OGRID No. 372165)
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Application of Colgate Production, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	EOG Resources, Inc.; MRC Delaware Resources Company, LLC; COG Operating LLC; Concho Oil & Gas LLC; Tap Rock Resources III, LLC
Well Family	Alpine
Formation/Pool	
Formation Name(s) or Vertical Extent:	Bone Spring Formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Bone Spring Formation
Pool Name and Pool Code:	Winchester; Bone Spring, West (Code 97569)
Well Location Setback Rules:	Statewide
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	243.32
Building Blocks:	quarter-quarter
Orientation:	East to West
Description: TRS/County	S/2 N/2 of Section 7, Township 19 South, Range 28 East, and the S/2 NE/4 of Section 12, Township 19 South, Range 27 East, Eddy County.
Standard Horizontal Well Spacing Unit (Y/N), If No, describe <u>and is approval of non-standard unit requested in this application?</u>	Yes.
Other Situations	
Depth Severance: Y/N. If yes, description	N/A
Proximity Tracts: If yes, description	N/A
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-3
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed

Well #1	Alpine 7-12 State 122H well (API # ---) SHL: 1248' FNL & 271' FEL (Unit A), Section 7, T19S, R28E BHL: 1712' FNL & 2635' FEL (Unit G), Section 12, T19S, R27 Completion Target: Bone Spring (Approx. 6999' TVD)
Well #2	Alpine 7-12 State 132H well (API # ---) SHL: 1215' FNL & 271' FEL (Unit A), Section 7, T19S, R28E BHL: 1712' FNL & 2635' FEL (Unit G), Section 12, T19S, R27 Completion Target: Bone Spring (Approx. 8269' TVD)
Horizontal Well First and Last Take Points	Exhibit A-2
Completion Target (Formation, TVD and MD)	Exhibit A-4
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000.00
Production Supervision/Month \$	\$1,000.00
Justification for Supervision Costs	Exhibit A
Requested Risk Charge	200%
Notice of Hearing	
Proposed Notice of Hearing	Exhibit A-1
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibit C-1, Exhibit C-2, Exhibit C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4, Exhibit C-5
Ownership Determination	
Land Ownership Schematic of the Spacing Unit	Exhibit A-3
Tract List (including lease numbers and owners)	Exhibit A-3
If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-3
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	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-6
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B

HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-2
Tracts	Exhibit A-3
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-3
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibit B-3, Exhibit B-4
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-5
Additional Information	
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	4/16/2024

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

APPLICATION OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NO. 24165

SELF-AFFIRMED STATEMENT
OF RYAN CURRY

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

2. Copies of Colgate Production, LLC’s (“Colgate”) 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. Colgate seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 240-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Section 7, Township 19 South, Range 28 East, and the S/2 NE/4 of Section 12, Township 19 South, Range 27 East, Eddy County, New Mexico (“Unit”).

5. The Unit will be dedicated to the **Alpine 7-12 State 122H** and **Alpine 7-12 State 132H** wells (“Wells”), which will be drilled from surface hole locations in the NE/4 NE/4 (Unit A) of Section 7, Township 19 South, Range 28 East, to bottom hole locations in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East. The Wells will be completed in the WINCHESTER; BONE SPRING, WEST Pool (Code 97569).

Colgate Production, LLC
Case No. 24165
Exhibit A

6. The completed intervals of the Wells will be orthodox.
7. **Exhibit A-2** contains the C-102s for the Wells.
8. **Exhibit A-3** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Colgate seeks to pool highlighted in yellow.

9. Colgate has conducted a diligent search of all county public records, including phone directories and computer databases, as well as internet searches, to locate the interest owners it seeks to pool.

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

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

12. Colgate requests that Permian Resources Operating, LLC (OGRID No. 372165) ("Permian Resources") be designated operator of the Wells and the Unit.

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

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

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

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

Ryan T2 Curry
Ryan Curry

4/12/24
Date

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

**APPLICATION OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 24165

APPLICATION

Pursuant to NMSA § 70-2-17, Colgate Production, LLC (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 240-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Section 7, Township 19 South, Range 28 East, and the S/2 NE/4 of Section 12, Township 19 South, Range 27 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following:

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the following wells (“Wells”):
 - a. **Alpine 7-12 State 122H** well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East; and
 - b. **Alpine 7-12 State 132H** well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East.
3. The completed intervals of the Wells will be orthodox.

**Colgate Production, LLC
Case No. 24165
Exhibit A-1**

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

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

6. In order to allow Applicant to obtain its just and fair share of the oil and gas underlying the subject lands, all uncommitted interests in the Unit should be pooled and Permian Resources Operating, LLC (OGRID No. 372165) should be designated the operator of the Wells and the Unit.

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

- A. Pooling all uncommitted interests in the Unit;
- B. Approving the Wells in the Unit;
- C. Designating Permian Resources Operating, LLC as the operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Permian Resources Operating, LLC to recover its costs of drilling, equipping, and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and

- F. Imposing a 200% charge for the risk assumed by Permian Resources Operating, LLC in drilling and completing the Wells against any working interest owner who does not voluntarily participate in the drilling of the Wells.

Respectfully submitted,

HINKLE SHANOR LLP

/s/ Dana S. Hardy _____

Dana S. Hardy

Jaclyn M. McLean

P.O. Box 2068

Santa Fe, NM 87504-2068

Phone: (505) 982-4554

dhardy@hinklelawfirm.com

jmclean@hinklelawfirm.com

*Counsel for Colgate Production, LLC and
Permian Resources Operating, LLC*

Application of Colgate Production, LLC for Compulsory Pooling, Eddy County, New Mexico. Colgate Production, LLC (“Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 240-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Section 7, Township 19 South, Range 28 East, and the S/2 NE/4 of Section 12, Township 19 South, Range 27 East, Eddy County, New Mexico (“Unit”). The Unit will be dedicated to the following wells (“Wells”): **Alpine 7-12 State 122H** well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East; and **Alpine 7-12 State 132H** well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Permian Resources Operating, LLC as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.

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

Colgate Production, LLC
Case No. 24165
Exhibit A-2

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code [97569]		³ Pool Name WINCHESTER; BONE SPRING, WEST	
⁴ Property Code		⁵ Property Name ALPINE 7-12 STATE		⁶ Well Number 132H	
⁷ OGRID No. 372165		⁸ Operator Name PERMIAN RESOURCES OPERATING, LLC		⁹ Elevation 3539.3'	

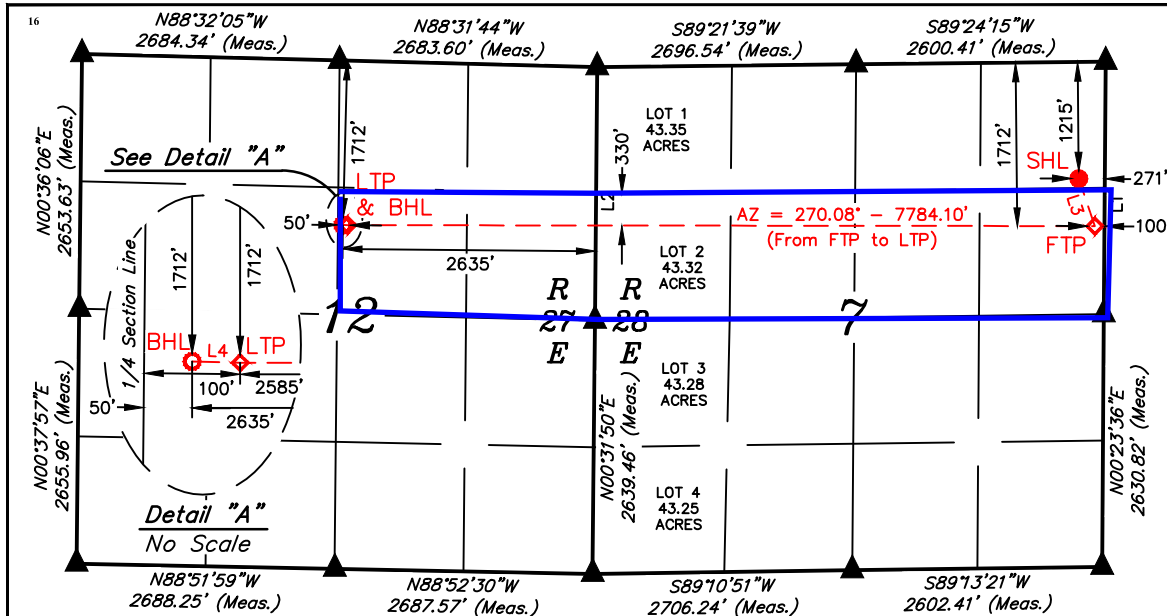
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	7	19S	28E		1215	NORTH	271	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	12	19S	27E		1712	NORTH	2635	EAST	EDDY
¹² Dedicated Acres 243.32		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

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



LINE	DIRECTION	LENGTH
L1	N00°24'52"E	2630.13'
L2	N00°31'27"E	2638.46'

LINE	DIRECTION	LENGTH
L3	AZ = 161.33°	522.69'
L4	AZ = 271.47°	50.01'

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

NAD 83 (SURFACE HOLE LOCATION) LATITUDE = 32°40'43.49" (32.678747°) LONGITUDE = -104°12'25.85" (-104.207181°)	NAD 83 (FIRST TAKE POINT) LATITUDE = 32°40'38.60" (32.677388°) LONGITUDE = -104°12'23.88" (-104.206633°)	NAD 83 (LAST TAKE POINT) LATITUDE = 32°40'38.45" (32.677348°) LONGITUDE = -104°13'54.93" (-104.231925°)	NAD 83 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'38.47" (32.677351°) LONGITUDE = -104°13'55.52" (-104.232088°)
NAD 27 (SURFACE HOLE LOCATION) LATITUDE = 32°40'43.07" (32.678631°) LONGITUDE = -104°12'24.02" (-104.206671°)	NAD 27 (FIRST TAKE POINT) LATITUDE = 32°40'38.18" (32.677271°) LONGITUDE = -104°12'22.04" (-104.206123°)	NAD 27 (LAST TAKE POINT) LATITUDE = 32°40'38.04" (32.677232°) LONGITUDE = -104°13'53.09" (-104.231415°)	NAD 27 (BOTTOM HOLE LOCATION) LATITUDE = 32°40'38.05" (32.677235°) LONGITUDE = -104°13'53.68" (-104.231577°)
STATE PLANE NAD 83 (N.M. EAST) N: 610682.40' E: 580152.31'	STATE PLANE NAD 83 (N.M. EAST) N: 610188.05' E: 580321.71'	STATE PLANE NAD 83 (N.M. EAST) N: 610165.38' E: 572539.46'	STATE PLANE NAD 83 (N.M. EAST) N: 610166.45' E: 572489.48'
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SCALE
 DRAWN BY: D.J.S. 11-22-23

17 OPERATOR CERTIFICATION

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

Ashley Brown 4/4/2024
 Signature Date

Ashley Brown
 Printed Name

ashley.brown@permianres.com
 E-mail Address

18 SURVEYOR CERTIFICATION

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

November 20, 2023

Date of Survey
 Signature and Seal of Professional Surveyor:



Certificate Number:

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

1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720
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Form C-102
 Revised August 1, 2011
 Submit one copy to appropriate
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AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code [97569]		³ Pool Name WINCHESTER; BONE SPRING, WEST	
⁴ Property Code		⁵ Property Name ALPINE 7-12 STATE		⁶ Well Number 122H	
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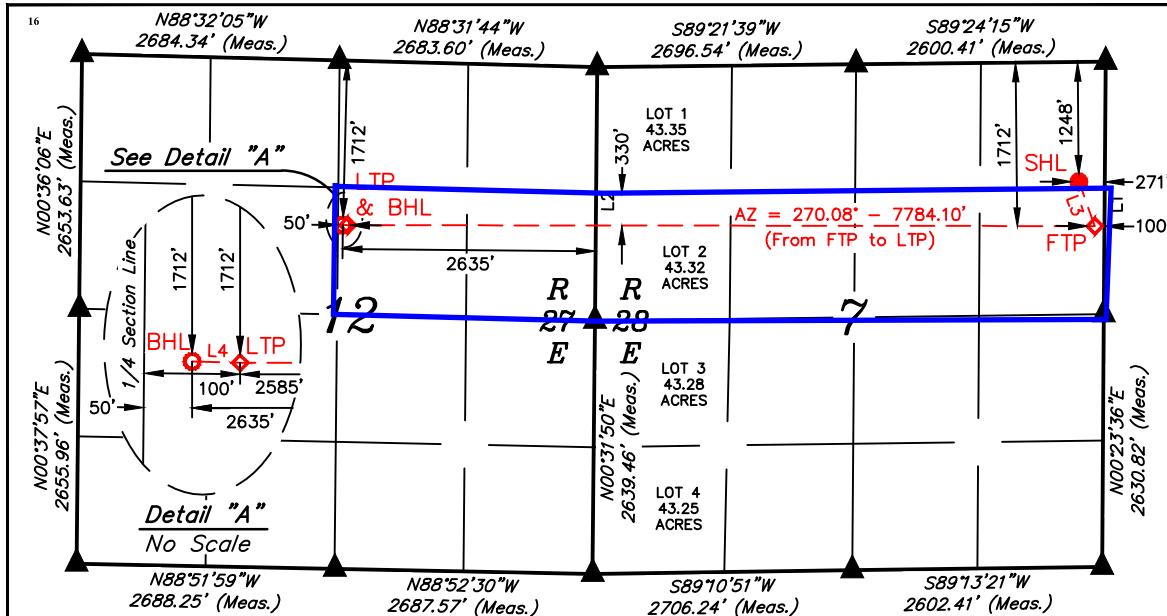
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	7	19S	28E		1248	NORTH	271	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	12	19S	27E		1712	NORTH	2635	EAST	EDDY
¹² Dedicated Acres 243.32		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

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



SECTION - LINE TABLE

LINE	DIRECTION	LENGTH
L1	N00°24'52"E	2630.13'
L2	N00°31'27"E	2638.46'

WELLBORE - LINE TABLE

LINE	DIRECTION	LENGTH
L3	AZ = 160.06°	491.65'
L4	AZ = 271.47°	50.01'

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

¹⁷ OPERATOR CERTIFICATION
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Ashley Brown 4/4/2024
 Signature Date

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

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

November 20, 2023

Date of Survey
 Signature and Seal of Professional Surveyor:



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**Colgate Production, LLC
Alpine 7-12 State 122H & 132H**

Township 19 South – Range 28 East, N.M.P.M.

Section 7: S/2N/2

Township 19 South – Range 27 East, N.M.P.M.

Section 12: S/2NE/4

Eddy County, New Mexico

Limited in Depth to the Bone Spring Formation

243.32 Acres, more or less

Section 12			Section 7		

Tract 1 State of New Mexico E0-0641-5
Tract 2 State of New Mexico VC-0886
Tract 3 State of New Mexico V0-6202

**Colgate Production, LLC
Case No. 24165
Exhibit A-3**

Tract 1: Section 7: S/2NE/4 (80.00 Acres more or less)

EOG Resources, Inc	37.451312%
Oxy Y-1 Company	8.750000%
Vladin, LLC	10.625000%
Tinian Oil & Gas, LLC	10.625000%
Margaret V Dowling	10.000000%
MRC Delaware Resources, LLC	7.135634%
Jalapeno Corporation	1.871387%
Sharbro Energy, LLC	9.375000%
Santo Legado, LLC	4.166667%
<hr/>	
Total	100.000000%

Tract 2: Section 7: S/2NW/4 (83.32 Acres more or less)

<hr/> Colgate Production, LLC	100.000000%
Total	100.000000%

Tract 3: Section 12: S/2NE/4 (80.00 Acres more or less)

COG Operating, LLC	45.659357%
Concho Oil & Gas LLC	2.403124%
ZPZ Delaware, LLC	17.187500%
Featherstone Development Corp.	1.749963%
Parrot Head Properties, L.L.C.	0.875038%
Big Three Energy Group, LLC	0.874981%
Prospector, L.L.C.	8.750038%
Harvard Petroleum Corporation	2.500000%
Tap Rock Resources III, LLC	20.000001%
<hr/>	
Total	100.000000%

Unit Working Interest

Colgate Production, LLC	34.242972%
EOG Resources, Inc	12.313434%
Oxy Y-1 Company	2.876870%
Vladin, LLC	3.493342%
Tinian Oil & Gas, LLC	3.493342%
Margaret V Dowling	3.287852%
MRC Delaware Resources, LLC	2.346090%
Jalapeno Corporation	0.615284%
Sharbro Energy, LLC	3.082361%
Santo Legado, LLC	1.369938%
COG Operating, LLC	15.012118%
Concho Oil & Gas LLC	0.790111%
ZPZ Delaware I, LLC	5.650994%
Featherstone Development Corp.	0.575362%
Parrot Head Properties, L.L.C.	0.287699%
Big Three Energy Group, LLC	0.287681%
Prospector, L.L.C.	2.876882%
Harvard Petroleum Corporation	0.821963%
Tap Rock Resources III, LLC	6.575703%
Total	100.000000%
Total Committed to Unit	57.237378%
Total Seeking to Pool	42.762623%
Parties We Seek to Pool	



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

OFFICE 432.695.4222
FAX 432.695.4063

January 25, 2024

Via Certified Mail

Concho Oil & Gas LLC
600 West Illinois Avenue
Midland, Texas 79701

RE: Well Proposals – Alpine 7-12 State
All of Section 7, T19S-R28E, & the E/2 of Section 12, T19S-R27E,
Eddy County, New Mexico

To Whom It May Concern:

Permian Resources Operating, LLC (“Permian”), as operator for Colgate Production, LLC, hereby proposes the drilling and completion of the following eight (8) wells, the Alpine 7 State at the following approximate locations within Township 19 South, Range 27 East, & Township 19 South, Range 28 East, Eddy Co., NM. The purpose of this letter is to give notice of some corrections to the footage calls on the below captioned wells:

1. Alpine 7-12 State 121H

SHL: To be located at a legal location in Unit A of Section 7, T19S-R28E
BHL: 2,637' FEL & 393' FNL of Section 12
FTP: 100' FEL & 393' FNL of Section 7
LTP: 2,547' FEL & 393' FNL of Section 12
TVD: Approximately 6,970'
TMD: Approximately 14,755'
Proration Unit: N/2N/2 of Section 7, & N/2NE/4 of Section 12
Targeted Interval: 2nd Bone Spring
Total Cost: See AFE in previous proposal packet

2. Alpine 7 State 122H

SHL: To be located at a legal location in Unit A of Section 7, T19S-R28E
BHL: 2,637' FEL & 1,712' FNL of Section 12
FTP: 100' FEL & 1,712' FNL of Section 7
LTP: 2,547' FEL & 1,712' FNL of Section 12
TVD: Approximately 6,999'
TMD: Approximately 14,784'
Proration Unit: S/2N/2 of Section 7, & S/2NE/4 of Section 12
Targeted Interval: 2nd Bone Spring
Total Cost: See AFE in previous proposal packet

3. Alpine 7-12 State 123H

SHL: To be located at a legal location in Unit I of Section 7, T19S-R28E
BHL: 2,637' FEL & 2,251' FSL of Section 12
FTP: 100' FEL & 2,251' FSL of Section 7
LTP: 2,547' FEL & 2,251' FSL of Section 12
TVD: Approximately 7,038'
TMD: Approximately 14,823'
Proration Unit: N/2S/2 of Section 7, & N/2SE/4 of Section 12
Targeted Interval: 2nd Bone Spring
Total Cost: See AFE in previous proposal packet

Colgate Production, LLC
Case No. 24165
Exhibit A-4

4. Alpine 7-12 State 124H

SHL: To be located at a legal location in Unit I of Section 7, T19S-R28E
BHL: 2,637' FEL & 932' FSL of Section 12
FTP: 100' FEL & 932' FSL of Section 7
LTP: 2,547' FEL & 932' FSL of Section 12
TVD: Approximately 7,077'
TMD: Approximately 14,862'
Proration Unit: S/2S/2 of Section 7, & S/2SE/4 of Section 12
Targeted Interval: 2nd Bone Spring
Total Cost: See AFE in previous proposal packet

5. Alpine 7-12 State 131H

SHL: To be located at a legal location in Unit A of Section 7, T19S-R28E
BHL: 2,637' FEL & 393' FNL of Section 12
FTP: 100' FEL & 393' FNL of Section 7
LTP: 2,547' FEL & 393' FNL of Section 12
TVD: Approximately 8,169'
TMD: Approximately 15,954'
Proration Unit: N/2N/2 of Section 7, & N/2NE/4 of Section 12
Targeted Interval: 3rd Bone Spring
Total Cost: See AFE in previous proposal packet

6. Alpine 7-12 State 132H

SHL: To be located at a legal location in Unit A of Section 7, T19S-R28E
BHL: 2,637' FEL & 1,712' FNL of Section 12
FTP: 100' FEL & 1,712' FNL of Section 7
LTP: 2,547' FEL & 1,712' FNL of Section 12
TVD: Approximately 8,269'
TMD: Approximately 16,054'
Proration Unit: S/2N/2 of Section 7, & S/2NE/4 of Section 12
Targeted Interval: 3rd Bone Spring
Total Cost: See AFE in previous proposal packet

7. Alpine 7-12 State 133H

SHL: To be located at a legal location in Unit I of Section 7, T19S-R28E
BHL: 2,637' FEL & 2,251' FSL of Section 12
FTP: 100' FEL & 2,251' FSL of Section 7
LTP: 2,547' FEL & 2,251' FSL of Section 12
TVD: Approximately 8,263'
TMD: Approximately 16,048'
Proration Unit: N/2S/2 of Section 7, & N/2SE/4 of Section 12
Targeted Interval: 3rd Bone Spring
Total Cost: See AFE in previous proposal packet

8. Alpine 7-12 State 134H

SHL: To be located at a legal location in Unit I of Section 7, T19S-R28E
BHL: 2,637' FEL & 932' FSL of Section 12
FTP: 100' FEL & 932' FSL of Section 7
LTP: 2,547' FEL & 932' FSL of Section 12
TVD: Approximately 8,362'
TMD: Approximately 16,147'
Proration Unit: S/2S/2 of Section 7, & S/2SE/4 of Section 12
Targeted Interval: 3rd Bone Spring
Total Cost: See AFE in previous proposal packet

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

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

Please indicate your election to participate in the drilling and completion of the proposed wells on the enclosed ballot. Please sign and return one copy of this letter, signed copies of the proposed AFEs, a signed copy of the enclosed insurance declaration, and your geologic well requirements.

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

Please further note that it is the intention of Colgate Production, LLC to relinquish all interest in this unit unto its parent company, Permian Resources Operating, LLC in the near future.

Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 432.400.1037 or by email at mark.hajdik@permianres.com.

Respectfully,



Mark Hajdik
Senior Landman

Enclosures

ELECTIONS ON PAGE TO FOLLOW.

Alpine 7 State Elections:

Well Elections: <i>(Please indicate your responses in the spaces below)</i>		
Well(s)	Elect to Participate	Elect to <u>NOT</u> Participate
Alpine 7 State 121H		
Alpine 7 State 122H		
Alpine 7 State 123H		
Alpine 7 State 124H		
Alpine 7 State 131H		
Alpine 7 State 132H		
Alpine 7 State 133H		
Alpine 7 State 134H		

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Participate / Rejection Declaration

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

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

Company Name (If Applicable):

By: _____

Printed Name: _____

Date: _____

Permian Resources Operating, LLC

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701

Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:		AFE NO.:	0
WELL NAME:	Alpine 7-12 State 122H	FIELD:	BONE SPRING
LOCATION:	Section 7, T19S-R28E, Section 12 T19S-R27E	MD/TVD:	14784' MD / 6999' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	7,500
Colgate WI:		DRILLING DAYS:	
GEOLOGIC TARGET:	SBSG	COMPLETION DAYS:	
REMARKS:	Drill a horizontal BSG well and complete. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land/ Legal/ Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	209,509	13,000	10,000	232,509
4 Freight/ Transportation	34,270	31,500	-	65,770
5 Rental - Surface Equipment	116,083	155,000	13,700	284,783
6 Rental - Downhole Equipment	150,338	43,032	-	193,370
7 Rental - Living Quarters	42,330	39,200	-	81,530
10 Directional Drilling, Surveys	378,981	-	-	378,981
11 Drilling	702,498	-	-	702,498
12 Drill Bits	72,080	-	-	72,080
13 Fuel & Power	183,526	521,706	-	705,232
14 Cementing & Float Equip	175,060	-	-	175,060
15 Completion Unit, Swab, CTU	-	-	26,000	26,000
16 Perforating, Wireline, Slickline	-	282,875	9,000	291,875
17 High Pressure Pump Truck	-	46,000	-	46,000
18 Completion Unit, Swab, CTU	-	105,400	-	105,400
20 Mud Circulation System	96,666	-	-	96,666
21 Mud Logging	19,213	-	-	19,213
22 Logging/ Formation Evaluation	8,792	6,000	-	14,792
23 Mud & Chemicals	324,950	344,601	-	669,551
24 Water	31,270	524,376	-	555,646
25 Stimulation	-	656,514	-	656,514
26 Stimulation Flowback & Disp	-	87,500	-	87,500
28 Mud/ Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision/ Engineering	118,862	96,000	9,800	224,662
32 Drlg & Completion Overhead	10,125	-	-	10,125
35 Labor	110,346	50,000	20,000	180,346
54 Proppant	-	988,882	-	988,882
95 Insurance	11,338	-	-	11,338
97 Contingency	-	19,695	8,850	28,545
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,977,681	4,055,281	97,350	7,130,312

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 87,952	\$ -	\$ -	\$ 87,952
61 Intermediate Casing	247,724	-	-	247,724
62 Drilling Liner	-	-	-	-
63 Production Casing	530,990	-	-	530,990
64 Production Liner	-	-	-	-
65 Tubing	-	-	55,000	55,000
66 Wellhead	46,640	-	59,100	105,740
67 Packers, Liner Hangers	10,600	-	4,500	15,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	-	-
70 Flow Lines	-	-	-	-
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	88,000	88,000
73 Compressor	-	-	-	-
74 Installation Costs	-	-	-	-
75 Surface Pumps	-	-	5,000	5,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	7,500	7,500
78 Gas Conditioning/ Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	-	-
80 Gathering/ Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	-	-
82 Tank/ Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical/ Grounding	-	-	90,900	90,900
85 Communications/ SCADA	-	-	-	-
86 Instrumentation/ Safety	-	-	-	-
TOTAL TANGIBLES >	923,906	0	310,000	1,233,906
TOTAL COSTS >	3,901,587	4,055,281	407,350	8,364,219

PREPARED BY Colgate Energy:

Drilling Engineer:	SS/RM/PS
Completions Engineer:	BA/ML
Production Engineer:	Levi Harris

Colgate Energy APPROVAL:

Co-CEO	_____	Co-CEO	_____	VP - Operations	_____
	WH		JW		CRM
VP - Land & Legal	_____	VP - Geosciences	_____		
	BG		SO		

NON OPERATING PARTNER APPROVAL:

Company Name:	_____	Working Interest (%):	_____	Tax ID:	_____
Signed by:	_____	Date:	_____		
Title:	_____	Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark one)		

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.

Permian Resources Operating, LLC

300 N. Marienfeld St., Ste. 1000 Midland, TX 79701
 Phone (432) 695-4222 • Fax (432) 695-4063

ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE

DATE:		AFE NO.:	0
WELL NAME:	Alpine 7-12 State 132H	FIELD:	BONE SPRING
LOCATION:	Section 7, T19S-R28E, Section 12 T19S-R27E	MD/TVD:	16054' MD / 8269' TVD
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	7,500
Colgate WI:		DRILLING DAYS:	
GEOLOGIC TARGET:	TBSG	COMPLETION DAYS:	
REMARKS:	Drill a horizontal BSG well and complete. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land/ Legal/ Regulatory	\$ 42,500	\$ -	\$ -	\$ 42,500
2 Location, Surveys & Damages	209,509	13,000	10,000	232,509
4 Freight/ Transportation	34,270	31,500	-	65,770
5 Rental - Surface Equipment	116,083	155,000	13,700	284,783
6 Rental - Downhole Equipment	150,338	43,032	-	193,370
7 Rental - Living Quarters	42,330	39,200	-	81,530
10 Directional Drilling, Surveys	378,981	-	-	378,981
11 Drilling	702,498	-	-	702,498
12 Drill Bits	72,080	-	-	72,080
13 Fuel & Power	183,526	521,706	-	705,232
14 Cementing & Float Equip	175,060	-	-	175,060
15 Completion Unit, Swab, CTU	-	-	26,000	26,000
16 Perforating, Wireline, Slickline	-	282,875	9,000	291,875
17 High Pressure Pump Truck	-	46,000	-	46,000
18 Completion Unit, Swab, CTU	-	105,400	-	105,400
20 Mud Circulation System	96,666	-	-	96,666
21 Mud Logging	19,213	-	-	19,213
22 Logging/ Formation Evaluation	8,792	6,000	-	14,792
23 Mud & Chemicals	324,950	344,601	-	669,551
24 Water	31,270	524,376	-	555,646
25 Stimulation	-	656,514	-	656,514
26 Stimulation Flowback & Disp	-	87,500	-	87,500
28 Mud/ Wastewater Disposal	138,945	44,000	-	182,945
30 Rig Supervision/ Engineering	118,862	96,000	9,800	224,662
32 Drlg & Completion Overhead	10,125	-	-	10,125
35 Labor	110,346	50,000	20,000	180,346
54 Proppant	-	988,882	-	988,882
95 Insurance	11,338	-	-	11,338
97 Contingency	-	19,695	8,850	28,545
99 Plugging & Abandonment	-	-	-	-
TOTAL INTANGIBLES >	2,977,681	4,055,281	97,350	7,130,312

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 87,952	\$ -	\$ -	\$ 87,952
61 Intermediate Casing	247,724	-	-	247,724
62 Drilling Liner	-	-	-	-
63 Production Casing	530,990	-	-	530,990
64 Production Liner	-	-	-	-
65 Tubing	-	-	55,000	55,000
66 Wellhead	46,640	-	59,100	105,740
67 Packers, Liner Hangers	10,600	-	4,500	15,100
68 Tanks	-	-	-	-
69 Production Vessels	-	-	-	-
70 Flow Lines	-	-	-	-
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	88,000	88,000
73 Compressor	-	-	-	-
74 Installation Costs	-	-	-	-
75 Surface Pumps	-	-	5,000	5,000
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	7,500	7,500
78 Gas Conditioning/ Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	-	-
80 Gathering/ Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	-	-
82 Tank/ Facility Containment	-	-	-	-
83 Flare Stack	-	-	-	-
84 Electrical/ Grounding	-	-	90,900	90,900
85 Communications/ SCADA	-	-	-	-
86 Instrumentation/ Safety	-	-	-	-
TOTAL TANGIBLES >	923,906	0	310,000	1,233,906
TOTAL COSTS >	3,901,587	4,055,281	407,350	8,364,219

PREPARED BY Colgate Energy:

Drilling Engineer:	SS/RM/PS
Completions Engineer:	BA/ML
Production Engineer:	Levi Harris

Colgate Energy APPROVAL:

Co-CEO	_____	Co-CEO	_____	VP - Operations	_____
	WH		JW		CRM
VP - Land & Legal	_____	VP - Geosciences	_____		
	BG		SO		

NON OPERATING PARTNER APPROVAL:

Company Name:	_____	Working Interest (%):	_____	Tax ID:	_____
Signed by:	_____	Date:	_____		
Title:	_____	Approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No (mark one)		

The costs on this AFE are estimates only and may not be construed as ceilings on any specific item or the total cost of the project. Tubing installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participant agrees to pay its proportionate share of actual costs incurred, including legal, curative, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participants shall be covered by and billed proportionately for Operator's well control and general liability insurance unless participant provides Operator a certificate evidencing its own insurance in an amount acceptable to the Operator by the date of spud.



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

OFFICE 432.695.4222
FAX 432.695.4063

Alpine – Chronology of Communication

December 22, 2023 – Proposal to all parties sent.

December 28, 2023 – Email received from Sharbro Energy, LLC requesting information on interest.

January 3, 2024 – Email communication with Featherstone, Big Three, Parrot Head and Prospector.

January 8, 2024 – Email received from Santo Petroleum, LLC requesting information on interest.

January 16, 2024 – Received Sharbro Energy, LLC's election to participate.

January 18, 2024 – Email received from Santo Petroleum, LLC requesting information on interest.

January 18, 2024 – Email response to Santo Petroleum, LLC regarding requested information.

January 22, 2024 – Email received from Vladin, LLC requesting information on interest.

January 22, 2024 – Email response to Vladin, LLC regarding requested information.

January 24, 2024 - Email received from Sharbro Energy, LLC requesting information on interest.

January 24, 2024 – Email response to Sharbro Energy, LLC regarding requested information.

January 25, 2024 – Clarification letter sent to all parties.

January 31, 2024 – Email received from Javelina Partners & Zorro Partners, Ltd requesting information on interest.

January 31, 2024 – Received John A. Yates, Trustee of Trust Q u/w/o Peggy A. Yates, now owned by Tinian Oil & Gas, LLC, election to participate.

February 7, 2024 – Email response to Javelina Partners & Zorro Partners, Ltd regarding requested information.

February 21, 2024 - Email received from Sharbro Energy, LLC requested a copy of the JOA.

February 27, 2024 – Emailed KWA, Inc. a copy of the draft JOA for their review.

February 27, 2024 – Emailed Sharbro Energy, LLC a copy of the draft JOA for their review.

February 28, 2024 – Emailed Javelina Partners & Zorro Partners, Ltd a copy of the draft JOA for their review.

March 1, 2024 – Received Harvard Petroleum Company, LLCs election to participate.



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

OFFICE 432.695.4222
FAX 432.695.4063

March 4, 2024 – Email received from Santo Petroleum, LLC requesting information on interest.

March 4, 2024 – Email response to Santo Petroleum, LLC regarding requested information.

March 5, 2024 – Received Sharbro Energy executed JOA signature pages.

March 6, 2024 – Email correspondence with Hudson Family regarding Javelina Partners, Zorro Partners, Ltd. regarding Hudson Family entities interests.

March 13, 2024 – Emailed Tap Rock Resources III, LLC a copy of the draft JOA for their review

April 3, 2024 – Email received from Delmar Hudson Lewis requesting information on interest.

April 3, 2024 – Email response to Delmar Hudson Lewis regarding requested information.

April 3, 2024 – Email correspondence with COG Operating LLC and Concho Oil & Gas, LLC

April 8, 2024 - Email correspondence with ZPZ Delaware I, LLC

April 10, 2024 – Email correspondence with ZPZ Delaware I, LLC

April 12, 2024 – Email correspondence with COG Operating LLC and Concho Oil & Gas, LLC

April 12, 2024 – Email correspondence with WPX and OXY Y-1

*Multiple discussions over the previous months with EOG Resources Inc. and Marathon Oil Permian LLC regarding interests in the subject project.

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

APPLICATION OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.

CASE NOS. 24164
24165
24166
24167

**SELF-AFFIRMED STATEMENT
OF CHRISTOPHER CANTIN**

1. I am a geologist with Permian Resources Operating, LLC (“Permian Resources”). I am over 18 years of age, have personal knowledge of the matters addressed herein, and am competent to provide this Self-Affirmed Statement. I have previously testified before the New Mexico Oil Conservation Division (“Division”) and my credentials as an expert in petroleum geology 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 regional locator map that identifies the Alpine project area, in proximity to the Capitan Reef within the Delaware Basin, for the Bone Spring horizontal spacing unit that is the subject of this application.

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing unit (“Unit”) within the Bone Spring formation. The approximate wellbore paths for the proposed **Alpine 7-12 State 121H, Alpine 7-12 State 131H, Alpine 7-12 State 122H, Alpine 7-12 State 132H, Alpine 7-12 State 123H, Alpine 7-12 State 133H, Alpine 7-12 State 124H, and Alpine 7-12 State 134H** wells (“Wells”) are represented by dashed lines. Existing producing wells in the targeted interval are represented by solid lines. This map identifies the cross-section running from A-A’ with the cross-section wells name and a black line in proximity to the proposed Wells.

**Colgate Production, LLC
Case No. 24165
Exhibit B**

5. **Exhibit B-3** is a Subsea Structure map on the base of the Second Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the proposed Wells with an orange dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed Wells. The data points are indicated by red stars. The map demonstrates the formation is gently dipping to the southwest in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

6. **Exhibit B-4** is a Subsea Structure map on the top of the Third Bone Spring formation in TVD subsea with a contour interval of 50 ft. The map identifies the approximate wellbore paths for the proposed Wells with a red dashed line. It also identifies the location of the cross-section running from A-A' in proximity to the proposed Wells. The data points are indicated by red stars. The map demonstrates the formation is gently dipping to the southwest in this area. I do not observe any faulting, pinch-outs, or geologic impediments to developing the targeted intervals with horizontal wells.

7. **Exhibit B-5** identifies two wells penetrating the targeted interval I used to construct a stratigraphic cross-section from A to A'. It contains gamma ray, resistivity, and porosity logs. The cross section is oriented from West to East and is flattened on the top of the Wolfcamp formation. The proposed landing zone for the Wells is labeled on the exhibit. The approximate well-path for the proposed Wells are indicated by a dashed line to be drilled from East to West across the units. This cross-section demonstrates the target interval is continuous across the Unit.

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

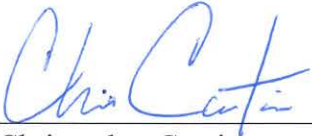
9. In my opinion, a lay-down orientation for the Wells is appropriate to properly develop the subject acreage because of consistent rock properties throughout the Unit and is the preferred fracture orientation in this portion of the trend.

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

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

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

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



Christopher Cantin

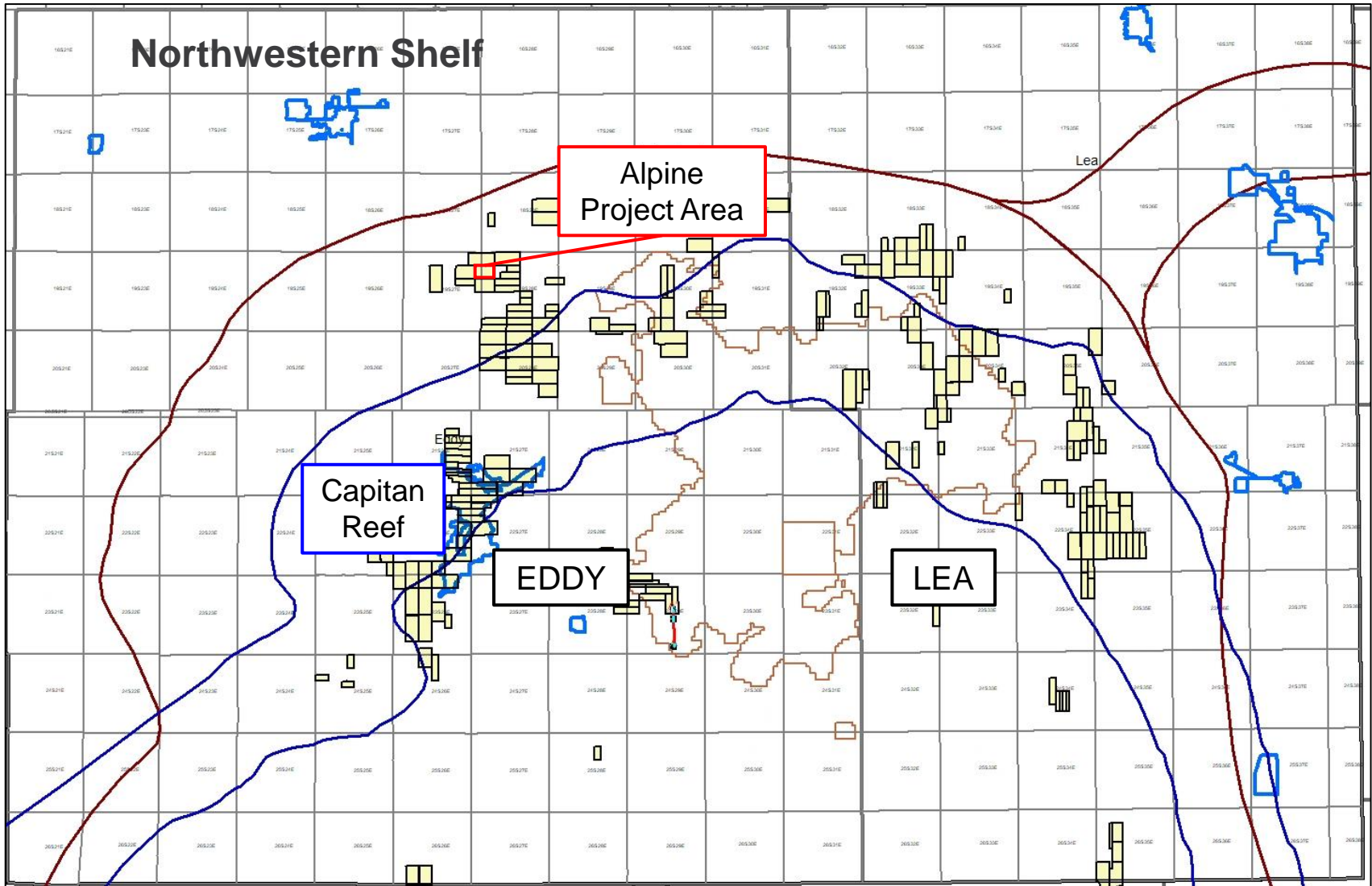
03-18-2024
Date

Regional Locator Map

Alpine 7-12 State Com

Colgate Production, LLC
Case No. 24165
Exhibit B-1

Exhibit B-1



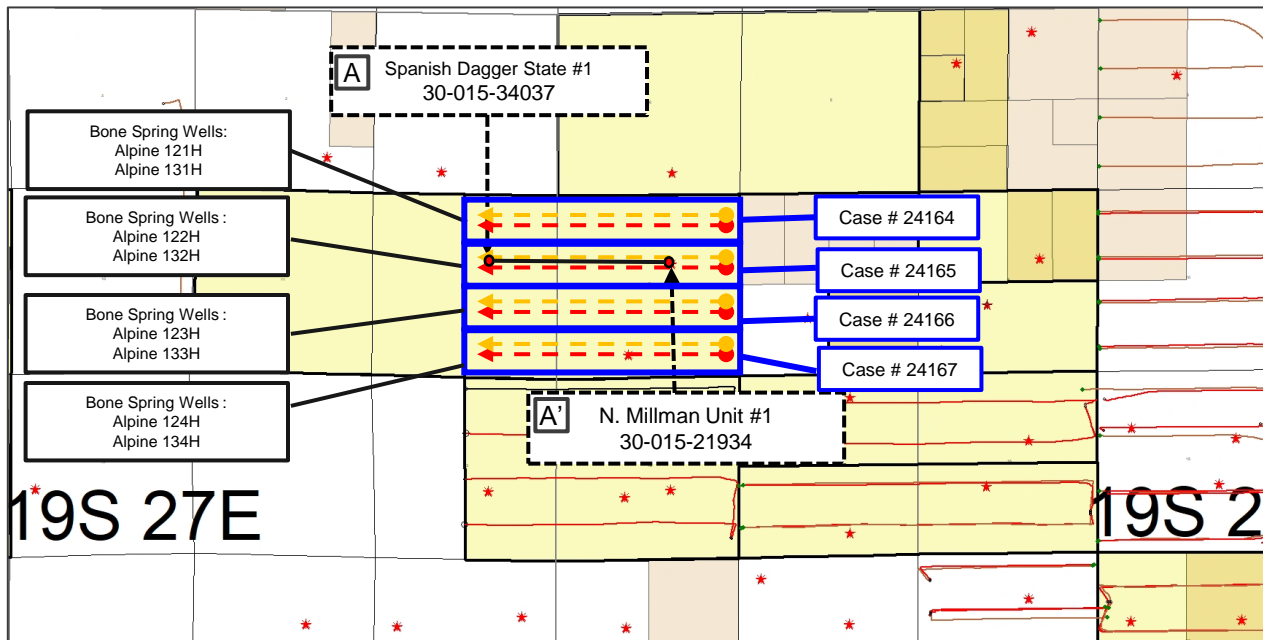
Permian Resources

Cross-Section Locator Map

Alpine 7-12 State Com

Colgate Production, LLC
Case No. 24165
Exhibit B-2

Exhibit B-2



Approximate Wellbore paths

SBSG
BHL

TBSG
BHL
Producing Wells

SBSG
BHL

TBSG
BHL
Control Wells



Permian Resources



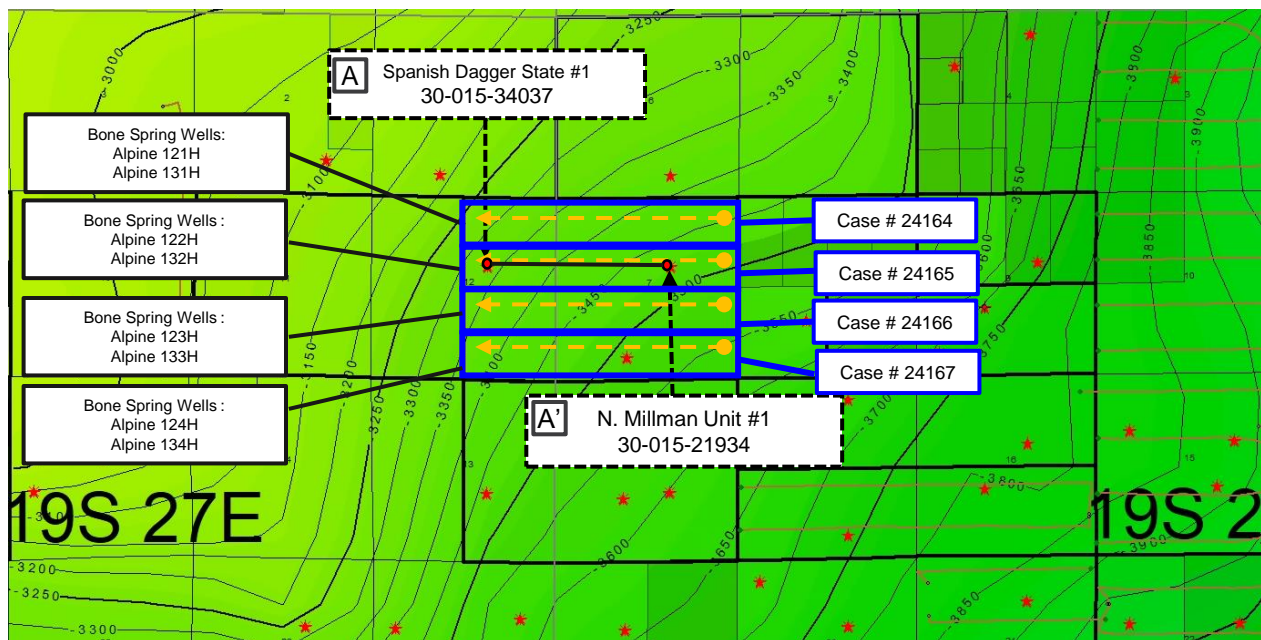
Base Second Bone Spring– Structure Map (50' CI)

Alpine 7-12 State Com

Case No. 24165

Exhibit B-3

Exhibit B-3



Permian Resources

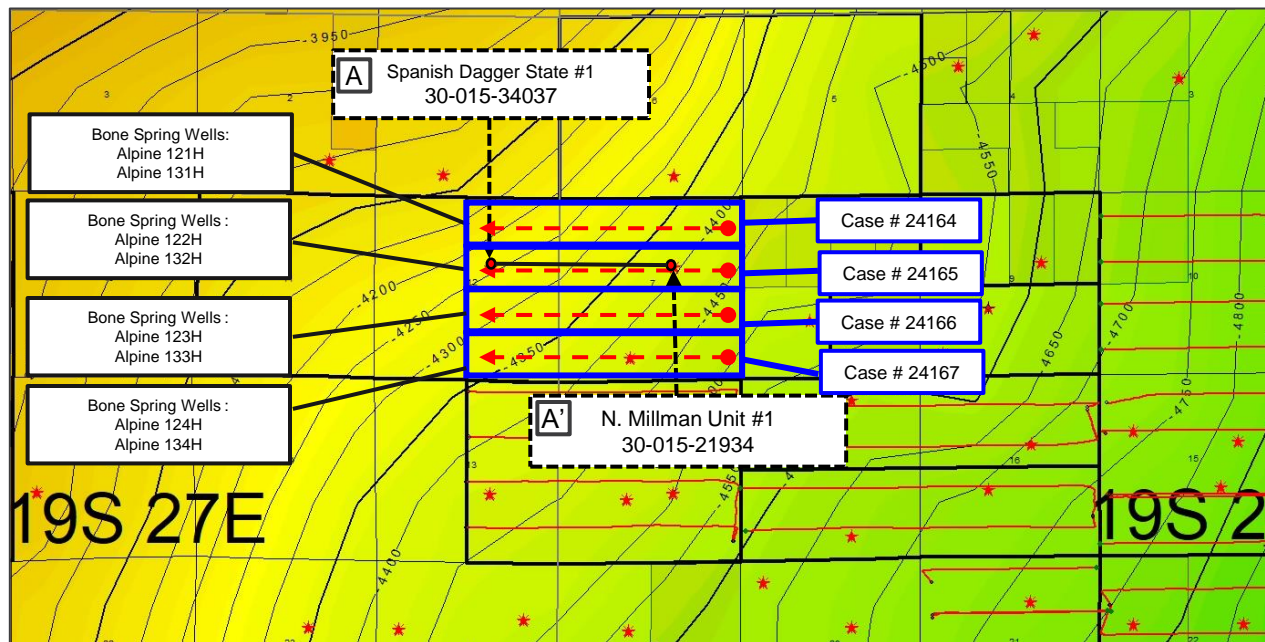


Top Third Bone Spring– Structure Map (50' C.I.)

Alpine 7-12 State Com

Colgate Production, LLC
Case No. 24165
Exhibit B-4

Exhibit B-4



A Spanish Dagger State #1
30-015-34037

Bone Spring Wells:
Alpine 121H
Alpine 131H

Bone Spring Wells:
Alpine 122H
Alpine 132H

Bone Spring Wells:
Alpine 123H
Alpine 133H

Bone Spring Wells:
Alpine 124H
Alpine 134H

Case # 24164

Case # 24165

Case # 24166

Case # 24167

A' N. Millman Unit #1
30-015-21934

19S 27E

19S 28E

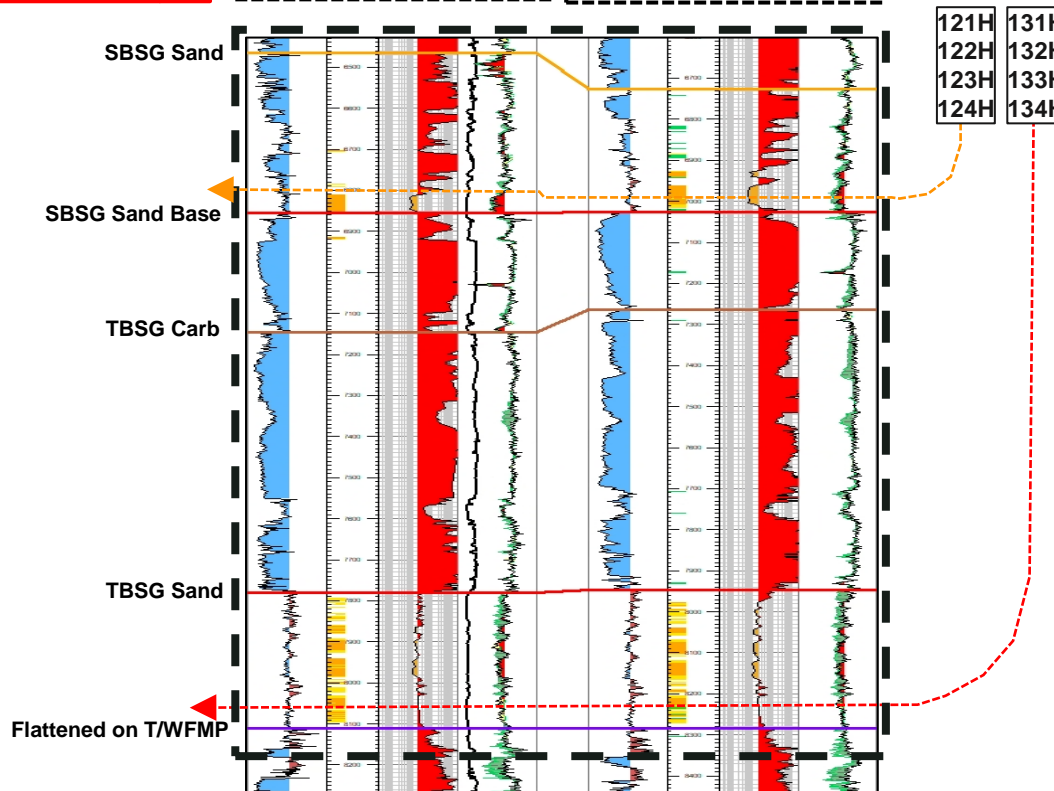
Permian Resources
□

Stratigraphic Cross-Section A-A'

Alpine 7-12 State Com

Colgate Production, LLC
Case No. 24165
Exhibit B-5

Exhibit B-5



Approximate Wellbore paths

SBSG →

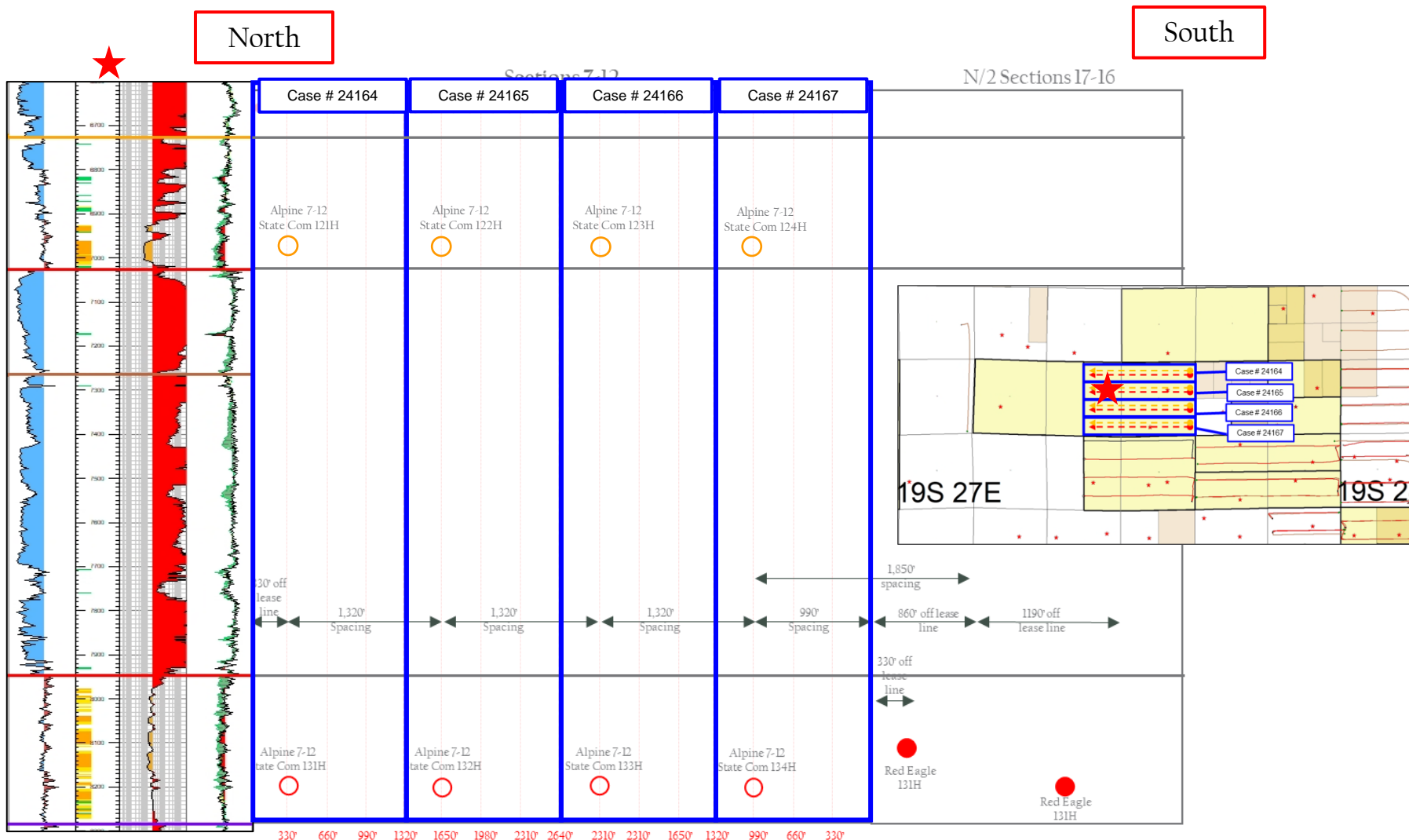
TBSG →



Gun Barrel Development Plan Alpine 7-12 State Com

Colgate Production, LLC
Case No. 24165
Exhibit B-6

Exhibit B-6



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

**APPLICATION OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NO. 24165

**SELF-AFFIRMED STATEMENT
OF DANA S. HARDY**

1. I am attorney in fact and authorized representative of Colgate Production, LLC, the Applicant herein, and Permian Resources Operating, LLC.
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 18, 2024, I caused a notice to be published to interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.
6. On March 27, 2024, I caused a notice to be published to additional interested parties, discovered by the Applicant in this case, in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-5**.
7. 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

**Colgate Production, LLC
Case No. 24165
Exhibit C**

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

April 12, 2024
Date



hinklelawfirm.com

HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

February 14, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24164, 24165, 24166, & 24167 – Applications of Colgate Production, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **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/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Colgate Production, LLC
Case No. 24165
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



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

March 21, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24164, 24165, 24166, & 24167 – Applications of Colgate Production, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 18, 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/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

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



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

March 22, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case Nos. 24164, 24165, 24166, & 24167 – Applications of Colgate Production, LLC for Compulsory Pooling, Eddy County, New Mexico.

To whom it may concern:

This letter is to advise you that the enclosed applications were filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **April 18, 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/ocd/hearing-info/>. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Sincerely,

/s/ Dana S. Hardy

Dana S. Hardy

Enclosure

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

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

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

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Mary T. Ard 616 Texas Street Fort Worth, Texas 76102	02/14/24	03/04/24
Mary T. Ard PO Box 101027 Fort Worth, Texas 76185	03/22/24	04/12/24
Paul R. Barwis PO Box 230 Midland, TX 79702	02/14/24	03/04/24
Big Three Energy Group, LLC P.O. Box 429 Roswell, New Mexico 88202	02/14/24	02/22/24
Kurt W. Boley (address unknown)		
COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701	02/14/24	03/04/24
Cibola Land Corporation 1429 Central Ave NW Albuquerque, NM 87104	02/14/24	02/20/24
Colkelan Corporation PO Box 25663 Albuquerque, NM 87125	02/14/24	03/12/24 Return to sender.
Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701	02/14/24	02/22/24
Delmar Hudson Lewis Living Trust PO Box 2546 Fort Worth, Texas 76113	03/22/24	04/01/24
Delmar Hudson Lewis Living Trust created by Trust Agreement dated September 9, 2002 616 Texas Street Fort Worth, Texas 76102	02/14/24	03/01/24

**Colgate Production, LLC
Case No. 24165
Exhibit C-2**

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

Margaret V. Dowling 1829 Georgia Street NE Albuquerque, NM 87110	02/14/24	02/20/24
EOG Resources, Inc. 5509 Champions Drive Midland, Texas 79706	02/14/24	03/04/24
The Edward R. Hudson Trust 1 640 Taylor Street Fort Worth, Texas 76102	03/22/24	Per USPS Tracking (Last Checked 04/12/24): 03/25/24 – Delivered to individual at the address.
The Edward R. Hudson Trusts 1, 2, 3, and 4 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24
The Edward R. Hudson Trust 2 616 Texas Street Fort Worth, Texas 76102	03/22/24	04/01/24
The Edward R. Hudson Trust 3 616 Texas Street Fort Worth, Texas 76102	03/22/24	04/01/24
The Edward R. Hudson Trust 4 P O Box 101027 Fort Worth, Texas 76185	03/22/24	04/01/24
Estate of Florence M. Dooley, Deceased (address unknown)		
Estate of Josephine T. Hudson 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24
Estate of Josephine T. Hudson 640 Taylor Street Fort Worth, Texas 76102	03/22/24	Per USPS Tracking (Last Checked 04/12/24): 03/25/24 – Delivered to individual at the address.
Estate of Mark D. Wilson (address unknown)		

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

Estate of Mary E. Boling (address unknown)		
Estate of Mary Lou Wilson (address unknown)		
Estate of Meredith Wall Jones, Deceased (address unknown)		
Estate of Robert E. Boling (address unknown)		
The Estate of Roxie E. Hudson 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24
Estate of Will Holt and wife, Vina Holt (address unknown)		
Explorers Petroleum Corporation PO Box 1933 Roswell, NM 88202	02/14/24	02/26/24
Featherstone Development Corp. P.O. Box 429 Roswell, New Mexico 88202	02/14/24	02/22/24
James E. Geitgey 6804 Island Cir Midland, TX 79707	02/14/24	02/28/24
Harvard Petroleum Corporation P.O. Box 936 Roswell, New Mexico 88202	02/14/24	02/22/24
Haynie Enterprises, LLC P.O. Box 510 Fairacres, New Mexico 88033	02/14/24	03/12/24 Return to sender.
Heyco Development Corporation PO Box 1933 Roswell, NM 88202	02/14/24	02/26/24
Vergil Wesley Hopp (address unknown)		
Edward R. Hudson, Jr. 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

Francis H. Hudson 215 W. Bandera Road, Suite 114-620 Boerne, Texas 78006	03/22/24	03/28/24
Francis H. Hudson 616 Texas Street Fort Worth, Texas 76102	02/14/24	Per USPS Tracking (Last Checked 04/12/24): 02/20/24 – Delivered to front desk, reception area, or mail room.
William A. Hudson 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24
Jalapeno Corporation P.O. Box 1608 Albuquerque, New Mexico 87103	02/14/24	02/20/24
Javelina Partners 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24
KWA, Inc., P.O. Box 1309 Midland, Texas 79702	02/14/24	03/04/24
Delmar Hudson Lewis 616 Texas Street Fort Worth, Texas 76102	02/14/24	03/01/24
Delmar Hudson Lewis PO Box 2546 Fort Worth, Texas 76113	03/22/24	04/01/24
Lindy's Living Trust 215 W. Bandera Road, Suite 114-620 Boerne, Texas 78006	03/22/24	03/28/24
Lindy's Living Trust created by Trust Agreement dated July 8, 1994 616 Texas Street Fort Worth, Texas 76102	02/14/24	Per USPS Tracking (Last Checked 04/12/24): 02/20/24 – Delivered to front desk, reception area, or mail room.

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

MRC Delaware Resources, LLC One Lincoln Centre 5400 LBJ Freeway, Suite 1500 Dallas, Texas 75240	02/14/24	02/26/24
Marathon Oil Company 990 Town & Country Blvd. Houston, Texas 77024	03/22/24	04/01/24
Marathon Oil Permian LLC 990 Town and Country Blvd. Houston, TX 77024	02/14/24	02/26/24
Raye Miller 2308 Sierra Vista Road Artesia, NM 88210	02/14/24	02/22/24
Nadel and Gussman Capitan, LLC 15 East 5th Street, Ste 3300 Tulsa, OK 74103	02/14/24	02/27/24
OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, Texas 77046	02/14/24	02/26/24
Nancy N. Oakland, Trustee of the Ruth K. North Revocable Trust (address unknown)		
Parrot Head Properties, L.L.C. P.O. Box 429 Roswell, New Mexico 88202	02/14/24	02/22/24
Penwell Employee Royalty Pool 310 W. Wall St, Suite 1001 Midland, TX 79701	02/14/24	03/05/24 Return to sender.
Prospector, L.L.C. P.O. Box 429 Roswell, NM 88202	03/21/24	03/28/24
Santo Legado, LLC P.O. Box 1020 Artesia, New Mexico 88211	02/14/24	02/23/24
Sharbro Energy, LLC 423 West Main Street Artesia, New Mexico 88210	02/14/24	02/23/24

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

Southwest Oil & Gas Income Fund VII-A, L.P 200 N Loraine St., Ste. 400 Midland, TX 79701	02/14/24	02/23/24
Southwest Oil & Gas Income Fund VIII- A, L.P. 200 N Loraine St., Ste. 400 Midland, TX 79701	02/14/24	02/23/24
Southwest Royalties Inc 200 N Loraine St., Ste. 400 Midland, TX 79701	02/14/24	02/23/24
Southwest Royalties Institutional Income Fund VII-B, L.P. 200 N Loraine St., Ste. 400 Midland, TX 79701	02/14/24	02/23/24
Southwest Royalties Institutional Income Fund VIII-B, L.P. 200 N Loraine St., Ste. 400 Midland, TX 79701	02/14/24	02/23/24
Spiral, Inc. PO Box 1933 Roswell, NM 88202	02/14/24	02/26/24
Tap Rock Resources III, LLC 523 Park Point Dr #200 Golden, CO 80401	02/14/24	02/26/24
John Thoma (address unknown)		
Tinian Oil & Gas, LLC PO Box 900 Artesia, NM 88211-0900	02/14/24	02/26/24
Vladin, LLC P.O. Box 100 Artesia, New Mexico 88211	02/14/24	02/22/24
WPX Energy Permian, LLC 333 W Sheridan Ave Oklahoma City, OK 73102	02/14/24	02/26/24

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

**APPLICATIONS OF COLGATE
PRODUCTION, LLC FOR COMPULSORY
POOLING, EDDY COUNTY, NEW MEXICO.**

CASE NOS. 24164 – 24167

NOTICE LETTER CHART

Joseph F. Walton (address unknown)		
Westway Petro 6440 N Central Expressway, Suite 308 Dallas, Texas 75206	02/14/24	02/27/24 Return to sender.
C. Mark Wheeler (address unknown)		
ZPZ Delaware I, LLC 2000 Post Oak Boulevard, Suite 100 Houston, TX 77056	03/21/24	04/01/24
Zorro Partners, Ltd. 616 Texas Street Fort Worth, Texas 76102	02/14/24	02/26/24

9589 0710 5270 0725 3431 06

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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 Ap: Mary T. Ard
616 Texas Street

City, State, Zi: Fort Worth, Texas 76102
24164-67 - Permian Alpine

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) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>JO Graf</i></p> <p>C. Date of Delivery</p> <p><i>2/24/2024</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>1. Article Addressed to:</p> <p>Mary T. Ard 616 Texas Street Fort Worth, Texas 76102 24164-67 - Permian Alpine</p>	<p>RECEIVED</p> <p>MAR 04 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3431 06</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Colgate Production, LLC
Case No. 24165
Exhibit C-3

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MAR 22 2024
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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: Mary T. Ard PO Box 101027 Fort Worth, Texas 76185 City, St: Fort Worth, Texas 76185 24164-67 - Permian Alpine	

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) Joe Graf</p> <p>C. Date of Delivery 3/27/24</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> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Mary T. Ard PO Box 101027 Fort Worth, Texas 76185</p> <p style="font-size: 0.8em;">24164-67 - Permian Alpine</p> </div>	<p style="font-size: 2em; font-weight: bold; color: black;">RECEIVED</p> <p style="font-size: 1.5em; color: black;">APR 12 24</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0751 2487 03</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLP Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and, Paul R. Barwis
 PO Box 230
 Midland, TX 79702
 City, State, 24164-67 - Permian Alpine

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

9589 0710 5270 0725 3430 45



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) M Hernandez</p> <p>C. Date of Delivery 2/04/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED MAR 04 2024</p>
<p>1. Article Addressed to:</p> <p>Paul R. Barwis PO Box 230 Midland, TX 79702</p> <p>24164-67 - Permian Alpine</p> <p></p> <p>9590 9402 8560 3186 8711 75</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <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 0725 3430 45</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3430 52

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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 \$ _____

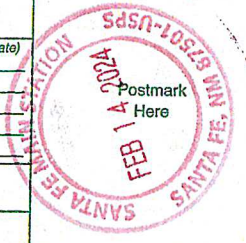
Postage \$ _____

Total Postage and Fees \$ _____

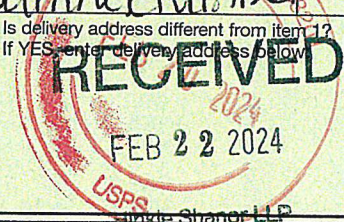
Sent To

Street and Apt. # _____ Big Three Energy Group, LLC
P.O. Box 429
City, State, ZIP+4® _____ Roswell, New Mexico 88202
24164-67 - Permian Alpine

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>Janne Kunkel</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Janne Kunkel</i></p> <p>C. Date of Delivery</p> <p><i>FEB 22 2024</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>Big Three Energy Group, LLC P.O. Box 429 Roswell, New Mexico 88202 24164-67 - Permian Alpine</p> <p>9590 9402 8560 3186 8711 68</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</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 0725 3430 52</p>	



9589 0710 5270 0725 3430 69

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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 COG Operating LLC
 600 West Illinois Avenue
 Midland, Texas 79701

City, State, Z 24164-67 - Permian Alpine

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>[Signature]</i></p> <p>C. Date of Delivery MAR 04 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>COG Operating LLC 600 West Illinois Avenue Midland, Texas 79701 24164-67 - Permian Alpine</p> <p>9590 9402 8560 3186 8711 51</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3430 69</p>	<p>4. 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 0725 3430 38

U.S. Postal Service™
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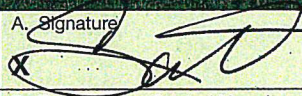

OFFICIAL USE

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. #	Cibola Land Corporation 1429 Central Ave NW Albuquerque, NM 87104
City, State, ZIP+4	24164-67 - Permian Alpine

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: Cibola Land Corporation 1429 Central Ave NW Albuquerque, NM 87104 24164-67 - Permian Alpine  9590 9402 8560 3186 8711 44	B. Received by (Printed Name) Sonia Pino	C. Date of Delivery 2/16/24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED FEB 20 2024	
3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87504 <input type="checkbox"/> Registered Mail™ <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"/> Insured Mail Restricted Delivery (over \$500)		
9589 0710 5270 0725 3430 38 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt		

9589 0710 5270 0725 3402 35

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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, Concho Oil & Gas LLC
 600 West Illinois Avenue
 Midland, Texas 79701

City, State, Z 24164-67 - Permian Alpine

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) _____ 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>Concho Oil & Gas LLC 600 West Illinois Avenue Midland, Texas 79701</p> <p>24164-67 - Permian Alpine</p>	<p>RECEIVED</p> <p>FEB 22 2024</p>
<p>9590 9402 8560 3186 8711 20</p> <p>2 Article Number (Transfer from service label) 9589 0710 5270 0725 3402 35</p>	<p>3. Service Type Hinkie Shanor LLP <input type="checkbox"/> Adult Signature Santa Fe NM 87504 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>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 0751 2487 96

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

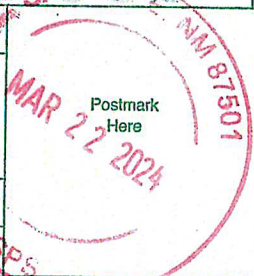
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Send To

St Delmar Hudson Lewis Living Trust

PO Box 2546

Fort Worth, Texas 76113

24164-67 - Permian Alpine

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:

Delmar Hudson Lewis Living Trust
PO Box 2546
Fort Worth, Texas 76113

24164-67 - Permian Alpine



2. Article Number (Transfer from service label)

9589 0710 5270 0751 2487 96

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Steve Cohen* Agent Addressee

B. Received by *Steve Cohen* Date of Delivery *3/26/24*

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

RECEIVED

APR 1 2024

3. Service Type

Adult Signature *Hinkle Shanor LLP* Priority Mail Express®

Adult Signature Restricted Delivery *Fort Worth 76113* Registered Mail™

Certified Mail® Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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

9589 0710 5270 0725 3402 42

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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
 Delmar Hudson Lewis Living Trust created by
 Trust Agreement dated September 9, 2002
 Street and, 616 Texas Street
 City, State, Fort Worth, Texas 76102
 24164-67 - Permian Alpine

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:
 Delmar Hudson Lewis Living Trust
 created by Trust Agreement dated
 September 9, 2002
 616 Texas Street
 Fort Worth, Texas 76102
 24164-67 - Permian Alpine



9590 9402 8560 3186 8711 13

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3402 42

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Steve Cabeen Agent
 Addressee

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

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

RECEIVED

MAR 01 2024

Hinkle Shanor LLP

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 (over \$500)

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

9589 0710 5270 0725 3401 67

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

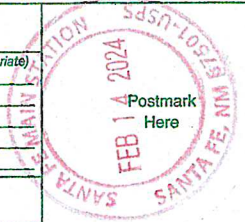
Total Postage and Fees \$ _____

Sent To

Street and City, State Margaret V. Dowling
 1829 Georgia Street NE
 Albuquerque, NM 87110

24164-67 - Permian Alpine

PS Form 3800, January 2023 PSN 7530-02-000-6047 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>Margaret V. Dowling</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>MARGARET V. DOWLING</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>1. Article Addressed to:</p> <p>Margaret V. Dowling 1829 Georgia Street NE Albuquerque, NM 87110</p> <p>24164-67 - Permian Alpine</p>	<p>RECEIVED FEB 17 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3401 67</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"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

9589 0710 5270 0725 3401 74

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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 # _____ EOG Resources, Inc.
 5509 Champions Drive
 Midland, Texas 79706

City, State, _____ 24164-67 - Permian Alpine

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>EOG Resources, Inc. 5509 Champions Drive Midland, Texas 79706</p> <p>24164-67 - Permian Alpine</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>3/20</i></p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3401 74</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 MAR 04 2024</p>	
<p>3. Service Type <i>Hinkle Shand</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery™ <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

9589 0710 5270 0725 3401 81

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 \$ _____

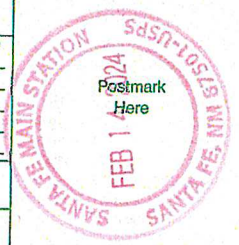
Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Number The Edward R. Hudson Trusts 1, 2, 3, and 4
 616 Texas Street
 City, State, and ZIP+4® Fort Worth, Texas 76102 24164-67 - Permian Alpine

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>Suzanne B...</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>Suzanne B...</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>2/20/24</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>The Edward R. Hudson Trusts 1, 2, 3, and 4 616 Texas Street Fort Worth, Texas 76102</p> <p>24164-67 - Permian Alpine</p>	<p>RECEIVED</p> <p>FEB 26 2024</p> <p><i>Suzanne B...</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3401 81</p>	<p>3. Service Type: <i>Santa Fe NM 87506</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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OFFICIAL RECEIPT

Postmark Here
MAR 22 2024


9589 0710 5270 0751 2487 72

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

Sent To

Str: The Edward R. Hudson Trust 2
616 Texas Street
Fort Worth, Texas 76102
City: 24164-67 - Permian Alpine

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>D. Nobles</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Nobles</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">APR 1 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">The Edward R. Hudson Trust 2 616 Texas Street Fort Worth, Texas 76102 24164-67 - Permian Alpine</p> <p style="text-align: center;"> 9590 9402 8560 3186 8716 70</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> Priority Mail Express® <i>Santa Fe NM 87504</i> 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"/> 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 0751 2487 72</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0751 2487 65

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OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

The Edward R. Hudson Trust 3
 616 Texas Street
 Fort Worth, Texas 76102
 24164-67 - Permian Alpine

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>D. Nobles</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>D. Nobles</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>The Edward R. Hudson Trust 3 616 Texas Street Fort Worth, Texas 76102 24164-67 - Permian Alpine</p>	<p>RECEIVED</p> <p>APR 1 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0751 2487 65</p>	<p>3. Service Type <i>Prinkie Shanon LLP</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</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 0751 2487 58

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OFFICIAL RECEIPT

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here
 MAR 22 2024
 SANTA FE NM 87501
 USPS

Str The Edward R. Hudson Trust 4
 P O Box 101027
 Fort Worth, Texas 76185

Cit. 24164-67 - Permian Alpine

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>J. Graf</u> C. Date of Delivery <u>3/27/24</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 style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 1 2024</p>
<p>1. Article Addressed to:</p> <p>The Edward R. Hudson Trust 4 P O Box 101027 Fort Worth, Texas 76185</p> <p style="text-align: right;">24164-67 - Permian Alpine</p>  <p>9590 9402 8595 3244 3675 54</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor L <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</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 0751 2487 58</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3401 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, Estate of Josephine T. Hudson
 616 Texas Street
 Fort Worth, Texas 76102

City, State, 24164-67 - Permian Alpine

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>Suzanne Box</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Suzanne Box</i> 2/6/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, print delivery address below. <input type="checkbox"/> No</p> <p>RECEIVED FEB 26 2024 Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>Estate of Josephine T. Hudson 616 Texas Street Fort Worth, Texas 76102</p> <p>24164-67 - Permian Alpine</p> <p> 9590 9402 8560 3186 8710 76</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3401 98</p>	

9589 0710 5270 0725 3402 04

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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 # The Estate of Roxie E. Hudson
 616 Texas Street

City, State, ZIP+4® Fort Worth, Texas 76102
 24164-67 - Permian Alpine

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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x E. Hudson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>The Estate of Roxie E. Hudson 616 Texas Street Fort Worth, Texas 76102 24164-67 - Permian Alpine</p> <p>9590 9402 8560 3186 8710 69</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><i>Roxie deceased 50+ years...</i></p> <p>RECEIVED FEB 26 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3402 04</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <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 0725 3400 99

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Certified Mail Fee \$ _____

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

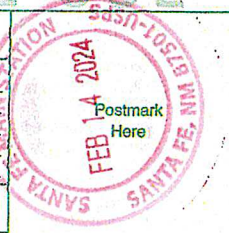
Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and A Explorers Petroleum Corporation
PO Box 1933
Roswell, NM 88202

City, State, Z 24164-67 - Permian Alpine

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:

Explorers Petroleum Corporation
PO Box 1933
Roswell, NM 88202

24164-67 - Permian Alpine



2. Article Number (Transfer from service label)

9589 0710 5270 0725 3400 99

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Sm Santos

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

Sm Anderson FEB 14 2024

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

If YES - enter delivery address below:

RECEIVED
FEB 26 2024

3. Service Certified Mail® 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)

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

Domestic Return Receipt

9589 0710 5270 0725 3401 05

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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
 Featherstone Development Corp.
 P.O. Box 429
 Roswell, New Mexico 88202
 City, Sta: 24164-67 - Permian Alpine

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>X Janine Twiss</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Janine Twiss</i></p> <p>C. Date of Delivery <i>FEB 14 2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Featherstone Development Corp. P.O. Box 429 Roswell, New Mexico 88202 24164-67 - Permian Alpine</p>	<p>RECEIVED FEB 22 2024</p>
<p>2. Article Number (Transfer from _____)</p> <p>9589 0710 5270 0725 3401 05</p>	
<p>3. Service Type <i>Hinkle Shanor LEA</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

9589 0710 5270 0725 3401 12

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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 \$ _____

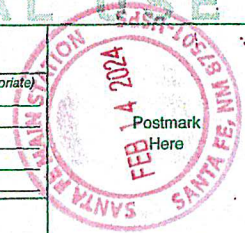
Postage \$ _____

Total Postage and Fees \$ _____

Sent To

James E. Geitgey
 Street and A 6804 Island Cir
 Midland, TX 79707
 City, State, Z 24164-67 - Permian Alpine

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>James Geitgey</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James Geitgey</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>James E. Geitgey 6804 Island Cir Midland, TX 79707 24164-67 - Permian Alpine</p> <p>9590 9402 8560 3186 8710 38</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 28 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3401 12</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>

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

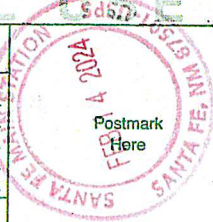
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



9589 0710 5270 0725 3401 29

Sent To

Street a Harvard Petroleum Corporation

P.O. Box 936

City, St Roswell, New Mexico 88202

24164-67 - Permian Alpine

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:

Harvard Petroleum Corporation
P.O. Box 936
Roswell, New Mexico 88202

24164-67 - Permian Alpine



9590 9402 8560 3186 8710 21

2 Article Number (Transfer) 9589 0710 5270 0725 3401 29

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Tina Williams

B. Received by (Printed Name) Tina Williams

C. Date of Delivery 2-20-24

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

If YES, enter delivery address below:

RECEIVED

FEB 22 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 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 0725 3401 43

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
 Street and Ap. Heyco Development Corporation
 PO Box 1933
 Roswell, NM 88202
 City, State, Zi 24164-67 - Permian Alpine

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) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>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>Heyco Development Corporation PO Box 1933 Roswell, NM 88202 24164-67 - Permian Alpine</p>	<p>RECEIVED FEB 22 2024 FEB 26 2024</p>
<p>9590 9402 8560 3186 8710 07</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail (over \$500)</p>
<p>Article Number (Transfer from service label) 9589 0710 5270 0725 3401 43</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3401 50

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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 \$

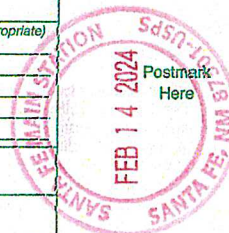
Postage \$

Total Postage and Fees \$

Sent To

Street and / Edward R. Hudson, Jr.
616 Texas Street
Fort Worth, Texas 76102

City, State, 24164-67 - Permian Alpine



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:

Edward R. Hudson, Jr.
616 Texas Street
Fort Worth, Texas 76102

24164-67 - Permian Alpine



9590 9402 8560 3186 8709 94

2. Article Number (Transfer from service label)

9589 0710 5270 0725 3401 50

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Suzanne Box*

- Agent
- Addressee

B. Received by (Printed Name)

Suzanne Box

C. Date of Delivery

2/20/24

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

RECEIVED

FEB 26 2024

3. Service Type *Priority Mail Express*

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

Domestic Return Receipt

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

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

OFFICIAL USE

SANTA FE, N.M. 87501
MAR 22 2024
USPS

Postmark Here

9589 0710 5270 0751 2487 34

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	
Str	Francis H. Hudson
	215 W. Bandera Road, Suite 114-620
City	Boerne, Texas 78006
	24164-67 - Permian Alpine

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) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">MAR 28 2024</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Francis H. Hudson 215 W. Bandera Road, Suite 114-620 Boerne, Texas 78006</p> <p style="text-align: right; font-size: 0.8em;">24164-67 - Permian Alpine</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® Santa Fe NM 87504</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail® Santa Fe NM 87504	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail® Santa Fe NM 87504	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 0751 2487 34</p>																	

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

9589 0710 5270 0725 3406 55

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 \$ _____

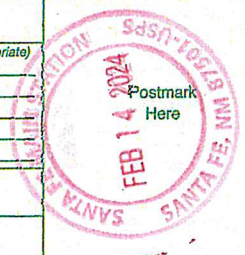
Total Postage and Fees \$ _____

Sent To _____

Street William A. Hudson
616 Texas Street

City Fort Worth, Texas 76102
24164-67 - Permian Alpine

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>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>RECEIVED</p> <p>FEB 26 2024</p> <p>William Deceased and now Lindy's Living Trust LP Delmar Hudson Deeds Living Trust</p>
<p>1. Article Addressed to:</p> <p>William A. Hudson 616 Texas Street Fort Worth, Texas 76102 24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3756 03</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3406 55</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"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> 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 0725 3406 48

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 \$ _____

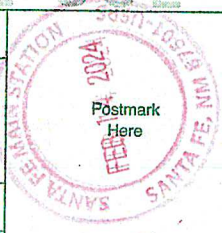
Postage \$ _____

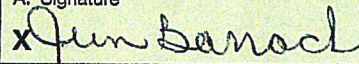

Total Postage and Fees \$ _____

Sent To

St Jalapeno Corporation
 P.O. Box 1608
 Ci Albuquerque, New Mexico 87103
 24164-67 - Permian Alpine

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>Jun Bannock</u></p> <p>C. Date of Delivery <u>2/16/24</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>Jalapeno Corporation P.O. Box 1608 Albuquerque, New Mexico 87103 24164-67 - Permian Alpine</p>  <p>9590 9402 8595 3244 3756 34</p>	<p>RECEIVED FEB 16 2024 ALBUQUERQUE PERMIAN STATION</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3406 48</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>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3406 31

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	\$

Postmark Here

FEB 14 2024

SANTA FE NM 87504

Postage	\$
Total Postage and Fees	\$

From	
To	Javelina Partners 616 Texas Street Fort Worth, Texas 76102
City	24164-67 - Permian Alpine

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:

Javelina Partners
616 Texas Street
Fort Worth, Texas 76102

24164-67 - Permian Alpine



9590 9402 8595 3244 3755 66

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3406 31

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Suzanne Box*

B. Received by (Printed Name) *Suzanne Box*

C. Date of Delivery *2/20/24*

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

RECEIVED
FEB 26 2024

3. Service Type *Santa Fe NM 87504*

<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 0725 3406 24

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



Send To

Str KWA, Inc.,
P.O. Box 1309
Midland, Texas 79702

Cit 24164-67 - Permian Alpine

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:

KWA, Inc.,
P.O. Box 1309
Midland, Texas 79702

24164-67 - Permian Alpine



9590 9402 8595 3244 3755 97

2. Article Number (Transfer from service label)

9589 0710 5270 0725 3406 24

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Ted Bosean

C. Date of Delivery 2/22/24

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

RECEIVED

MAR 04 2024

3. Service Type Hinkle Shanor

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 0725 3406 17

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	Delmar Hudson Lewis
Street	616 Texas Street
City	Fort Worth, Texas 76102
	24164-67 - Permian Alpine

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 <i>Steve Cabeen</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Steve Cabeen</i> C. Date of Delivery <i>3/1/24</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>MAR 01 2024</p> <p>Hinkle Shanor LLP</p>																
<p>1. Article Addressed to:</p> <p>Delmar Hudson Lewis 616 Texas Street Fort Worth, Texas 76102</p> <p>24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3755 73</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3406 17</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

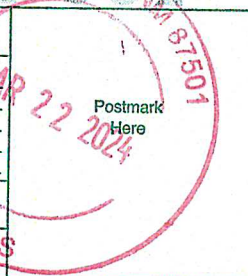
9589 0710 5270 0751 2488 40

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

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: Delmar Hudson Lewis
 PO Box 2546
 Fort Worth, Texas 76113
 24164-67 - Permian Alpine

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:

Delmar Hudson Lewis
 PO Box 2546
 Fort Worth, Texas 76113
 24164-67 - Permian Alpine



9590 9402 8560 3186 8735 20

2. Article Number (Transfer from service label)
 9589 0710 5270 0751 2488 40

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Steve Cabeen* Agent
 Addressee

B. Received by (Printed Name) *Steve Cabeen* C. Date of Delivery *3/26/24*

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

RECEIVED

APR 1 2024

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

Domestic Return Receipt

9589 0710 5270 0751 2488 33

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

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

OFFICIAL SANTA FE NM 87501
 MAR 22 2024
 USPS

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
 Lindy's Living Trust
 215 W. Bandera Road, Suite 114-620
 Boerne, Texas 78006
 24164-67 - Permian Alpine

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"/> <i>Cery</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ 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
Article Addressed to: Lindy's Living Trust 215 W. Bandera Road, Suite 114-620 Boerne, Texas 78006 24164-67 - Permian Alpine	<div style="text-align: center;"> <p>RECEIVED</p> <p>MAR 28 2024</p> </div>
1. Barcode 9590 9402 8560 3186 8735 44	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered 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)
2. Article Number (Transfer from service label) 9589 0710 5270 0751 2488 33	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

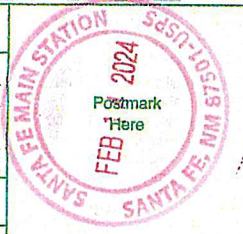
9589 0710 5270 0725 3407 23

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	\$



SR	MRC Delaware Resources, LLC
SI	One Lincoln Centre
	5400 LBJ Freeway, Suite 1500
	Dallas, Texas 75240
C	24164-67 - Permian Alpine

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.

MRC Delaware Resources, LLC
One Lincoln Centre
5400 LBJ Freeway, Suite 1500
Dallas, Texas 75240
24164-67 - Permian Alpine



2. Article Number (Transfer from service label)
9589 0710 5270 0725 3407 23

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Susan Pepin Agent
 Addressee

B. Received by (Printed Name)
Susan Pepin

C. Date of Delivery

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

RECEIVED
FEB 22 2024
FEB 26 2024

3. Service Type *Hinkle Shanor LE* 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)

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

9589 0710 5270 0751 2488 26

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CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

St Marathon Oil Company
 990 Town & Country Blvd.
 Houston, Texas 77024

City 24164-67 - Permian Alpine

Postmark Here
 MAR 22 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 </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Hinkle Shanor</u> Date of Delivery <u>MAR 26 2024</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</p> <p>APR 1 2024 MAR 26 2024</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Company 990 Town & Country Blvd. Houston, Texas 77024</p> <p>24164-67 - Permian Alpine</p>  <p>9590 9402 8560 3186 8735 51</p>	<p>3. Service Type <u>Hinkle Shanor LLP</u> <input type="checkbox"/> Priority Mail Express®</p> <p><u>Santa Fe NM 87508</u> <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"/> Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0751 2488 26</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3407 16

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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 \$ _____

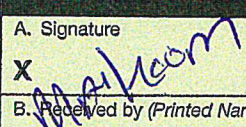
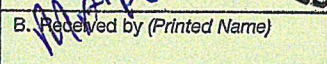
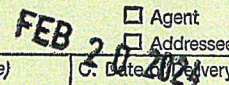

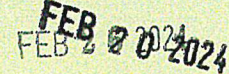

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Si Marathon Oil Permian LLC
 990 Town and Country Blvd. Houston,
 TX 77024
 Ci 24164-67 - Permian Alpine

Postmark Here
 FEB 14 2024
 SANTA FE, NM

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? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>  Hinkle Shanor LLP Santa Fe, NM 87504</p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian LLC 990 Town and Country Blvd. Houston, TX 77024 24164-67 - Permian Alpine</p> <p> 9590 9402 8595 3244 3756 41</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3407 16</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3403 41

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Se: Raye Miller
 Si: 2308 Sierra Vista Road
 C: Artesia, NM 88210
 24164-67 - Permian Alpine

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 on file PLS <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2-17-24</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 style="text-align: center;">RECEIVED FEB 22 2024</p>
<p>Article Addressed to:</p> <p>Raye Miller 2308 Sierra Vista Road Artesia, NM 88210 24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3756 58</p>	<p>3. Service Type Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>Article Number (Transfer from service label) 9589 0710 5270 0725 3403 41</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3403 34

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____


Total Postage and Fees \$ _____

Postmark Here

SANTA FE, NM FEB 27 2024

Address:
 Nadel and Gussman Capitan, LLC
 15 East 5th Street, Ste 3300
 Tulsa, OK 74103
 24164-67 - Permian Alpine

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>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Lacy McIntosh</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>FEB 27 2024</p>
<p>1. Article Addressed to:</p> <p>Nadel and Gussman Capitan, LLC 15 East 5th Street, Ste 3300 Tulsa, OK 74103 24164-67 - Permian Alpine</p> <p></p> <p>9590 9402 8595 3244 3758 70</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 0725 3403 34</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3403 27

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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

TO OXY Y-1 Company
 5 Greenway Plaza, Suite 110
 Houston, Texas 77046

24164-67 - Permian Alpine

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) <i>[Signature]</i></p> <p>C. Date of Delivery <i>2/20/24</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 style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 26 2024</p>
<p>1. Article Addressed to:</p> <p>OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, Texas 77046</p> <p style="text-align: right;">24164-67 - Permian Alpine</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Stanor</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>Santa Fe NM 87504</i> <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 0725 3403 27</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3403 72

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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

St Parrot Head Properties, L.L.C.
P.O. Box 429
Roswell, New Mexico 88202

City 24164-67 - Permian Alpine

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) <input type="checkbox"/> 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>Parrot Head Properties, L.L.C. P.O. Box 429 Roswell, New Mexico 88202 24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3756 65</p>	<p>RECEIVED FEB 22 2024 USPS SANTA FE, NM 87501</p>
<p>1. Article Number (Transfer from service label) 9589 0710 5270 0725 3403 72</p>	<p>3. Service Type <input type="checkbox"/> Registered Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0751 2488 02

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Domestic Mail Only

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OFFICIAL USE

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

Postmark Here

MAR 21 2024

SANTA FE, NM 87501

Postage \$

Total Postage and Fees \$

Sent To

Prospector, L.L.C.
P.O. Box 429
Roswell, NM 88202
24164-67 - Permian Alpine

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>Janine Kunkel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Janine Kunkel</i></p> <p>C. Date of Delivery MAR 28 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>Prospector, L.L.C. P.O. Box 429 Roswell, NM 88202 24164-67 - Permian Alpine</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor L <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery 8750 <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 0751 2488 02</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

9589 0710 5270 0725 3403 58

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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 _____

Street Santo Legado, LLC
P.O. Box 1020
City, Artesia, New Mexico 88211
24164-67 - Permian Alpine

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>A. Fuentes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A. Fuentes</i></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>Santo Legado, LLC P.O. Box 1020 Artesia, New Mexico 88211 24164-67 - Permian Alpine</p>	<p>RECEIVED FEB 23 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3403 58</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"/> 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 0725 3404 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 \$ _____

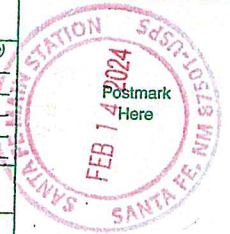
Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Sharbro Energy, LLC
 423 West Main Street
 Artesia, New Mexico 88210
 24164-67 - Permian Alpine

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) _____ 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 23 2024</p>
<p>Sharbro Energy, LLC 423 West Main Street Artesia, New Mexico 88210 24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3758 87</p> <p>Article Number (Transfer from service label) 9589 0710 5270 0725 3404 02</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Santa Fe NM 87500 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3403 96

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	\$



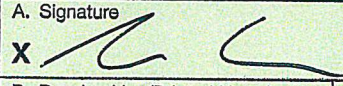
Postmark Here

Sent To

Si Southwest Oil & Gas Income Fund VII-A, L.P
200 N Loraine St., Ste. 400
Midland, TX 79701

24164-67 - Permian Alpine

PS Form 3800, January 2023 PSN 7530-02-000-8047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Southwest Oil & Gas Income Fund VII-A, L.P 200 N Loraine St., Ste. 400 Midland, TX 79701 24164-67 - Permian Alpine		2/20/24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	RECEIVED FEB 23 2024	
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3403 96	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"/> 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"/> 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 0725 3403 89

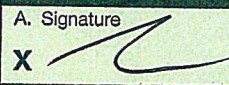

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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 \$	
S: Southwest Oil & Gas Income Fund VIII-A, L.P. St: 200 N Loraine St., Ste. 400 Midland, TX 79701 C: 24164-67 - Permian Alpine	

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 X 
Article Addressed to: Southwest Oil & Gas Income Fund VIII-A, L.P. 200 N Loraine St., Ste. 400 Midland, TX 79701 24164-67 - Permian Alpine	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>2/23/24</u>
 9590 9402 8595 3244 3758 56	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED FEB 23 2024
Article Number (Transfer from cover label) 9589 0710 5270 0725 3403 89	3. Service Type <input type="checkbox"/> Adult Signature Restricted Delivery <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)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3404 71

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Postmark Here

Southwest Royalties Inc
 200 N Loraine St., Ste. 400
 Midland, TX 79701
 24164-67 - Permian Alpine

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.

Southwest Royalties Inc
 200 N Loraine St., Ste. 400
 Midland, TX 79701
 24164-67 - Permian Alpine

9590 9402 8595 3244 3757 02

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3404 71

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X _____ Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 2/21/24

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

RECEIVED
 FEB 23 2024

3. Service Type Hinkle Shanor LLP
 Santa Fe NM 87509

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0725 3404 64

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	\$



S	Southwest Royalties Institutional Income Fund
S	VII-B, L.P.
S	200 N Loraine St., Ste. 400
C	Midland, TX 79701
	24164-67 - Permian Alpine

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.

Southwest Royalties Institutional Income Fund VII-B, L.P.
200 N Loraine St., Ste. 400
Midland, TX 79701

24164-67 - Permian Alpine



1 Article Number (Transfer from service label)
9589 0710 5270 0725 3404 64

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

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

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

RECEIVED

FEB 23 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) | |

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

Domestic Return Receipt

9589 0710 5270 0725 3404 57

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 \$

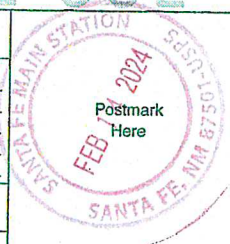
Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Southwest Royalties Institutional Income Fund
 VIII-B, L.P.
 200 N Loraine St., Ste. 400
 Midland, TX 79701
 24164-67 - Permian Alpine

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) _____ C. Date of Delivery <u>2/23/24</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>Article Addressed to:</p> <p>Southwest Royalties Institutional Income Fund VIII-B, L.P. 200 N Loraine St., Ste. 400 Midland, TX 79701 24164-67 - Permian Alpine</p>	<p>RECEIVED FEB 23 2024</p>
<p>1. Article Number (Transfer from service label) 9589 0710 5270 0725 3404 57</p>	<p>3. Service Type Hinkle Shanor</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</p> <p>Insured Mail (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3404 40

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 \$ _____

Postmark Here

Sent To: Spiral, Inc.
 PO Box 1933
 Roswell, NM 88202
 24164-67 - Permian Alpine™

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:

Spiral, Inc.
 PO Box 1933
 Roswell, NM 88202
 24164-67 - Permian Alpine

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3404 40

3. Service Type: **Hinkie Shanon**
 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)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name): **SM SANDERS** Date of Delivery: **2024**

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

RECEIVED
 FEB 26 2024

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

9589 0710 5270 0725 3404 33

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 \$ _____

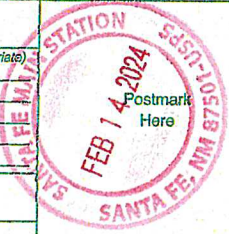
Total Postage and Fees \$ _____

Service

Street Tap Rock Resources III, LLC
 523 Park Point Dr #200
 Golden, CO 80401

City 24164-67 - Permian Alpine

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>Melissa Limon Holquist</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Melissa Limon Holquist</i> C. Date of Delivery <i>2/20/24</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>RECEIVED FEB 26 2024</p>
<p>1. Article Addressed to:</p> <p>Tap Rock Resources III, LLC 523 Park Point Dr #200 Golden, CO 80401</p> <p>24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3757 64</p>	<p>3. Service Type <i>Priority Mail Express®</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87504</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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 0725 3404 33</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3400 37

**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 \$ _____

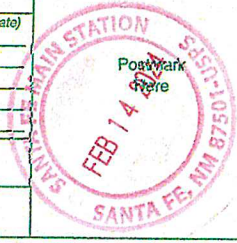
Total Postage and Fees \$ _____

Sent To

S: Tinian Oil & Gas, LLC
PO Box 900
Artesia, NM 88211-0900

C: 24164-67 - Permian Alpine

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



<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Tinian Oil & Gas, LLC PO Box 900 Artesia, NM 88211-0900 24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3757 71</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3400 37</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery [Signature] 2/26/24</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED FEB 26 2024</p> <p>3. Service Type <input checked="" 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 0725 3400 20

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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 \$ _____



Send To

To Vladin, LLC

St P.O. Box 100

City Artesia, New Mexico 88211

24164-67 - Permian Alpine

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>Charisma</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Charavaria</i></p> <p>C. Date of Delivery <i>2-20-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED FEB 22 2024</p>
<p>1. Article Addressed to:</p> <p>Vladin, LLC P.O. Box 100 Artesia, New Mexico 88211 24164-67 - Permian Alpine</p> <p>9590 9402 8595 3244 3756 89</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</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"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3400 20</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL 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

Street

WPX Energy Permian, LLC
333 W Sheridan Ave
Oklahoma City, OK 73102

City

24164-67 - Permian Alpine

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



9589 0710 5270 0725 3400 13

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:

WPX Energy Permian, LLC
333 W Sheridan Ave
Oklahoma City, OK 73102

24164-67 - Permian Alpine



9590 9402 8595 3244 3757 33

2. Article Number (Transfer from service label)

9589 0710 5270 0725 3400 13

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received By (Printed Name)

Agent

Addressee

C. Date of Delivery

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

RECEIVED

FEB 26 2024

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

Domestic Return Receipt

9589 0710 5270 0751 2488 19

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

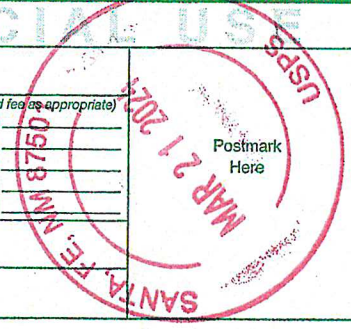
Total Postage and Fees \$ _____

Sent To

Street ZPZ Delaware I, LLC
 2000 Post Oak Boulevard, Suite 100
 Houston, TX 77056

City _____ 24164-67 - Permian Alpine

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) _____ C. Date of Delivery <u>3/25/24</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 style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 1 2024</p>
<p>1. Article Addressed to:</p> <p>ZPZ Delaware I, LLC 2000 Post Oak Boulevard, Suite 100 Houston, TX 77056</p> <p style="text-align: right;">24164-67 - Permian Alpine</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Santa Fe, NM 87504 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0751 2488 19</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3400 51

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

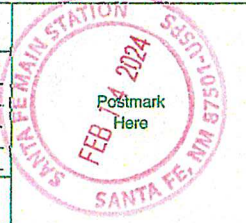
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____



To
 Se Zorro Partners, Ltd.
 Str 616 Texas Street
 Fort Worth, Texas 76102
 Ct. 24164-67 - Permian Alpine

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:

Zorro Partners, Ltd.
 616 Texas Street
 Fort Worth, Texas 76102
 24164-67 - Permian Alpine

9590 9402 8595 3244 3757 19

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3400 51

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
D. Nobles

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

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

RECEIVED
 FEB 26 2024

3. Service Type *Priority Mail Express®*
 Adult Signature *Santa Fe NM 87501* 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 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

9589 0710 5270 0725 3402 28

FIRST-CLASS



US POSTAGE IMPITNEY BOWES
ZIP 87501 \$ 009.92⁰⁰
02 7H
0006052409 FEB 14 2024

RYS
ADK

FROM **HINKLE SHANOR LLP**
ATTORNEYS AT LAW
PO BOX 2068 • 218 MONTEZUMA
SANTA FE, NEW MEXICO 87504

TO

Colkelan Corporation
PO Box 25663
Albuquerque, NM 87125

-R-T-S- 871255034-1N 03/05/24

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

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

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

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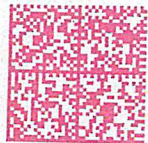
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TO

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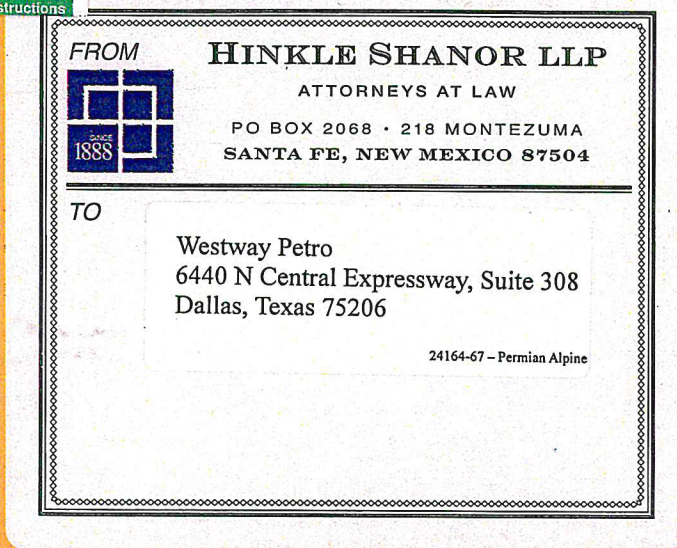
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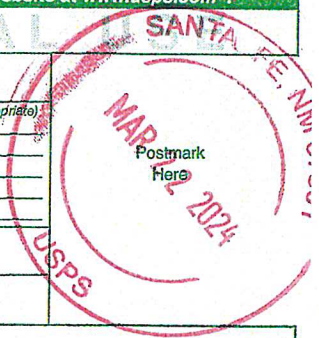
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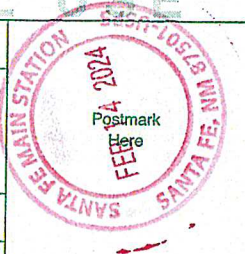
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February 15, 2024, 7:38 am

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St	Fort Worth, Texas 76102
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Departed USPS Regional Facility

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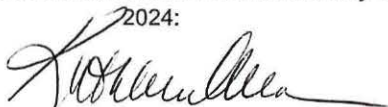
I, a legal clerk of the **Carlsbad Current Argus**, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements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

02/18/2024

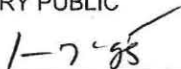


Legal Clerk

Subscribed and sworn before me this February 18, 2024:



State of WI, County of Brown
NOTARY PUBLIC



My commission expires

KATHLEEN ALLEN
Notary Public
State of Wisconsin

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of Affidavits 1

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This is to notify all interested parties, including Mary T. Ard; Paul R. Barwis; Big Three Energy Group, LLC; Kurt W. Boley; COG Operating LLC; Cibola Land Corporation; Colkelan Corporation; Concho Oil & Gas LLC; Irma Leota Davis; Delmar Hudson Lewis Living Trust created by Trust Agreement dated September 9, 2002; Margaret V. Dowling; EOG Resources, Inc.; The Edward R. Hudson Trusts 1, 2, 3, and 4; Estate of Florence M. Dooley, Deceased; Estate of Josephine T. Hudson; Estate of Mark D. Wilson; Estate of Mary E. Boling; Estate of Mary Lou Wilson; Estate of Meredith Wall Jones, Deceased; Estate of Robert E. Boling; The Estate of Roxie E. Hudson; Estate of Will Holt and wife, Vina Holt; Explorers Petroleum Corporation; Featherstone Development Corporation; James E. Geitgey; Harvard Petroleum Corporation; Haynie Enterprises, LLC; Heyco Development Corporation; Vergil Wesley Hopp; Edward R. Hudson, Jr.; Francis H. Hudson; William A. Hudson; Jalapeno Corporation; Javelina Partners; KWA, Inc.; Delmar Hudson Lewis; Lindy's Living Trust created by Trust Agreement dated July 8, 1994; MRC Delaware Resources, LLC; Marathon Oil Permian LLC; Raye Miller; Nadel and Gussman Capitan, LLC; OXY Y-1 Company; Nancy N. Oakland, Trustee of the Ruth K. North Revocable Trust; Parrot Head Properties, L.L.C.; Penwell Employee Royalty Pool; Santo Legado, LLC; Sharbro Energy, LLC; Southwest Oil & Gas Income Fund VII-A, L.P.; Southwest Oil & Gas Income Fund VIII-A, L.P.; Southwest Royalties Inc; Southwest Royalties Institutional Income Fund VII-B, L.P.; Southwest Royalties Institutional Income Fund VIII-B, L.P.; Spiral, Inc.; Tap Rock Resources III, LLC; John Thoma; Tinian Oil & Gas, LLC; Vadin, LLC; WPX Energy Permian, LLC; Joseph F. Walton; Westway Petro; C. Mark Wheeler; Zorro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Production, LLC (Case No. 24165). 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/>. Colgate Production, LLC ("Applicant") applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 240-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Section 7, Township 19 South, Range 28 East, and the S/2 NE/4 of Section 12, Township 19 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): **Alpine 7-12 State 122H** well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East; and **Alpine 7-12 State 132H** well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Permian Resources Operating, LLC as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico. #5880595, Current Argus, February 18, 2024

Colgate Production, LLC
Case No. 24165
Exhibit C-4



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Everett Holmes
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Roswell NM 88202-0010

STATE OF WISCONSIN, COUNTY OF BROWN

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03/27/2024

and that the fees charged are legal.
Sworn to and subscribed before on 03/27/2024

Keegan

Legal Clerk

Kathleen Allen

Notary, State of WI, County of Brown

1-7-25

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State of Wisconsin

Colgate Production, LLC
Case No. 24165
Exhibit C-5

This is to notify all interested parties, including Mary T. Ard; Paul R. Barwis; Big Three Energy Group, LLC; Kurt W. Boley; COG Operating LLC; Cibola Land Corporation; Colkelan Corporation; Concho Oil & Gas LLC; Irma Leota Davis; Delmar Hudson Lewis Living Trust; Delmar Hudson Lewis Living Trust created by Trust Agreement dated September 9, 2002; Margaret V. Dowling; EOG Resources, Inc.; The Edward R. Hudson Trust 1; The Edward R. Hudson Trusts 1, 2, 3, and 4; The Edward R. Hudson Trust 2; The Edward R. Hudson Trust 3; The Edward R. Hudson Trust 4; Estate of Florence M. Dooley, Deceased; Estate of Josephine T. Hudson; Estate of Mark D. Wilson; Estate of Mary E. Boling; Estate of Mary Lou Wilson; Estate of Meredith Wall Jones, Deceased; Estate of Robert E. Boling; The Estate of Roxie E. Hudson; Estate of Will Holt and wife, Vina Holt; Explorers Petroleum Corporation; Featherstone Development Corporation; James E. Geitgey; Harvard Petroleum Corporation; Haynie Enterprises, LLC; Heyco Development Corporation; Vergil Wesley Hopp; Edward R. Hudson, Jr.; Francis H. Hudson; William A. Hudson; Jalapeno Corporation; Javelina Partners; KWA, Inc.; Delmar Hudson Lewis; Lindy's Living Trust; Lindy's Living Trust created by Trust Agreement dated July 8, 1994; MRC Delaware Resources, LLC; Marathon Oil Company; Marathon Oil Permian, LLC; Raye Miller; Nadel and Gussman Capitan, LLC; OXY Y-1 Company; Nancy N. Oakland, Trustee of the Ruth K. North Revocable Trust; Parrot Head Properties, L.L.C.; Penwell Employee Royalty Pool; Prospector, L.L.C.; Santo Legado, LLC; Sharbro Energy, LLC; Southwest Oil & Gas Income Fund VII-A, L.P.; Southwest Oil & Gas Income Fund VIII-A, L.P.; Southwest Royalties Inc; Southwest Royalties Institutional Income Fund VII-B, L.P.; Southwest Royalties Institutional Income Fund VIII-B, L.P.; Spiral, Inc.; Tap Rock Resources III, LLC; John Thoma; Tinian Oil & Gas, LLC; Vladin, LLC; WPX Energy Permian, LLC; Joseph F. Walton; Westway Petro; C. Mark Wheeler; ZPZ Delaware I, LLC; Zorro Partners, Ltd.; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Colgate Production, LLC (Case No. 24165). The hearing will be conducted on April 18, 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/>. Colgate Production, LLC ("Applicant") applies for an order pooling all uncommitted interests in the Bone

Spring formation underlying a 240-acre, more or less, standard horizontal spacing unit comprised of the S/2 N/2 of Section 7, Township 19 South, Range 28 East, and the S/2 NE/4 of Section 12, Township 19 South, Range 27 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the following wells ("Wells"): Alpine 7-12 State 122H well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East; and Alpine 7-12 State 132H well, which will be drilled from a surface hole location in the SE/4 NE/4 (Unit H) of Section 7, Township 19 South, Range 28 East, to a bottom hole location in the SW/4 NE/4 (Unit G) of Section 12, Township 19 South, Range 27 East. The completed intervals of the Wells will be orthodox. Also to be considered will be the cost of drilling and completing the Wells and the allocation of the costs, the designation of Permian Resources Operating, LLC as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 18 miles northeast of Carlsbad, New Mexico.
#9999276, Current Argus,
March 27, 2024