

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**EXHIBIT INDEX**

Compulsory Pooling Checklist

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A-2	Application & Proposed Notice of Hearing
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A-6	Chronology of Contact
Exhibit B	Self-Affirmed Statement of Tyler Chesworth
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<b>COMPULSORY POOLING APPLICATION CHECKLIST</b>	
<b>ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS</b>	
<b>Case: 24394</b>	<b>APPLICANT'S RESPONSE</b>
<b>Date: August 8, 2024</b>	
Applicant	Novo Oil & Gas Northern Delaware, LLC
Designated Operator & OGRID (affiliation if applicable)	Novo Oil & Gas Northern Delaware, LLC (OGRID No. 37920)
Applicant's Counsel:	Hinkle Shanor LLP
Case Title:	Novo Oil & Gas Northern Delaware, LLC for Compulsory Pooling, Eddy County, New Mexico.
Entries of Appearance/Intervenors:	Marathon Oil Permian, LLC
Well Family	Goonch
<b>Formation/Pool</b>	
Formation Name(s) or Vertical Extent:	Bone Spring Formation
Primary Product (Oil or Gas):	Oil
Pooling this vertical extent:	Bone Spring
Pool Name and Pool Code:	Laguna Salado; Bone Spring Pool (Code 96721)
Well Location Setback Rules:	Statewide
<b>Spacing Unit</b>	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	160.2 acres
Building Blocks:	quarter-quarter
Orientation:	South to North
Description: TRS/County	W/2 W/2 of Section 4, Township 23, Range 28 East, Eddy County, New Mexico
Standard Horizontal Well Spacing Unit (Y/N), If No, describe and is approval of non-standard unit requested in this application?	Yes.
<b>Other Situations</b>	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	No.
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-4
<b>Well(s)</b>	
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	Goonch Fed Com 111H (API # pending) SHL: 1080' FSL & 880' FWL (Unit M), Section 4, T23S-R28E BHL: 50' FNL & 330' FWL (Lot 4), Section 4, T23S-R28E Completion Target: Bone Spring (Approx. 6,900' TVD)
Well #2	Goonch Fed Com 121H (API # pending) SHL: 1080' FSL & 940' FWL (Unit M), Section 4, T23S-R28E BHL: 50' FNL & 330' FWL (Lot 4), Section 4, T23S-R28E Completion Target: Bone Spring (Approx. 7,670' TVD)
<b>AFE Capex and Operating Costs</b>	
Drilling Supervision/Month \$	\$10,000
Production Supervision/Month \$	\$1,000
Justification for Supervision Costs	Exhibit A-5
Requested Risk Charge	200%
<b>Notice of Hearing</b>	
Proposed Notice of Hearing	Exhibit A-2
Proof of Mailed Notice of Hearing (20 days before hearing)	Exhibits C-1, C-2, C-3
Proof of Published Notice of Hearing (10 days before hearing)	Exhibit C-4
<b>Ownership Determination</b>	
Land Ownership Schematic of the Spacing Unit	Exhibit A-4
Tract List (including lease numbers and owners)	Exhibit A-4

If approval of Non-Standard Spacing Unit is requested, Tract List (including lease numbers and owners) of Tracts subject to notice requirements.	N/A
Pooled Parties (including ownership type)	Exhibit A-4
Unlocatable Parties to be Pooled	N/A
Ownership Depth Severance (including percentage above & below)	N/A
<b>Joinder</b>	
Sample Copy of Proposal Letter	Exhibit A-5
List of Interest Owners (ie Exhibit A of JOA)	Exhibit A-4
Chronology of Contact with Non-Joined Working Interests	Exhibit A-6
Overhead Rates In Proposal Letter	Exhibit A-5
Cost Estimate to Drill and Complete	Exhibit A-5
Cost Estimate to Equip Well	Exhibit A-5
Cost Estimate for Production Facilities	Exhibit A-5
<b>Geology</b>	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-5
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
<b>Forms, Figures and Tables</b>	
C-102	Exhibit A-3
Tracts	Exhibit A-4
Summary of Interests, Unit Recapitulation (Tracts)	Exhibit A-4
General Location Map (including basin)	Exhibit B-1
Well Bore Location Map	Exhibit B-2
Structure Contour Map - Subsea Depth	Exhibits B-3
Cross Section Location Map (including wells)	Exhibit B-2
Cross Section (including Landing Zone)	Exhibit B-4
<b>Additional Information</b>	
Special Provisions/Stipulations	N/A
<b>CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.</b>	
<b>Printed Name</b> (Attorney or Party Representative):	Dana S. Hardy
<b>Signed Name</b> (Attorney or Party Representative):	/s/ Dana S. Hardy
<b>Date:</b>	8/1/2024

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

APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NO. 24394

SELF-AFFIRMED STATEMENT  
OF COLLIN CHRISTIAN

1. I am a landman for Permian Resources Operating, LLC (“Permian Resources”). Novo Oil & Gas Northern Delaware, LLC (“Novo”), is a wholly owned subsidiary of 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 not previously testified before the New Mexico Oil Conservation Division (“Division”). A copy of my resume, which sets out my education and experience in petroleum land matters, is attached as **Exhibit A-1**.

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

3. Applicant seeks an order pooling all uncommitted interests in the Bone Spring formation underlying a 160.2 acre, more or less, standard horizontal spacing unit comprised of the W/2 W/2 of Section 4, Township 23 South, Range 28 East, Eddy County, New Mexico (“Unit”).

4. Applicant owns a working interest in the Unit.

5. The Unit will be dedicated to the **Goonch Federal Com 111H** and **Goonch Federal Com 121H** wells (“Wells”), which will be drilled from surface hole locations in the SW/4 SW/4 (Unit M) of Section 4 to bottom hole locations in the NW/4 NW/4 (Unit D) of Section 4.

6. The Wells will be completed in the Laguna Salado; Bone Spring pool (Code 96721).

Novo Oil & Gas Northern Delaware, LLC  
Case No. 24394  
Exhibit A

7. The completed intervals of the Wells will be orthodox.
8. **Exhibit A-3** contains the C-102 for the Wells.
9. **Exhibit A-4** contains a plat identifying ownership by tract in the Unit. This exhibit also includes any applicable lease numbers, a unit recapitulation, and the interests Applicant seeks to pool highlighted in yellow.
10. Permian Resources has conducted a diligent search of all county public records, including phone directories, computer databases, and internet searches to locate the interest owners it seeks to pool.
11. **Exhibit A-5** contains a sample well proposal letter that was sent to 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.
12. In my opinion, Applicant 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-6**.
13. 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 Novo should be designated as operator of the Wells and the Unit.
14. Novo 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 Novo and other operators in the vicinity.
15. The attached exhibits were either prepared by me or under my supervision or were compiled from company business records.

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

17. 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.

  
Collin Christian

7/31/2024  
Date

## Collin Reves Christian

Midland, TX | (940) 389-2512 | collinchristian07@gmail.com

### EDUCATION

<b>Texas Tech University, Rawls College of Business</b>	Lubbock, TX
<i>Bachelor of Business Administration, Energy Commerce</i>	
<i>Bachelor of Business Administration, Finance</i>	December 2017
<ul style="list-style-type: none"> <li>• Accumulated GPA: 3.43</li> </ul>	

### FOREIGN STUDY

<b>Texas Tech University, Global Energy Perspectives</b>	Europe
<i>Study Abroad</i>	May 2016 – June 2016
<ul style="list-style-type: none"> <li>• Traveled Europe focusing on the history, development, policy, security and geopolitics of the energy industry</li> <li>• Visited the Organization of Petroleum Exporting Countries (OPEC) as well as the International Energy Agency (IEA)</li> </ul>	

### EMPLOYMENT HISTORY

<b>Permian Resources</b>	Midland, TX
<i>Senior Landman</i>	January 2023 – Present
<ul style="list-style-type: none"> <li>• Ensure company drill schedule expectations are met within the asset team with all company disciplines</li> <li>• Due diligence of acquisitions totaling \$300 million</li> <li>• Manage grassroots leasing play in Eddy and Lea County, NM covering 150,000 gross acres</li> <li>• Work closely with BD evaluating bolt on acquisitions in West Eddy</li> <li>• Communicate asset land updates quarterly to senior management team</li> </ul>	

<b>ConocoPhillips (formerly Concho Resources Inc.)</b>	Midland, TX
<i>Senior Land Negotiator</i>	October 2018 – January 2023
<ul style="list-style-type: none"> <li>• Manage 30,000 gross acres/17,000 net acres in one of the most active areas in the Delaware Basin</li> <li>• Negotiate JOA's, cure title and perform all mineral land task necessary ahead of the drilling schedule</li> <li>• Reduce noncommitted carries within the prospect by negotiating trades, JOA swaps and wellbore deals</li> <li>• Maintain over 12,000 gross acres currently in CDC by communicating critical dates to the asset team</li> <li>• Draft, amend and interpret complex oil and gas leases to ensure they fit asset development plans</li> <li>• Work with division order and accounting departments on revenue and JIB deck setup</li> </ul>	

<b>Waggoner Osborne Land Services</b>	Midland, TX
<i>Landman</i>	January 2018 – October 2018
<ul style="list-style-type: none"> <li>• Calculate working and net revenue interest</li> <li>• Research complex mineral and leasehold title in the Delaware Basin</li> <li>• Create mineral ownership and lease ownership reports for clients</li> <li>• Develop title curative to satisfy requirements in title opinions</li> </ul>	

<b>PlainsCapital Bank</b>	Lubbock, TX
<i>Collateral/Regulatory Analyst Intern</i>	June 2016 – May 2017
<ul style="list-style-type: none"> <li>• Vetted borrower and guarantor financial documents</li> <li>• Organized and updated loan collateral in core banking systems</li> <li>• Evaluated residential appraisals to secure collateral on loans</li> </ul>	

### PROFESSIONAL ORGANIZATIONS

American Association of Professional Landmen	September 2015 – Present
Permian Basin Landmen's Association	June 2017 – Present
Young Professionals in Energy	March 2018 – Present
Phi Delta Theta Alumni – Texas Epsilon	January 2018 – Present
Texas Tech Alumni Association	January 2018 – Present

### STUDENT ORGANIZATIONS

Energy Commerce Commodity Trading Association	August 2016 – December 2017
Energy Commerce Association	September 2015 – December 2017
Financial Management Association	January 2015 – December 2017
Phi Delta Theta	August 2013 – May 2017

**Novo Oil & Gas Northern Delaware, LLC**

**Case No. 24394**

**Exhibit A-1**

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**APPLICATION**

Pursuant to NMSA § 70-2-17, Novo Oil & Gas Northern Delaware, LLC (“Novo” or “Applicant”) (OGRID No. 372920) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 160.2-acre, more or less, standard horizontal spacing unit comprised of the W/2 W/2 of Section 4, Township 23 South, Range 28 East, Eddy County, New Mexico (“Unit”). In support of its application, Applicant states the following.

1. Applicant is a working interest owner in the Unit and has the right to drill wells thereon.
2. The Unit will be dedicated to the **Goonch Federal Com 111H** and **Goonch Federal Com 121H** wells (“Wells”), which will be drilled from surface hole locations in the SW/4 SW/4 (Unit M) of Section 4 to bottom hole locations in the NW/4 NW/4 (Unit D) of Section 4.
3. The completed intervals of the Wells will be orthodox.
4. Applicant has undertaken diligent, good faith efforts to obtain voluntary agreements from all interest owners to participate in the drilling of the Wells but has been unable to obtain voluntary agreements from all interest owners.
5. The pooling of uncommitted interests will avoid the drilling of unnecessary wells, prevent waste, and protect correlative rights.

**Novo Oil & Gas Northern Delaware, LLC  
Case No. 24394  
Exhibit A-2**



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

WHEREFORE, Applicant requests that this application be set for hearing before an Examiner of the Oil Conservation Division on May 2, 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 Novo as the operator of the Unit and the Wells to be drilled thereon;
- D. Authorizing Applicant to recover its costs of drilling, equipping, and completing the Wells;
- E. Approving the actual operating charges and costs of supervision while drilling and after completion, together with a provision adjusting the rates pursuant to the COPAS accounting procedures; and
- F. Imposing a 200% charge for the risk assumed by Novo 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 Novo Oil & Gas Northern Delaware, LLC*

**Application of Novo Oil & Gas Northern Delaware, LLC for Compulsory Pooling, Eddy County, New Mexico.** Novo Oil & Gas Northern Delaware, LLC (“Novo” or “Applicant”) applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 160.2-acre, more or less, standard horizontal spacing unit comprised of the W/2 W/2 of Section 4, Township 23 South, Range 28 East, Eddy County, New Mexico (“Unit”). The Unit will be dedicated to the **Goonch Federal Com 111H** and **Goonch Federal Com 121H** wells (“Wells”), which will be drilled from surface hole locations in the SW/4 SW/4 (Unit M) of Section 4 to bottom hole locations in the NW/4 NW/4 (Unit D) of Section 4. 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 Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 9.5 miles southeast of Carlsbad, New Mexico.

**Exhibit A-3**

<p><b>C-102</b></p> <p>Submit Electronically Via OCD Permitting</p>	<p>State of New Mexico Energy, Minerals &amp; Natural Resources Department <b>OIL CONSERVATION DIVISION</b></p>	<p>Revised July 9, 2024</p>		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: right;">Submittal Type:</td> <td> <input checked="" type="checkbox"/> Initial Submittal  <input type="checkbox"/> Amended Report  <input type="checkbox"/> As Drilled                 </td> </tr> </table>	Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled
Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled			

WELL LOCATION INFORMATION

API Number	Pool Code <b>96721</b>	Pool Name <b>LAGUNA SALADO; BONE SPRING</b>
Property Code	Property Name <b>GOONCH FEDERAL COM</b>	Well Number <b>121H</b>
OGRID No. <b>372165</b>	Operator Name <b>Novo Oil &amp; Gas Northern Delaware, LLC</b>	Ground Level Elevation <b>3,020'</b>
Surface Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>M</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>1,080' FSL</b>	<b>940' FWL</b>	<b>32.330382</b>	<b>-104.097908</b>	<b>EDDY</b>

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>LOT 4</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>50' FNL</b>	<b>330' FWL</b>	<b>32.341789</b>	<b>-104.099406</b>	<b>EDDY</b>

Dedicated Acres <b>160</b>	Infill or Defining Well	Defining Well API	Overlapping Spacing Unit (Y/N)	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>M</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>1,080' FSL</b>	<b>940' FWL</b>	<b>32.330382</b>	<b>-104.097908</b>	<b>EDDY</b>

First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>M</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>100' FSL</b>	<b>330' FWL</b>	<b>32.327414</b>	<b>-104.100009</b>	<b>EDDY</b>

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>LOT 4</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>100' FNL</b>	<b>330' FWL</b>	<b>32.341652</b>	<b>-104.099411</b>	<b>EDDY</b>

Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation:
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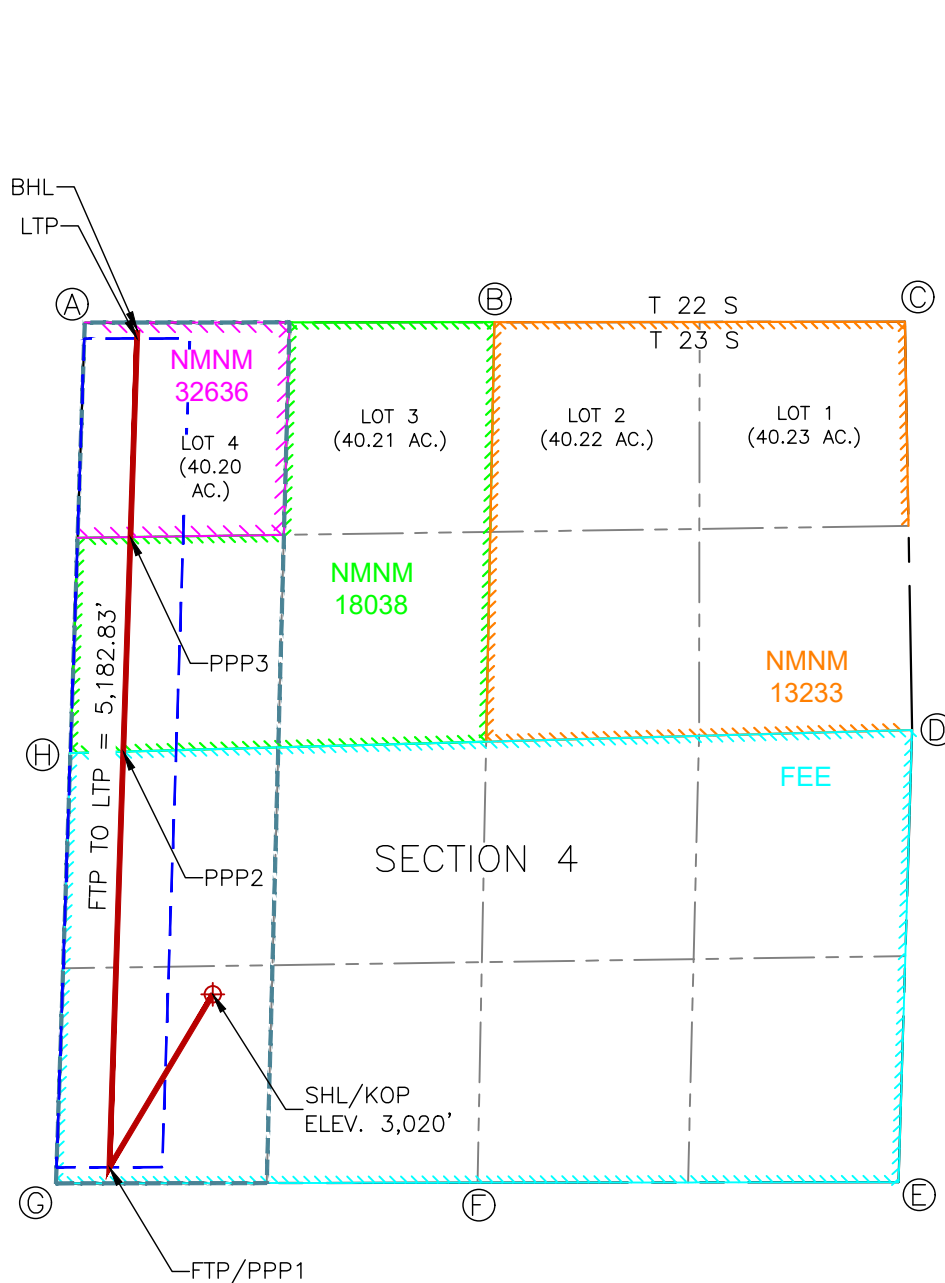
<p><b>OPERATOR CERTIFICATIONS</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land 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 a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p>	<p><b>SURVEYOR CERTIFICATIONS</b></p> <p>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.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">PRELIMINARY</p> <p style="text-align: center; color: red; font-size: 0.8em;">THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT.</p> <p style="text-align: center;">MARK J. MURRAY P.L.S. NO. 12177</p>
Signature _____ Date _____	Signature and Seal of Professional Surveyor _____
Printed Name _____	Certificate Number <b>12177</b>
Email Address _____	Date of Survey <b>7/31/2024</b>

Note: 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.

ACREAGE DEDICATION PLATS

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



**SURFACE HOLE LOCATION & KICK-OFF POINT**  
 1,180' FSL & 940' FWL  
 ELEV. = 3,020'  
 NAD 83 X = 614,053.60'  
 NAD 83 Y = 484,004.95'  
 NAD 83 LAT = 32.330382°  
 NAD 83 LONG = -104.097908°

**FIRST TAKE POINT & PENETRATION POINT 1**  
 100' FSL & 330' FWL  
 NAD 83 X = 613,407.01'  
 NAD 83 Y = 482,923.86'  
 NAD 83 LAT = 32.327414°  
 NAD 83 LONG = -104.100009°

**PENETRATION POINT 2**  
 2,682' FNL & 330' FWL  
 NAD 83 X = 613,493.99'  
 NAD 83 Y = 485,522.12'  
 NAD 83 LAT = 32.334556°  
 NAD 83 LONG = -104.099710°

**PENETRATION POINT 3**  
 1,341' FNL & 330' FWL  
 NAD 83 X = 613,538.88'  
 NAD 83 Y = 486,862.99'  
 NAD 83 LAT = 32.338241°  
 NAD 83 LONG = -104.099555°

**LAST TAKE POINT**  
 100' FNL & 330' FWL  
 NAD 83 X = 613,580.41'  
 NAD 83 Y = 488,103.79'  
 NAD 83 LAT = 32.341652°  
 NAD 83 LONG = -104.099411°

**BOTTOM HOLE LOCATION**  
 50' FNL & 330' FWL  
 NAD 83 X = 613,582.08'  
 NAD 83 Y = 488,153.79'  
 NAD 83 LAT = 32.341789°  
 NAD 83 LONG = -104.099406°

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
POINT	NORTHING/EASTING
A	CALCULATED CORNER N:488,203.46' E:613,253.56'
B	CALCULATED CORNER N:488,206.06' E:615,813.06'
C	IRON ROD W/ BRASS CAP N:488,208.61' E:618,378.82'
D	IRON ROD N:485,657.22' E:618,423.24'
E	IRON ROD W/ PLASTIC CAP N:482,831.00' E:618,338.91'
F	RAILROAD SPIKE N:482,827.71' E:615,707.81'
G	BOLT W/ NUT N:482,823.30' E:613,073.45'
H	CALCULATED CORNER N:485,513.07' E:613,163.63'

<b>C-102</b>  Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department <b>OIL CONSERVATION DIVISION</b>	Revised July 9, 2024
		<input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled
		Submittal Type:

WELL LOCATION INFORMATION

API Number	Pool Code <b>96721</b>	Pool Name <b>LAGUNA SALADO; BONE SPRING</b>
Property Code	Property Name <b>GOONCH FEDERAL COM</b>	Well Number <b>111H</b>
OGRID No. <b>372165</b>	Operator Name <b>Novo Oil &amp; Gas Northern Delaware, LLC</b>	Ground Level Elevation <b>3,020'</b>
Surface Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>M</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>1,080' FSL</b>	<b>880' FWL</b>	<b>32.330382</b>	<b>-104.098103</b>	<b>EDDY</b>

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>LOT 4</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>50' FNL</b>	<b>330' FWL</b>	<b>32.341789</b>	<b>-104.099406</b>	<b>EDDY</b>

Dedicated Acres <b>160</b>	Infill or Defining Well	Defining Well API	Overlapping Spacing Unit (Y/N)	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>M</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>1,080' FSL</b>	<b>880' FWL</b>	<b>32.330382</b>	<b>-104.098103</b>	<b>EDDY</b>

First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>M</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>100' FSL</b>	<b>330' FWL</b>	<b>32.327414</b>	<b>-104.100009</b>	<b>EDDY</b>

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
<b>LOT 4</b>	<b>4</b>	<b>23 S</b>	<b>28 E</b>		<b>100' FNL</b>	<b>330' FWL</b>	<b>32.341652</b>	<b>-104.099411</b>	<b>EDDY</b>

Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation:
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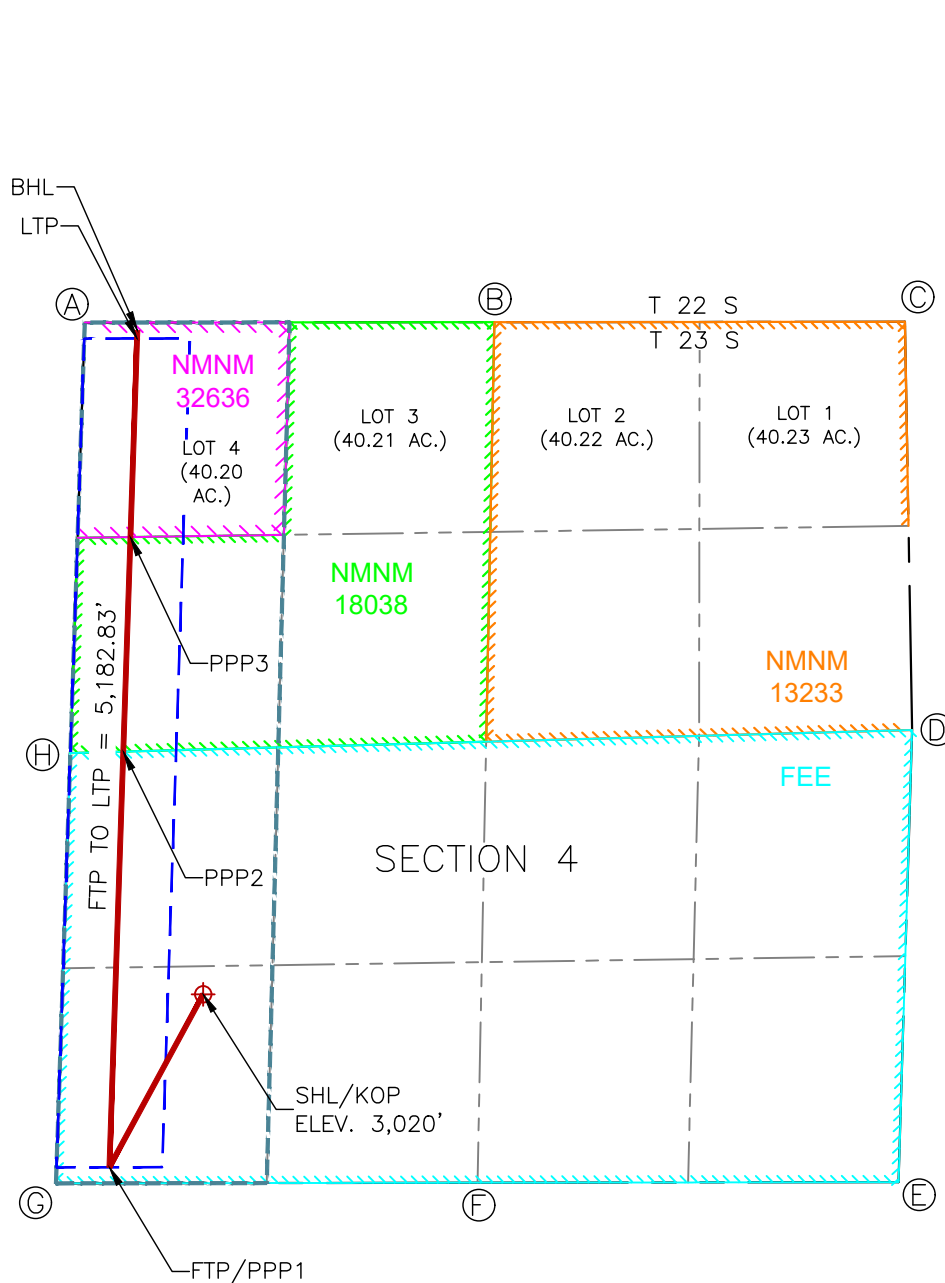
<p><b>OPERATOR CERTIFICATIONS</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land 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 a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</p>	<p><b>SURVEYOR CERTIFICATIONS</b></p> <p>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.</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">PRELIMINARY</p> <p style="text-align: center; color: red; font-size: 0.8em;">THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT.</p> <p style="text-align: center;">MARK J. MURRAY P.L.S. NO. 12177</p>
Signature _____ Date _____	Signature and Seal of Professional Surveyor _____
Printed Name _____	Certificate Number <b>12177</b> Date of Survey <b>7/31/2024</b>
Email Address _____	

Note: 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.

ACREAGE DEDICATION PLATS

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



**SURFACE HOLE LOCATION & KICK-OFF POINT**  
 1,180' FSL & 880' FWL  
 ELEV. = 3,020'  
 NAD 83 X = 613,993.56'  
 NAD 83 Y = 484,004.85'  
 NAD 83 LAT = 32.330382°  
 NAD 83 LONG = -104.098103°

**FIRST TAKE POINT & PENETRATION POINT 1**  
 100' FSL & 330' FWL  
 NAD 83 X = 613,407.01'  
 NAD 83 Y = 482,923.86'  
 NAD 83 LAT = 32.327414°  
 NAD 83 LONG = -104.100009°

**PENETRATION POINT 2**  
 2,682' FNL & 330' FWL  
 NAD 83 X = 613,493.99'  
 NAD 83 Y = 485,522.12'  
 NAD 83 LAT = 32.334556°  
 NAD 83 LONG = -104.099710°

**PENETRATION POINT 3**  
 1,341' FNL & 330' FWL  
 NAD 83 X = 613,538.88'  
 NAD 83 Y = 486,862.99'  
 NAD 83 LAT = 32.338241°  
 NAD 83 LONG = -104.099555°

**LAST TAKE POINT**  
 100' FNL & 330' FWL  
 NAD 83 X = 613,580.41'  
 NAD 83 Y = 488,103.79'  
 NAD 83 LAT = 32.341652°  
 NAD 83 LONG = -104.099411°

**BOTTOM HOLE LOCATION**  
 50' FNL & 330' FWL  
 NAD 83 X = 613,582.08'  
 NAD 83 Y = 488,153.79'  
 NAD 83 LAT = 32.341789°  
 NAD 83 LONG = -104.099406°

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
POINT	NORTHING/EASTING
A	CALCULATED CORNER N:488,203.46' E:613,253.56'
B	CALCULATED CORNER N:488,206.06' E:615,813.06'
C	IRON ROD W/ BRASS CAP N:488,208.61' E:618,378.82'
D	IRON ROD N:485,657.22' E:618,423.24'
E	IRON ROD W/ PLASTIC CAP N:482,831.00' E:618,338.91'
F	RAILROAD SPIKE N:482,827.71' E:615,707.81'
G	BOLT W/ NUT N:482,823.30' E:613,073.45'
H	CALCULATED CORNER N:485,513.07' E:613,163.63'

**Land Exhibit: Goonch Fed Com 111H & 121H**  
 Section 4: W/2W/2, T23S-R28E, Eddy Co., NM

Sec 4, T23S-R28E		
Goonch Fed Com 111H & 121H Starting		
W/2W/2	E/2W/2	E/2

Owner	Pooling?	Documents Sent			Notes
		Proposal	JOA	Com Agmt	
Novo Oil & Gas Northern Delaware	N/A	N/A	N/A	N/A	
Northern Oil & Gas	N	Y	Y	N	
OXY USA Inc	N	Y	Y	N	
Occidental Permian Limited Partnership	N	N/A	N/A	N	Record title owner under NMNM 32636
Devon Energy Production Company, L.P.	N	N/A	N/A	N	Record title owner under NMNM 18038
Yosemite Creek Oil & Gas LLLP	Y	Y	N	N	
Bad Water LLC	N	Y	Y	N	
Russell T Rudy Energy LLC	N	Y	Y	N	
Roy G. Barton and Claudia Barton	N	Y	Y	N	
Ruth D Roberts	Y	Y	N	N	
Pegasus Resources LLC	Y	N/A	N/A	N/A	ORRI Owner
Novo Minerals LP	Y	N/A	N/A	N/A	ORRI Owner
SMP Sidecar Titan Mineral Holdings LP	Y	N/A	N/A	N/A	ORRI Owner
SMP Titan Mineral Holdings LP	Y	N/A	N/A	N/A	ORRI Owner
MSH Family Real Estate Partnership II LLC	Y	N/A	N/A	N/A	ORRI Owner
SMP Titan Flex LP	Y	N/A	N/A	N/A	ORRI Owner
Winston Resources LLC	Y	N/A	N/A	N/A	ORRI Owner
Kenneth J Reynolds	Y	N/A	N/A	N/A	ORRI Owner
Charles Randall Hicks	Y	N/A	N/A	N/A	ORRI Owner
Vikki L Hicks	Y	N/A	N/A	N/A	ORRI Owner
Terri L Simpson	Y	N/A	N/A	N/A	ORRI Owner
John D Hamiga	Y	N/A	N/A	N/A	ORRI Owner
Charmar LLC	Y	N/A	N/A	N/A	ORRI Owner
Oxy USA Inc.	Y	N/A	N/A	N/A	ORRI Owner
Collins & Jones Investments LLC	Y	N/A	N/A	N/A	ORRI Owner
Crown Oil Partners LP	Y	N/A	N/A	N/A	ORRI Owner
David W Cromwell	Y	N/A	N/A	N/A	ORRI Owner
Deane Durham	Y	N/A	N/A	N/A	ORRI Owner
Discovery Exploration	Y	N/A	N/A	N/A	ORRI Owner
Enerstar Resources O&G LLC	Y	N/A	N/A	N/A	ORRI Owner
Gerard G Vavrek	Y	N/A	N/A	N/A	ORRI Owner
H Jason Wacker	Y	N/A	N/A	N/A	ORRI Owner
J Cleo Thompson & James Cleo Thompson Jr, LP	Y	N/A	N/A	N/A	ORRI Owner
James Adelson & Family 2015 Trust	Y	N/A	N/A	N/A	ORRI Owner
Jesse A Faught Jr	Y	N/A	N/A	N/A	ORRI Owner
Kaleb Smith	Y	N/A	N/A	N/A	ORRI Owner
KMF Land LLC	Y	N/A	N/A	N/A	ORRI Owner
LMC Energy	Y	N/A	N/A	N/A	ORRI Owner
Marathon Oil Permian LLC	Y	N/A	N/A	N/A	ORRI Owner
Mavros Minerals II LLC	Y	N/A	N/A	N/A	ORRI Owner
Mike Moylett	Y	N/A	N/A	N/A	ORRI Owner
Oak Valley Mineral and Land LP	Y	N/A	N/A	N/A	ORRI Owner
Post Oak Crown IV LLC	Y	N/A	N/A	N/A	ORRI Owner
Post Oak Crown IV-B LLC	Y	N/A	N/A	N/A	ORRI Owner
Samuel H Jolliffe IV	Y	N/A	N/A	N/A	ORRI Owner
Springwood Minerals 6 LP	Y	N/A	N/A	N/A	ORRI Owner
Teresa H Jolliffe	Y	N/A	N/A	N/A	ORRI Owner
Wells Fargo Central Pacific Holdings Inc.	Y	N/A	N/A	N/A	ORRI Owner
Zunis Energy	Y	N/A	N/A	N/A	ORRI Owner

Leasehold Ownership	
Owner	Sec 4: Lot 4
Novo Oil & Gas Northern Delaware	50.000000%
Northern Oil & Gas	25.000000%
Oxy USA Inc	25.000000%

Leasehold Ownership	
Owner	Sec 4: SW/4NW/4
Novo Oil & Gas Northern Delaware	50.000000%
Northern Oil & Gas	25.000000%
Oxy USA Inc	25.000000%

Leasehold Ownership	
Owner	Sec 4: SW/4NW/4
Novo Oil & Gas Northern Delaware	56.770833%
Northern Oil & Gas Inc	28.385417%
Yosemite Creek Oil & Gas LLLP	11.250000%
Bad Water LLC	1.250000%
Russell T Rudy Energy LLC	0.781250%
Roy G. Barton and Claudia Barton	1.250000%
Ruth D Roberts	0.312500%

Unit Capitation	
Owner	WI
Novo Oil & Gas Northern Delaware	53.381190%
Northern Oil & Gas Inc	26.690595%
Oxy USA Inc	12.515605%
Yosemite Creek Oil & Gas LLLP	5.617978%
Bad Water LLC	0.624220%
Russell T Rudy Energy LLC	0.390137%
Roy G. Barton and Claudia Barton	0.624220%
Ruth D Roberts	0.156055%
TOTAL	100.000000%

**Novo Oil & Gas Northern Delaware, LLC**  
**Case No. 24394**  
**Exhibit A-4**



1400 WOODLOCH FOREST DR., STE 300  
THE WOODLANDS, TX 77380

OFFICE 432.695.4222  
FAX 432.695.4063

December 14, 2023

Via Certified Mail

Yosemite Creek Oil & Gas LLLP  
4350 S Monaco St, 5<sup>th</sup> Floor  
Denver, CO 80237

**RE: Goonch Federal Com 111H, 112H, 121H, & 122H – Well Proposals**  
W/2 Section 4: T23S-R28E  
Eddy County, New Mexico

To Whom It May Concern:

Earthstone Operating, LLC, a wholly-owned subsidiary of Permian Resources Corporation (“Earthstone”), hereby proposes the drilling and completion of the following four (4) wells, the Goonch Federal Com wells at the following approximate location within Township 23 South, Range 28 East:

**1. Goonch Federal Com 111H**

SHL: 1180’ FSL, 880’ FWL of Section 4, or at a legal location in the SW/4  
FTP: 100’ FSL, 330’ FWL of Section 4  
LTP: 100’ FNL, 330’ FWL of Section 4  
BHL: 50’ FNL, 330’ FWL of Section 4  
Target Formation: 1st Bone Spring  
Standard Proration Unit: W2W2 of Section 4, T23S-R28E  
TVD: 6,900’  
TMD: 12,155’  
Total Cost:

**2. Goonch Federal Com 112H**

SHL: 1180’ FSL, 910’ FWL of Section 4, or at a legal location in the SW/4  
FTP: 100’ FSL, 1,620’ FWL of Section 4  
LTP: 100’ FNL, 1,620’ FWL of Section 4  
BHL: 50’ FNL, 1,620’ FWL of Section 4  
Target Formation: 1st Bone Spring  
Standard Proration Unit: E2W2 of Section 4, T23S-R28E  
TVD: 6,900’  
TMD: 12,155’  
Total Cost:

**Novo Oil & Gas Northern Delaware, LLC**  
**Case No. 24394**  
**Exhibit A-5**





1400 WOODLOCH FOREST DR., STE 300  
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OFFICE 432.695.4222  
FAX 432.695.4063

**3. Goonch Federal Com 121H**

SHL: 1180' FSL, 940' FWL of Section 4, or at a legal location in the SW/4  
FTP: 100' FSL, 330' FWL of Section 4  
LTP: 100' FNL, 330' FWL of Section 4  
BHL: 50' FNL, 330' FWL of Section 4  
Target Formation: 2nd Bone Spring  
Standard Proration Unit: W2W2 of Section 4, T23S-R28E  
TVD: 7,670'  
TMD: 12,925'  
Total Cost:

**4. Goonch Federal Com 122H**

SHL: 1180' FSL, 970' FWL of Section 4, or at a legal location in the SW/4  
FTP: 100' FSL, 1,620' FWL of Section 4  
LTP: 100' FNL, 1,620' FWL of Section 4  
BHL: 50' FNL, 1,620' FWL of Section 4  
Target Formation: 2nd Bone Spring  
Standard Proration Unit: E2W2 of Section 4, T23S-R28E  
TVD: 7,670'  
TMD: 12,925'

The locations, TVDs, and targets are approximate and subject to change dependent on surface or subsurface issues encountered. These locations do fall within an approved potash drill island, so any surface changes remain subject to BLM approval. Earthstone is proposing to drill these wells under the modified terms of the 1989 AAPL Operating Agreement and a form of said Operating Agreement will be made available upon request. The Operating Agreement has the following general provisions:

- 100%/300%/300% non-consent provisions
- \$8,000/\$800 drilling and producing overhead rates
- Earthstone Operating, LLC named as Operator

Please indicate your election to participate in the drilling and completion of the proposed wells in the space provided below. Please sign and return one copy of this letter, a signed copy of the proposed AFE, 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, Earthstone will apply to the New Mexico Oil Conservation Division for compulsory pooling of your interest into a spacing unit for the proposed well. If you do not wish to participate, Earthstone would be interested in acquiring your interest in the subject lands which is subject to further mutually agreeable negotiation.



1400 WOODLOCH FOREST DR., STE 300  
THE WOODLANDS, TX 77380

OFFICE 432.695.4222  
FAX 432.695.4063

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Thank you for your time and consideration, if you have any questions at all, please don't hesitate to contact me at 832.823.0492 or by email at [morgan.zeleny@permianres.com](mailto:morgan.zeleny@permianres.com).

Respectfully,

A handwritten signature in blue ink that reads "Morgan Zeleny".

Morgan Zeleny  
Landman

*Enclosures*

***Elections on page to follow.***



1400 WOODLOCH FOREST DR., STE 300  
THE WOODLANDS, TX 77380

OFFICE 432.695.4222  
FAX 432.695.4063

**Goonch Federal Com Elections:**

<b>Well Elections:</b> <i>(Please indicate your responses in the spaces below)</i>		
<b>Well(s)</b>	<b>Elect to Participate</b>	<b>Elect to <u>NOT</u> Participate</b>
<b>Goonch Federal Com 111H</b>		
<b>Goonch Federal Com 112H</b>		
<b>Goonch Federal Com 121H</b>		
<b>Goonch Federal Com 122H</b>		

**YOSEMITE CREEK OIL & GAS LLLP**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Permian Resources Operating, LLC**

1400 Woodloch Forest Dr., Ste. 300 The Woodlands, TX 77380

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

**ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE**

DATE:	12.14.2023	AFE NO.:	1
WELL NAME:	Goonch Federal Com 111H	FIELD:	ULERRA BLUFF, BONE SPRING, SOUTH
LOCATION:	Section 4, T23S-R28E	MD/IVD:	12,155' / 6,900'
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	5,000'
Permian WI:		DRILLING DAYS:	12.0
GEOLOGIC TARGET:	FBSG	COMPLETION DAYS:	11
REMARKS:	Drill a horizontal FBSG well and complete with 23+ stages. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 41,375	0	37,500	\$ 78,875
2 Location, Surveys & Damages	164,321	10,306	2,036	176,663
4 Freight / Transportation	27,167	24,971	20,358	72,496
5 Rental - Surface Equipment	70,916	122,875	85,502	279,292
6 Rental - Downhole Equipment	117,175	34,113	-	151,288
7 Rental - Living Quarters	27,427	31,075	-	58,502
10 Directional Drilling, Surveys	245,013	-	-	245,013
11 Drilling	429,982	-	-	429,982
12 Drill Bits	57,141	-	-	57,141
13 Fuel & Power	107,769	413,577	-	521,346
14 Cementing & Float Equip	138,777	-	-	138,777
15 Completion Unit, Swab, C I U	-	-	12,215	12,215
16 Perforating, Wireline, Stickline	-	224,246	-	224,246
17 High Pressure Pump Truck	-	70,316	-	70,316
18 Completion Unit, Swab, C I U	-	83,555	-	83,555
20 Mud Circulation System	60,012	-	-	60,012
21 Mud Logging	9,999	-	-	9,999
22 Logging / Formation Evaluation	4,147	4,756	-	8,903
23 Mud & Chemicals	205,392	249,942	8,143	464,477
24 Water	24,789	377,393	146,574	548,756
25 Stimulation	-	464,327	-	464,327
26 Stimulation Flowback & Disp	-	69,365	105,859	175,224
28 Mud / Wastewater Disposal	110,147	34,881	-	145,028
30 Rig Supervision / Engineering	69,131	76,103	17,643	162,877
32 Drig & Completion Overhead	5,946	-	-	5,946
35 Labor	87,476	39,637	82,787	209,900
54 Proppant	-	715,986	-	715,986
95 Insurance	8,362	-	-	8,362
97 Contingency	-	13,930	3,121	17,051
99 Plugging & Abandonment	-	-	-	-
<b>TOTAL INTANGIBLES &gt;</b>	<b>2,013,460</b>	<b>3,061,355</b>	<b>521,737</b>	<b>5,596,553</b>
TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 69,723	0	-	\$ 69,723
61 Intermediate Casing	196,381	-	-	196,381
62 Drilling Liner	-	-	-	-
63 Production Casing	391,890	-	-	391,890
64 Production Liner	-	-	-	-
65 Tubing	-	-	114,002	114,002
66 Wellhead	36,973	-	32,572	69,545
67 Packers, Liner Hangers	8,403	-	16,286	24,689
68 Tanks	-	-	37,322	37,322
69 Production Vessels	-	-	103,145	103,145
70 Flow Lines	-	-	54,287	54,287
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	73,287	73,287
73 Compressor	-	-	4,750	4,750
74 Installation Costs	-	-	-	-
75 Surface Pumps	-	-	50,215	50,215
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	95,002	95,002
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	16,286	16,286
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	88,216	88,216
82 Tank / Facility Containment	-	-	35,286	35,286
83 Flare Stack	-	-	13,572	13,572
84 Electrical / Grounding	-	-	40,715	40,715
85 Communications / SLAUA	-	-	29,858	29,858
86 Instrumentation / Safety	-	-	708	708
<b>TOTAL TANGIBLES &gt;</b>	<b>703,370</b>	<b>0</b>	<b>805,508</b>	<b>1,508,878</b>
<b>TOTAL COSTS &gt;</b>	<b>2,716,830</b>	<b>3,061,355</b>	<b>1,327,246</b>	<b>7,105,431</b>

PREPARED BY Permian Resources Operating, LLC:

Drilling Engineer:	PS
Completions Engineer:	ML
Production Engineer:	DC

Permian Resources Operating, LLC APPROVAL:

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

NON OPERATING PARTNER APPROVAL: **YOJEMITE CREEK OIL & GAS LLLP**

Company Name:	Working Interest (%):	5.0170021	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 considered as ceilings on any specific item or the total cost of the project. Tying completion 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, contract, 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 held proportionately for Operator's well-control and general liability insurance unless participant provides Operator a certificate evidencing its own coverage to its extent acceptable to the Operator by the date of sign-off.

**Permian Resources Operating, LLC**

1400 Woodloch Forest Dr., Ste. 300 The Woodlands, TX 77380

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

**ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE**

DATE:	12.14.2023	AFE NO.:	2
WELL NAME:	Goonch Federal Com 112H	FIELD:	ULIFERRA BLUFF, JORDON SPRING, SOUTH
LOCATION:	Section 4, T23S-R28E	MD/TVD:	12,155' / 6,900'
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	5,000'
Permian WI:		DRILLING DAYS:	12.0
GEOLOGIC TARGET:	FBSG	COMPLETION DAYS:	11
REMARKS:	Drill a horizontal FBSG well and complete with 23+ stages. AFE includes drilling, completions, flowback and initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 41,375	0	37,500	\$ 78,875
2 Location, Surveys & Damages	164,321	10,306	2,036	176,663
4 Freight / Transportation	27,167	24,971	20,358	72,496
5 Rental - Surface Equipment	70,916	122,875	85,502	279,292
6 Rental - Downhole Equipment	117,175	34,113	-	151,288
7 Rental - Living Quarters	27,427	31,075	-	58,502
10 Directional Drilling, Surveys	245,013	-	-	245,013
11 Drilling	429,982	-	-	429,982
12 Drill Bits	57,141	-	-	57,141
13 Fuel & Power	107,769	413,577	-	521,346
14 Cementing & Float Equip	138,777	-	-	138,777
15 Completion Unit, Swab, CIU	-	-	12,215	12,215
16 Perforating, Wireline, Stickline	-	224,246	-	224,246
17 High Pressure Pump Truck	-	70,316	-	70,316
18 Completion Unit, Swab, CIU	-	83,555	-	83,555
20 Mud Circulation System	60,012	-	-	60,012
21 Mud Logging	9,999	-	-	9,999
22 Logging / Formation Evaluation	4,147	4,756	-	8,903
23 Mud & Chemicals	206,392	249,942	8,143	464,477
24 Water	24,789	377,393	146,574	548,756
25 Stimulation	-	464,327	-	464,327
26 Stimulation Flowback & Disp	-	69,365	105,899	175,224
28 Mud / Wastewater Disposal	110,147	34,881	-	145,028
30 Rig Supervision / Engineering	69,131	76,103	17,643	162,877
32 Drig & Completion Overhead	5,946	-	-	5,946
35 Labor	87,476	39,637	82,787	209,900
54 Proppant	-	715,986	-	715,986
95 Insurance	8,362	-	-	8,362
97 Contingency	-	13,930	3,121	17,051
99 Plugging & Abandonment	-	-	-	-
<b>TOTAL INTANGIBLES &gt;</b>	<b>2,013,460</b>	<b>3,061,355</b>	<b>521,737</b>	<b>5,596,553</b>
TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 69,723	0	-	\$ 69,723
61 Intermediate Casing	196,381	-	-	196,381
62 Drilling Liner	-	-	-	-
63 Production Casing	391,890	-	-	391,890
64 Production Liner	-	-	-	-
65 Tubing	-	-	114,002	114,002
66 Wellhead	36,973	-	32,572	69,545
67 Packers, Liner Hangers	8,403	-	16,286	24,689
68 Janks	-	-	37,322	37,322
69 Production Vessels	-	-	103,145	103,145
70 Flow Lines	-	-	54,287	54,287
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	73,287	73,287
73 Compressor	-	-	4,750	4,750
74 Installation Costs	-	-	-	-
75 Surface Pumps	-	-	50,215	50,215
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	95,002	95,002
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	16,286	16,286
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	88,216	88,216
82 Tank / Facility Containment	-	-	35,286	35,286
83 Hare Stack	-	-	13,572	13,572
84 Electrical / Grounding	-	-	40,715	40,715
85 Communications / SCA/JA	-	-	29,858	29,858
86 Instrumentation / Safety	-	-	708	708
<b>TOTAL TANGIBLES &gt;</b>	<b>703,370</b>	<b>0</b>	<b>805,508</b>	<b>1,508,878</b>
<b>TOTAL COSTS &gt;</b>	<b>2,716,830</b>	<b>3,061,355</b>	<b>1,327,246</b>	<b>7,105,431</b>

PREPARED BY Permian Resources Operating, LLC:

Drilling Engineer:	PS
Completions Engineer:	ML
Production Engineer:	DC

Permian Resources Operating, LLC APPROVAL:

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

NON OPERATING PARTNER APPROVAL: **YOSEMITE CREEK OIL & GAS LLLP**

Company Name:	Working Interest (%):	5.617802%	Tax ID:	
Signed by:	Date:			
Title:	Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(mark one)

The estimate on this AFE is estimates only and may not be considered as a ceiling on any specific item in the total cost of the project. Taking into account the AFE may be delayed by 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, contract, regulatory, broker fees and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Participant 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 issue.

**Permian Resources Operating, LLC**

1400 Woodloch Forest Dr., Ste. 300 The Woodlands, TX 77380

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

**ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE**

DATE:	12.14.2023	AFE NO.:	3
WELL NAME:	Goonch Federal Com 121H	FIELD:	UTERRA BLUFF, BONE SPRING, SOUTH
LOCATION:	Section 4, T23S-R28E	MD/IVD:	12,925' / 7,670'
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	5,000'
Permian WI:		DRILLING DAYS:	12.0
GEOLOGIC TARGET:	SBSG	COMPLETION DAYS:	11
REMARKS:	Drill a horizontal SBSG well and complete with 23+ stages. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 41,375	0	37,500	\$ 78,875
2 Location, Surveys & Damages	171,526	10,757	2,125	184,408
4 Freight / Transportation	28,358	26,066	21,250	75,674
5 Rental - Surface Equipment	74,025	128,262	89,250	291,537
6 Rental - Downhole Equipment	122,312	35,609	-	157,920
7 Rental - Living Quarters	28,629	32,438	-	61,067
10 Directional Drilling, Surveys	259,755	-	-	259,755
11 Drilling	448,833	-	-	448,833
12 Drill Bits	59,646	-	-	59,646
13 Fuel & Power	112,494	431,709	-	544,203
14 Cementing & Float Equip	144,861	-	-	144,861
15 Completion Unit, Swab, CIU	-	-	12,750	12,750
16 Perforating, Wireline, Slickline	-	234,078	-	234,078
17 High Pressure Pump Truck	-	73,399	-	73,399
18 Completion Unit, Swab, CIU	-	87,218	-	87,218
20 Mud Circulation System	62,642	-	-	62,642
21 Mud Logging	10,437	-	-	10,437
22 Logging / Formation Evaluation	4,329	4,965	-	9,293
23 Mud & Chemicals	219,440	260,900	8,500	488,840
24 Water	25,876	393,938	153,000	572,814
25 Stimulation	-	484,684	-	484,684
26 Stimulation Flowback & Disp	-	72,406	110,500	182,906
28 Mud / Wastewater Disposal	114,976	36,410	-	151,386
30 Rig Supervision / Engineering	72,161	79,439	18,417	170,018
32 Drig & Completion Overhead	6,206	-	-	6,206
35 Labor	91,311	41,375	86,417	219,102
54 Proppant	-	747,376	-	747,376
95 Insurance	8,728	-	-	8,728
97 Contingency	-	14,541	3,258	17,799
99 Plugging & Abandonment	-	-	-	-
<b>TOTAL INTANGIBLES &gt;</b>	<b>2,099,919</b>	<b>3,195,569</b>	<b>542,967</b>	<b>5,838,455</b>
TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 72,780	0	-	\$ 72,780
61 Intermediate Casing	204,990	-	-	204,990
62 Drilling Liner	-	-	-	-
63 Production Casing	409,071	-	-	409,071
64 Production Liner	-	-	-	-
65 Tubing	-	-	119,000	119,000
66 Wellhead	38,594	-	34,000	72,594
67 Packers, Liner Hangers	8,771	-	17,000	25,771
68 Tanks	-	-	38,958	38,958
69 Production Vessels	-	-	107,667	107,667
70 Flow Lines	-	-	56,667	56,667
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	76,500	76,500
73 Compressor	-	-	4,958	4,958
74 Installation Costs	-	-	-	-
75 Surface Pumps	-	-	52,417	52,417
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	99,167	99,167
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	17,000	17,000
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	92,083	92,083
82 Tank / Facility Containment	-	-	36,833	36,833
83 Hare track	-	-	14,167	14,167
84 Electrical / Grounding	-	-	42,500	42,500
85 Communications / SCADA	-	-	31,167	31,167
86 Instrumentation / Safety	-	-	708	708
<b>TOTAL TANGIBLES &gt;</b>	<b>734,206</b>	<b>0</b>	<b>840,792</b>	<b>1,574,998</b>
<b>TOTAL COSTS &gt;</b>	<b>2,834,126</b>	<b>3,195,569</b>	<b>1,383,759</b>	<b>7,413,453</b>

PREPARED BY Permian Resources Operating, LLC:

Drilling Engineer:	PS
Completions Engineer:	ML
Production Engineer:	DC

Permian Resources Operating, LLC APPROVAL:

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

NON OPERATING PARTNER APPROVAL: **YOSEMITE CREEK OIL & GAS LLLP**

Company Name:	Working Interest (%):	Tax ID:
	<b>5.127002%</b>	
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 consistent with estimates on any specific item or the total cost of the project. Taking transactions approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Participants agree to pay the proportionate share of actual costs incurred, including legal, regulatory, bonding 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 spend.

**Permian Resources Operating, LLC**

1400 Woodloch Forest Dr., Ste. 300 The Woodlands, TX 77380

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

**ESTIMATE OF COSTS AND AUTHORIZATION FOR EXPENDITURE**

DATE:	12.14.2023	AFE NO.:	4
WELL NAME:	Goonch Federal Com 122H	FIELD:	ULERRIA BLUFF/BONE SPRING SOUTH
LOCATION:	Section 4, T23S-R28E	MD/TVD:	12,925' / 7,670'
COUNTY/STATE:	Eddy County, New Mexico	LATERAL LENGTH:	5,000'
Permian WI:		DRILLING DAYS:	12.0
GEOLOGIC TARGET:	SBSG	COMPLETION DAYS:	11
REMARKS:	Drill a horizontal SBSG well and complete with 23+ stages. AFE includes drilling, completions, flowback and Initial AL install cost		

INTANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
1 Land / Legal / Regulatory	\$ 41,375	0	37,500	\$ 78,875
2 Location, Surveys & Damages	171,526	10,757	2,125	184,408
4 Freight / Transportation	28,358	26,066	21,250	75,674
5 Rental - Surface Equipment	74,025	128,262	89,250	291,537
6 Rental - Downhole Equipment	122,312	35,609	-	157,920
7 Rental - Living Quarters	28,629	32,438	-	61,067
10 Directional Drilling, Surveys	255,755	-	-	255,755
11 Drilling	448,833	-	-	448,833
12 Drill Bits	59,646	-	-	59,646
13 Fuel & Power	112,494	431,709	-	544,203
14 Cementing & Float Equip	144,861	-	-	144,861
15 Completion Unit, Swab, C1U	-	-	12,750	12,750
16 Perforating, Wireline, Stickline	-	234,078	-	234,078
17 High Pressure Pump Truck	-	73,399	-	73,399
18 Completion Unit, Swab, C1U	-	87,218	-	87,218
20 Mud Circulation System	62,642	-	-	62,642
21 Mud Logging	10,437	-	-	10,437
22 Logging / Formation Evaluation	4,329	4,985	-	9,293
23 Mud & Chemicals	215,440	260,900	8,500	484,840
24 Water	25,876	393,938	153,000	572,814
25 Stimulation	-	484,684	-	484,684
26 Stimulation Flowback & Disp	-	72,406	110,500	182,906
28 Mud / Wastewater Disposal	114,976	36,410	-	151,386
30 Rig Supervision / Engineering	72,161	79,439	18,417	170,018
32 Drig & Completion Overhead	6,206	-	-	6,206
35 Labor	91,311	41,375	86,417	219,102
54 Proppant	-	747,376	-	747,376
95 Insurance	8,728	-	-	8,728
97 Contingency	-	14,541	3,258	17,799
99 Plugging & Abandonment	-	-	-	-
<b>TOTAL INTANGIBLES &gt;</b>	<b>2,099,919</b>	<b>3,195,569</b>	<b>542,967</b>	<b>5,838,455</b>

TANGIBLE COSTS	DRILLING COSTS	COMPLETION COSTS	PRODUCTION COSTS	TOTAL COSTS
60 Surface Casing	\$ 72,780	0	-	\$ 72,780
61 Intermediate Casing	204,990	-	-	204,990
62 Drilling Liner	-	-	-	-
63 Production Casing	409,071	-	-	409,071
64 Production Liner	-	-	-	-
65 Tubing	-	-	119,000	119,000
66 Wellhead	38,594	-	34,000	72,594
67 Packers, Liner Hangers	8,771	-	17,000	25,771
68 Tanks	-	-	38,958	38,958
69 Production Vessels	-	-	107,667	107,667
70 Flow Lines	-	-	56,667	56,667
71 Rod string	-	-	-	-
72 Artificial Lift Equipment	-	-	76,500	76,500
73 Compressor	-	-	4,958	4,958
74 Installation Costs	-	-	-	-
75 Surface Pumps	-	-	52,417	52,417
76 Downhole Pumps	-	-	-	-
77 Measurement & Meter Installation	-	-	99,167	99,167
78 Gas Conditioning / Dehydration	-	-	-	-
79 Interconnecting Facility Piping	-	-	17,000	17,000
80 Gathering / Bulk Lines	-	-	-	-
81 Valves, Dumps, Controllers	-	-	92,083	92,083
82 Tank / Facility Containment	-	-	36,833	36,833
83 Flare Stack	-	-	14,167	14,167
84 Electrical / Grounding	-	-	42,500	42,500
85 Communications / SCADA	-	-	31,167	31,167
86 Instrumentation / Safety	-	-	708	708
<b>TOTAL TANGIBLES &gt;</b>	<b>734,206</b>	<b>0</b>	<b>840,792</b>	<b>1,574,998</b>
<b>TOTAL COSTS &gt;</b>	<b>2,834,126</b>	<b>3,195,569</b>	<b>1,383,759</b>	<b>7,413,453</b>

PREPARED BY Permian Resources Operating, LLC:

Drilling Engineer:	PS
Completions Engineer:	ML
Production Engineer:	DC

Permian Resources Operating, LLC APPROVAL:

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

NON OPERATING PARTNER APPROVAL: JOSEMITE CREEK OIL & GAS LLLP

Company Name:	Working Interest (%):	5.617802%	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 considered as a ceiling on any specific item or the total cost of the project. Tooling installation approved under the AFE may be delayed up to a year after the well has been completed. In executing this AFE, the Party signatory agrees to pay its proportionate share of actual costs incurred, including, legal, executive, regulatory, brokerage and well costs under the terms of the applicable joint operating agreement, regulatory order or other agreement covering this well. Party signatory shall be deemed to have approved the AFE and shall be deemed to have agreed to the Operator's well control and general liability insurance unless the party signatory provides Operator a certificate insuring its own interest in an amount acceptable to the Operator, by the date of sign.

**From:** [Natalie Silva](#)  
**To:** [Morgan Zeleny](#)  
**Subject:** Goonch Fed Com Well Proposals Tracking #'s  
**Date:** Thursday, December 14, 2023 1:17:31 PM

---

Morgan,

Here are the tracking numbers for the well proposals.

Ruth D Roberts (USPS); 9405 5036 9930 0638 9657 49

Yosemite Creek Oil & Gas LP (FEDEX): 774485890413

Let me know If you need anything else!

Thanks!  
Natalie



# **PERMIAN**

## **R E S O U R C E S**

### **Goonch Fed Com 111H & 121H – Chronology of Communication**

December 14, 2023 – Proposals sent to all Working Interest Parties.

January 19, 2024 – Ruth D. Roberts returned signed AFE's. No JOA was requested.

January 29, 2024 – Yosemite Creek Oil & Gas requested an extension on election due date.

January 30, 2024 – 3-week extension was granted to Yosemite Creek Oil & Gas. Yosemite Creek Oil & Gas consents to PR pooling their interests and will participate under the Order.

**Novo Oil & Gas Northern Delaware, LLC**  
**Case No. 24394**  
**Exhibit A-6**

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

APPLICATIONS OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.

CASE NOS. 24394 & 24395

**SELF-AFFIRMED STATEMENT  
OF TYLER CHESWORTH**

1. I am a geologist with Permian Resources Operating, LLC (“Permian Resources”). Novo Oil & Gas Northern Delaware, LLC (“Novo”) is a wholly owned subsidiary of 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”) as a petroleum geologist.

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

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

4. **Exhibit B-2** is a cross section location map for the proposed horizontal spacing units (“Units”) within the Bone Spring formation. The approximate wellbore paths for the proposed **Goonch Federal Com 111H, Gooch Federal Com 121H, Goonch Federal Com 112H, and Goonch Federal Com 122H** 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 well’s name and a black line in proximity to the proposed Wells. The proposed spacing units are defined by blue boxes and are labeled with their respective case numbers.

**Novo Oil & Gas Northern Delaware, LLC  
Case No. 24394  
Exhibit B**

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

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

  
Tyler Chesworth

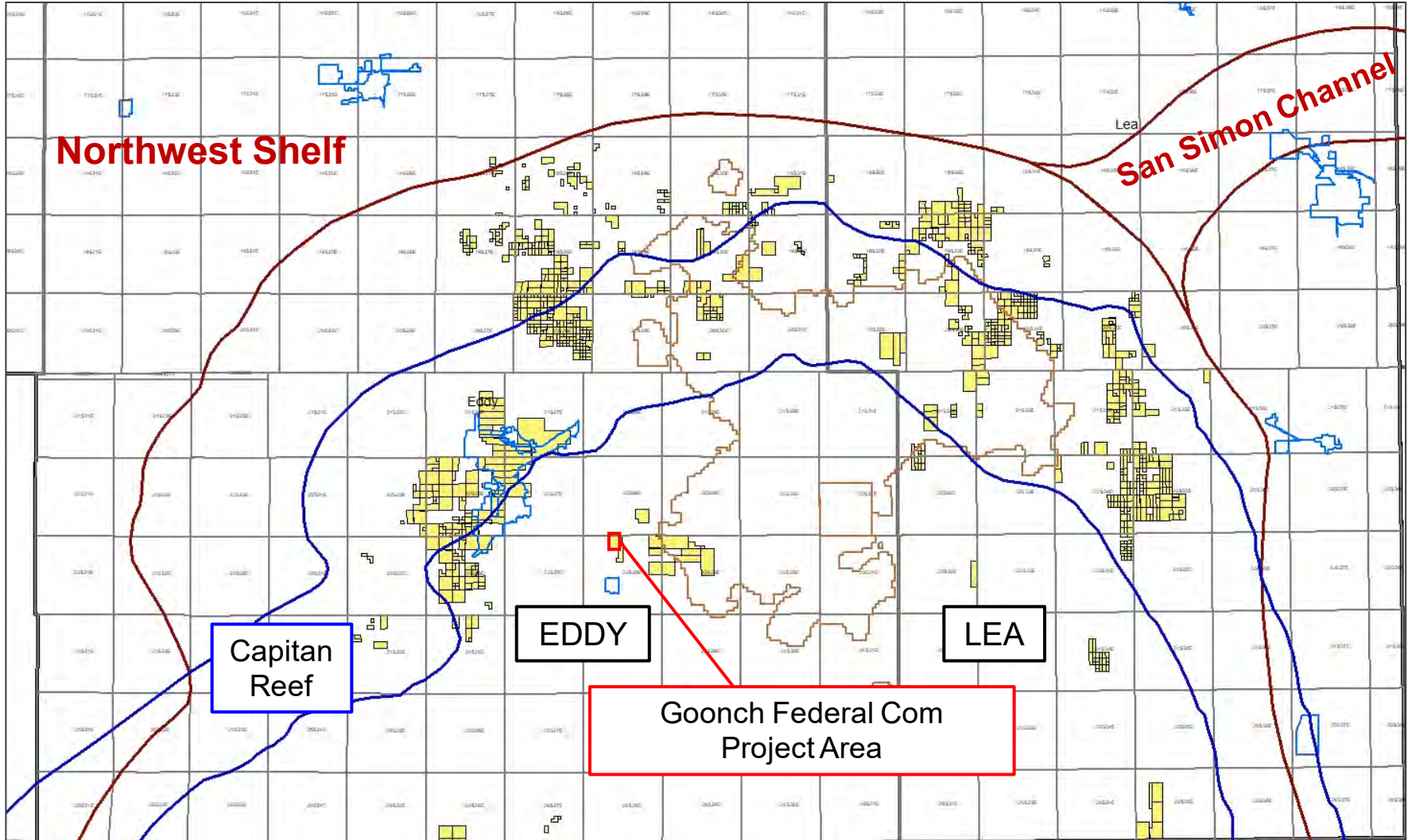
7-31-2024  
Date

# Regional Locator Map

Goonch Federal Com

Permian Resources Operating, LLC  
Case No. 24394  
Exhibit B-1

**Exhibit B-1**

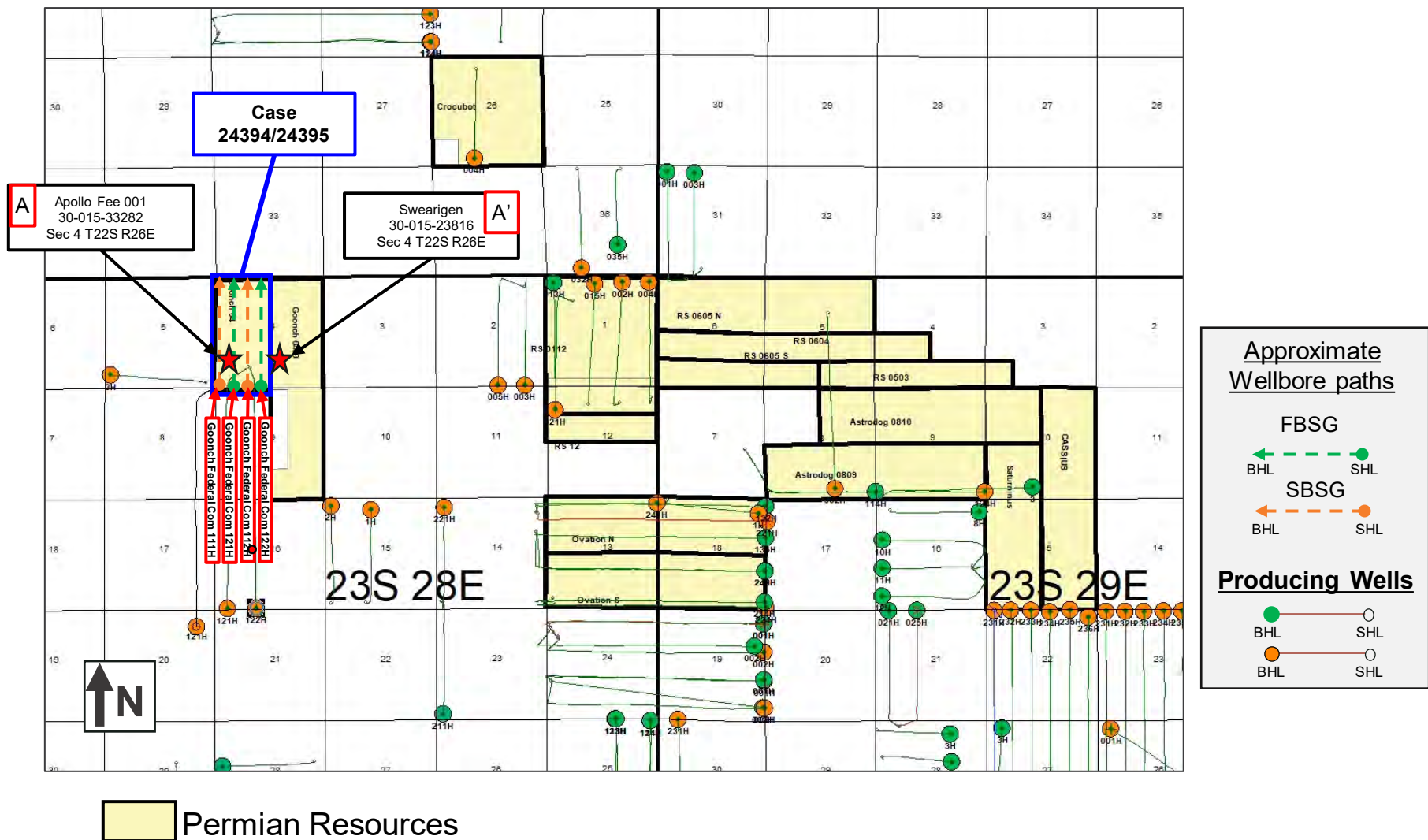


# Cross-Section Locator Map

Goonch Federal Com

Permian Resources Operating, LLC  
Case No. 24394  
Exhibit B-2

**Exhibit B-2**

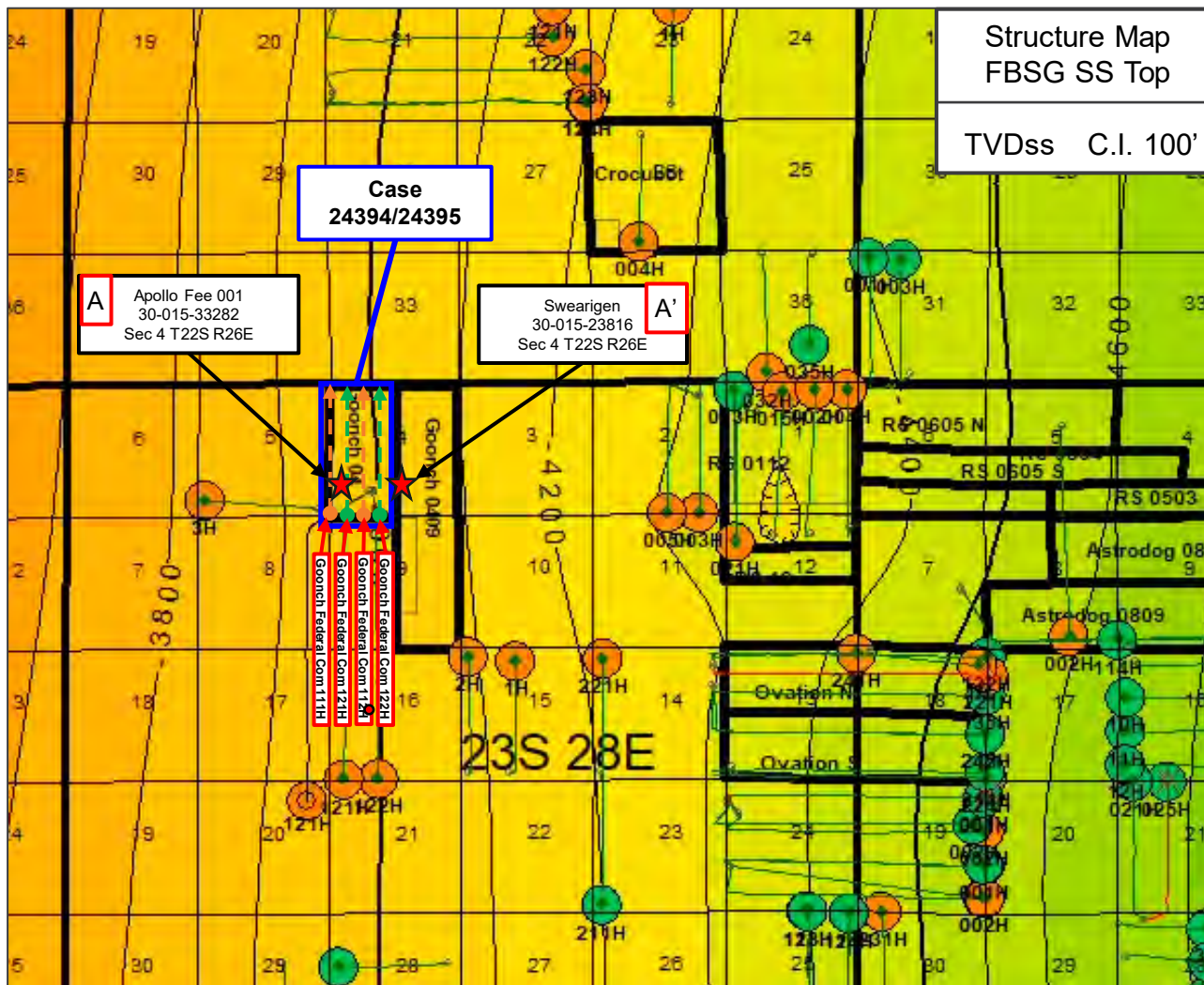


# Bone Spring – Structure Map

Goonch Federal Com

Permian Resources Operating, LLC  
Case No. 24394  
Exhibit B-3

**Exhibit B-3**



**Approximate Wellbore paths**

FBSG  
 BHL — SHL  
 SBSG  
 BHL — SHL

**Producing Wells**

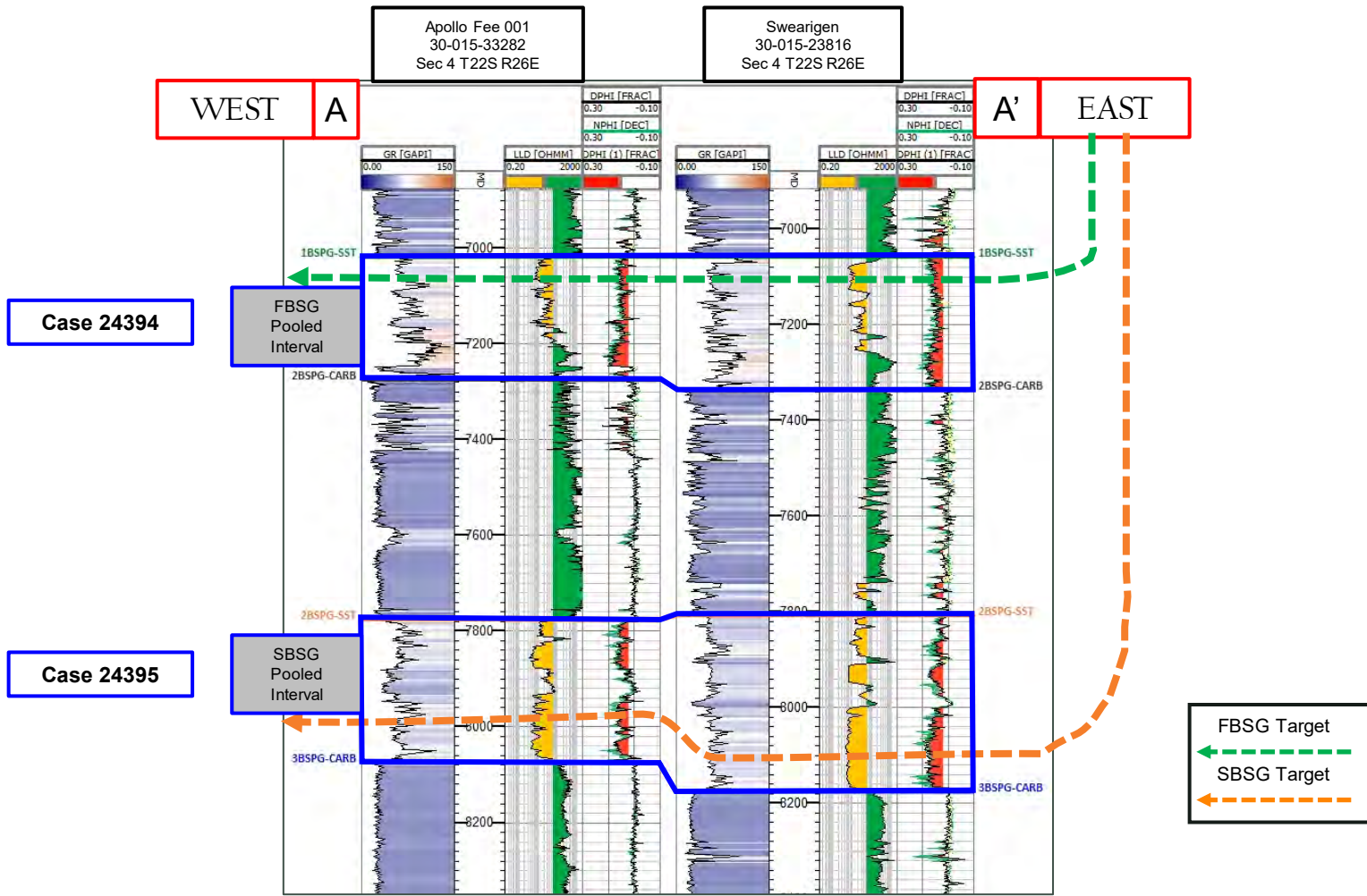
● — ○  
 BHL SHL  
 ● — ○  
 BHL SHL

# Stratigraphic Cross-Section A-A'

Goonch Federal Com

Permian Resources Operating, LLC  
Case No. 24394  
Exhibit B-4

**Exhibit B-4**

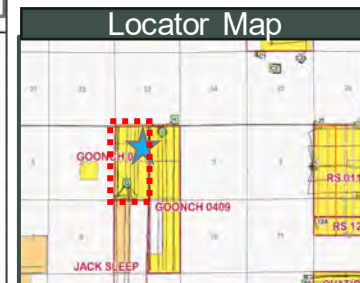
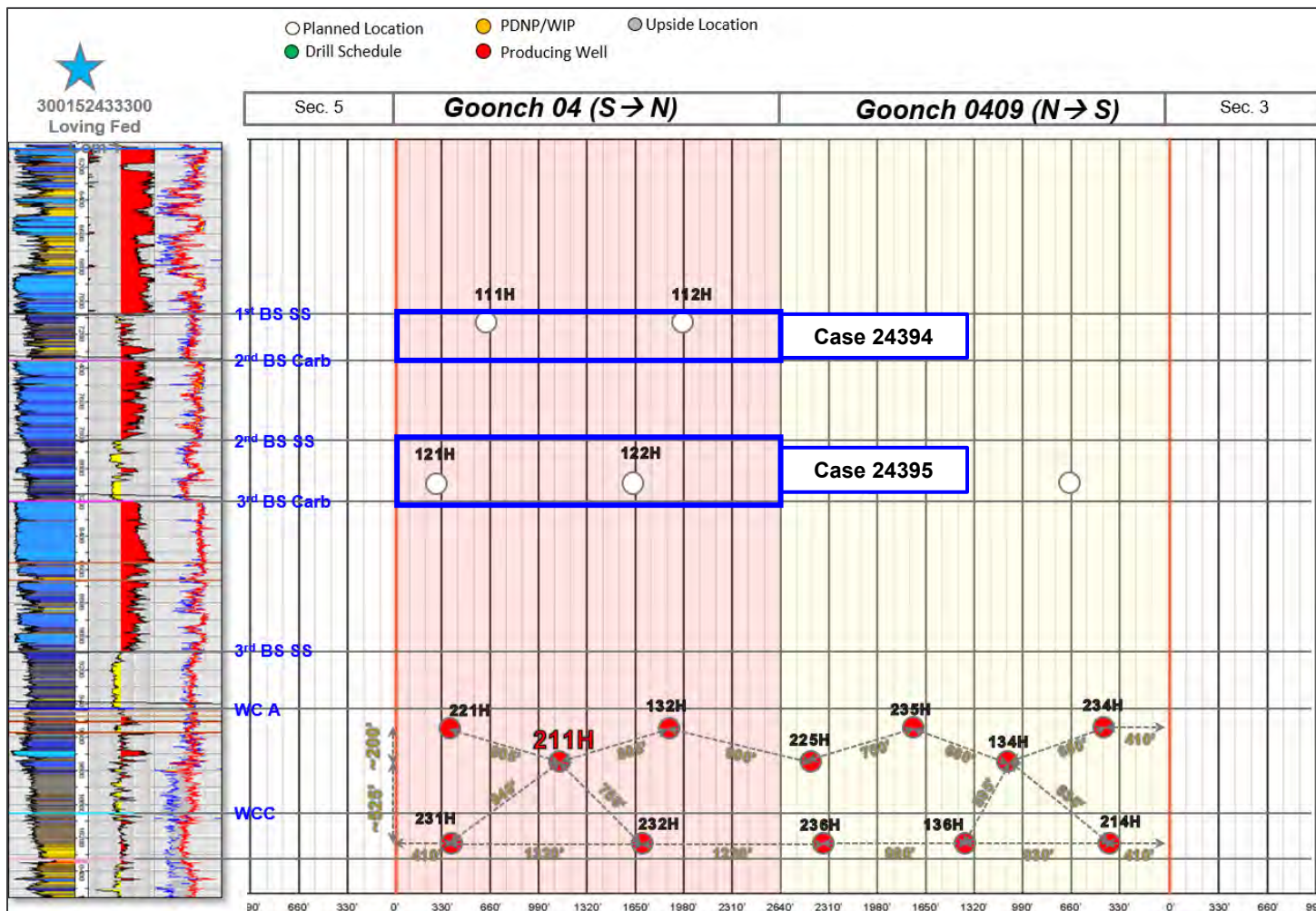


# Gun Barrel Development Plan

Goonch Federal Com

Permian Resources Operating, LLC  
Case No. 24394  
Exhibit B-5

**Exhibit B-5**





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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

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

1. I am attorney in fact and authorized representative of Novo Oil & Gas Northern Delaware, LLC, the Applicant herein, and Permian Resources Operating, LLC.

2. I am familiar with the Notice Letter attached as **Exhibit C-1** and caused the Notice Letter, 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 April 12, 2024, I caused a notice to be published to all interested parties in the Carlsbad Current Argus. An Affidavit of Publication from the Legal Clerk of the Carlsbad Current Argus, along with a copy of the notice publication, is attached as **Exhibit C-4**.

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

/s/ Dana S. Hardy  
Dana S. Hardy

July 30, 2024  
Date

**Novo Oil & Gas Northern Delaware, LLC  
Case No. 24394  
Exhibit C**



hinklelawfirm.com

# HINKLE SHANOR LLP

ATTORNEYS AT LAW

P.O. BOX 2068

SANTA FE, NEW MEXICO 87504

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

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

April 9, 2024

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO ALL PARTIES ENTITLED TO NOTICE**

**Re: Case No. 24394 – Application of Novo Oil & Gas Northern Delaware, LLC for Compulsory Pooling, Eddy County, New Mexico.**

To whom it may concern:

This letter is to advise you that the enclosed application was filed with the New Mexico Oil Conservation Division. The hearing will be conducted on **May 16, 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](mailto: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 Collin Christian, Senior Landman at Permian Resources, at (940) 389-2512 or via email at [collin.christian@permianres.com](mailto:collin.christian@permianres.com), 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

**Novo Oil & Gas Northern Delaware, LLC**

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

<b>PARTY</b>	<b>NOTICE LETTER SENT</b>	<b>RETURN RECEIVED</b>
Ann Reese Minerals, LLC 3525 N Washington Rd. Fort Wayne, IN 46802	04/09/24	04/29/2024
Aplomado Management, LLC P.O. Box 570252 Houston, TX 77257	04/09/24	04/22/2024
Roy G. Barton & Claudia Barton, JTWROS 1919 N Turner Street Hobbs, NM 88240-2712	04/09/24	04/15/2024
Karen M. Bohannon 118-A Miami Road Fitzgerald, GA 31750	04/09/24	04/22/2024
Bureau of Land Management, United States of America 301 Dinosaur Trail Santa Fe, NM 87508	04/09/24	04/15/2024
CBR Oil Properties, LLC P.O. Box 1518 Roswell, NM 88202	04/09/24	04/23/2024 Returned to Sender
Caddo Minerals, LP 2714 Bee Cave Road, Suite 202 Austin, TX 78746	04/09/24	04/19/2024
Charmar, LLC 4815 Vista Del Oso Ct NE Albuquerque, NM 87109	04/09/24	04/12/2024
Collins & Jones Investments, LLC 3824 Cedar Springs Road, #414 Dallas, TX 75219	04/09/24	04/22/2024
Craig E. Collins 6021 SW 29th Street, Suite 116 Topeka, KS 66614	04/09/24	04/22/2024

**Novo Oil & Gas Northern Delaware, LLC  
Case No. 24394  
Exhibit C-2**

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

David W. Cromwell 2008 Country Club Dr. Midland, TX 79701	04/09/24	04/18/2024
Crown Oil Partners, LP P.O. Box 50820 Midland, TX 79710	04/09/24	04/22/2024
Discovery Exploration 410 N Main Midland, TX 79701	04/09/24	04/18/2024
Deane Durham 5101 FM 1148 Graham, TX 76450	04/09/24	USPS Tracking last checked on 07/29/2024: Item delivered 04/12/2024
Lois M. Durland & Donald E. Durland 1645 Jansen Way Woodburn, OR 97071-2703	04/09/24	04/19/2024
Enerstar Resources Oil & Gas, LLC P.O. Box 606 Carlsbad, NM 88221	04/09/24	04/18/2024
Eric L. Collins Trust, Craig E. Collins as Trustee 6021 SW 29th Street, Suite 116 Topeka, KS 66614	04/09/24	04/22/2024
Evalyn Swearingen Testamentary Trust, Kristi Jones as Trustee 1362 N 80th Road Concordia, KS 66901	04/09/24	04/18/2024
Jesse A. Faught Jr. P.O. Box 52603 Midland, TX 79710	04/09/24	USPS Tracking last checked on 07/29/2024: Item in transit to next facility 04/17/2024
Gates Properties, LTD P.O. Box 81119 Midland, TX 79708-1119	04/09/24	04/18/2024

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Sheryl Swearingen Gilchrist FKA Sheryl Swearingen Johnson Collins and James L. Gilchrist, H/W 3242 NW 43rd Street Topeka, KS 66618	04/09/24	USPS Tracking last checked on 07/29/2024: Item delivered 04/15/2024
Greater Salina Valley Community Foundation, FBO Solomon Valley Community Foundation P.O. Box 369 Beloit, KS 67420	04/09/24	04/16/2024
Carrie Denise Hall 3526 American Legion Road Abbeville, GA 31001	04/09/24	05/28/2024 Returned to Sender
John D. Hamiga 4815 Vista Del Oso Ct NE Albuquerque, NM 87109	04/09/24	04/12/2024
Cecilia D. Haynes, Patricia Haynes AIF 1200 Lyndale Dr. Alexandria, VA 22308	04/09/24	04/19/2024
Charles Randall Hicks 4836 Vista Del Oso Ct NE Albuquerque, NM 87109	04/09/24	04/12/2024
Sean Hill 1716 Indian Springs Drive Edmond, OK 73003	04/09/24	04/18/2024
Jesma Hopper 2926 W Columbine Ln. Wichita, KS 67204-5323	04/09/24	04/23/2024
J. Cleo Thompson and James Cleo Thompson Jr. LP 325 N Saint Paul Street, Suite 4300 Dallas, TX 75201	04/09/24	04/22/2024

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

James A. Brown Trust dated April 26, 2011, James A. Brown as Trustee P.O. Box 928 Elk City, OK 73648	04/09/24	04/18/2024
James Adelson and Family 2015 Trust, Susannah D. Adelson, Trustee 15 E 5th Street, Suite 3300 Tulsa, OK 74103	04/09/24	04/22/2024
Samuel H. Jolliffe IV 1607 17th Street W, APT 303 Billings, MT 59102	04/09/24	04/22/2024
Teresa H. Jolliffe 1610 North N St. Midland, TX 79701	04/09/24	05/03/2024
KMF Land, LLC 1144 15th Street, Suite 2650 Denver, CO 80202	04/09/24	04/23/2024 Returned to Sender
The Karen Roberts Special Needs Trust, Dorothy Roberts & Carissa Brown as Trustees 2509 Aspen Street Longview, TX 75605	04/09/24	04/15/2024
Karylila, LLC 3 Southpointe Searcy, AR 72143	04/09/24	04/16/2024
LMC Energy 262 Carroll Street Fort Worth, TX 76107	04/09/24	04/16/2024
Beverlee A. Lanning, DBA Trink Minerals, LLC 4002 S Spring Loop Roswell, NM 88203	04/09/24	04/18/2024

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Lonesome Dove Petroleum Co Attn: Mr. Kerlson Sablon P.O. Box 430, Emancipation Garden Station St. Thomas, US VI 00804-0430	04/09/24	04/29/2024
MRC Permian Company One Lincoln Centre 5400 LBJ Fwy, Suite 1500 Dallas, TX 75240	04/09/24	04/15/2024
MSH Family Real Estate Partnership II, LLC 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/09/24	04/15/2024
Marathon Oil Permian, LLC 990 Town & Country Blvd Houston, TX 77024	04/09/24	04/18/2024
Mavros Minerals II LLC P.O. Box 50820 Midland, TX 79710	04/09/24	USPS Tracking last checked on 07/29/2024: Item delivered 04/16/2024
Meredith E. and Helen J. Hardgrave Revocable Living Trust, Brett A. Biery as Trustee 2626 E 40th Street Tulsa, OK 74105	04/09/24	04/22/2024
Mike Moylett AKA Michael Moylett 2506 Terrace Ave. Midland, TX 79705-7324	04/09/24	05/24/2024 Returned to Sender
Sharlene Murphy 616 N Burgess Street Holdenville, OK 74848-5627	04/09/24	04/16/2024
Elizabeth Ann Nguyen 1324 Bernardo Ct NE Albuquerque, NM 87113-0007	04/09/24	USPS Tracking last checked on 07/29 2024: Item delivered 04/11/2024

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Novo Minerals, LP 1001 W Wilshire Blvd., Suite 206 Oklahoma City, OK 73116	04/09/24	04/18/2024
OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521	04/09/24	04/18/2024
Oak Valley Mineral and Land, LP P.O. Box 50820 Midland, TX 79710	04/09/24	04/22/2024
Office of Natural Resources Revenue, Royalty Management Program P.O. Box 25627 Denver, CO 80225	04/09/24	04/15/2024
Ronald Peace P.O. Box 695 Holdenville, OK 74848	04/09/24	04/29/2024
Pegasus Resources, LLC P.O. Box 470698 Fort Worth, TX 76147	04/09/24	04/18/2024
Penasco Petroleum, LLC P.O. Box 4168 Roswell, NM 88202	04/09/24	04/18/2024
Permian Development, LLC P.O. Box 136879 Fort Worth, TX 76136	04/09/24	04/16/2024
Donna Phillips AKA Donna M. Phillips Birdwell P.O. Box 1058 Seminole, OK 74818-1058	04/09/24	USPS Tracking last checked on 07/29/2024: Item picked up at post office 04/13/2024
Post Oak Crown IV, LLC 34 S Wynden, Suite 300 Houston, TX 77056	04/09/24	04/22/2024
Post Oak Crown IV-B, LLC 34 S Wynden, Suite 300 Houston, TX 77056	04/09/24	04/22/2024



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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Post Oak Mavros II, LLC 34 S. Wynden Dr., Suite 210 Houston, TX 77056	04/09/24	04/22/2024
Ranchito AD4, LP 2100 Ross Avenue, Suite 1870 Dallas, TX 75201	04/09/24	04/19/2024
Kenneth J. Reynolds P.O. Box 10847 Midland, TX 79702	04/09/24	04/24/2024
Dale M. Richardson 5093 E US Hwy 82 Gainsville, TX 76240	04/09/24	04/25/2024 Returned to Sender
Harry J. Richardson 5093 E US Hwy 82 Gainsville, TX 76240	04/09/24	04/25/2024 Returned to Sender
John Evan Richardson 608 Hwy 70 West Alamogordo, NM 88310	04/09/24	04/15/2024
Linda Richardson 410 Aspen Street Drexel, MO 67472	04/09/24	05/17/2024 Returned to Sender
Robert D. Richardson 12981 E 131st Street Fishers, IN 46037	04/09/24	USPS Tracking last checked on 07/29/2024: Item in transit to next facility 04/19/2024
Ruth D. Roberts P.O. Box 6368 Austin, TX 78762	04/09/24	USPS Tracking last checked on 07/29/2024: Item preparing for delivery 04/13/2024
Wesley Keith Roberts 418 Forest Hills Drive League City, TX 77573	04/09/24	04/29/2024
Toni Rogers 16305 E 125th Street N Collinsville, OK 74021	04/09/24	05/03/2024 Returned to Sender

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Rowan Family Minerals, LLC 7651 FM 2125 Brownwood, TX 76801	04/09/24	05/02/2024
Russel T. Rudy Energy, LLC 320 Westcott Street Houston, TX 77007	04/09/24	04/22/2024
SMP Sidecar Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/09/24	04/15/2024
SMP Titan Flex, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/09/24	04/18/2024
SMP Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/09/24	04/15/2024
Joyce Ann Sasse 2500 Longview Dr. Columbia, MO 65203	04/09/24	04/22/2024
Terri L. Simpson 15672 Broad Oaks Rd. El Cajon, CA 92021-2640	04/09/24	04/15/2024
Sitio Permian, LLC 1401 Lawrence Street, Ste. 1750 Denver, CO 80202	04/09/24	04/15/2024
Kaleb Smith 2501 Lubbock Ave. Fort Worth, TX 76109	04/09/24	USPS Tracking last checked on 07/29/2024: Item in transit to next facility 04/16/2024
Vikki L. Smith 9104 Haines Ave. NE Albuquerque, NM 87112	04/09/24	04/15/2024
Sortida Resources, LLC P.O. Box 50820 Midland, TX 79710	04/09/24	04/22/2024

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Springwood Minerals 6, LP P.O. Box 3579 Midland, TX 79702	04/09/24	04/18/2024
Swearingen, LLC 1309 Coffeen Ave., Suite 1200 Sheridan, WY 82801	04/09/24	04/15/2024
Grant Swearingen 209 S Ashley Park Wichita, KS 67209	04/09/24	USPS Tracking last checked on 07/29/2024: Item delivered 04/13/2024
TD Minerals, LLC 8111 Westchester, Suite 900 Dallas, TX 75225	04/09/24	04/16/2024
Terry and Carla White Trust dated May 7, 2014, Carla K. White as Trustee 1302 W Third Street Chanute, KS 66720	04/09/24	04/22/2024
Tundra AD3, LP 2100 Ross Ave., Suite 1870, LB-9 Dallas, TX 75201	04/09/24	04/16/2024
Gerard G. Vavrek 1521 2nd Avenue, APT 1604 Seattle, WA 98101	04/09/24	04/22/2024
H. Jason Wacker 5518 San Saba Ave. Midland, TX 79707	04/09/24	04/18/2024
Wells Fargo Central Pacific Holdings Inc. 1000 Louisiana St., 9th Floor Houston, TX 77002	04/09/24	USPS Tracking last checked on 07/29/2024: Item delivered 04/16/2024
Charlotte E. Wells & Kaiulani Lei Bumpus, JT 900 Broken Feather Trail, #219 Pflugerville, TX 78660	04/09/24	04/26/2024

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

**APPLICATION OF NOVO OIL &  
GAS NORTHERN DELAWARE, LLC  
FOR COMPULSORY POOLING,  
EDDY COUNTY, NEW MEXICO.**

**CASE NO. 24394**

**NOTICE LETTER CHART**

Wes-Tex Drilling Company, LP P.O. Box 3739 Abilene, TX 79604	04/09/24	04/19/2024
Wing Resources VI, LLC 2100 McKinney Ave., Suite 1540 Dallas, TX 75201	04/09/24	04/15/2024
Winston Resources, LLC 1520 W Canal Ct., Suite 250 Littleton, CO 80120	04/09/24	USPS Tracking last checked on 07/29/2024: Item delivered 04/11/2024
Yosemite Creek Oil & Gas LLLP 4350 S Monaco Street, 5th Floor Denver, CO 80237	04/09/24	04/15/2024
Zunis Energy 15 East 5th St., Suite 3300 Tulsa, OK 74103	04/09/24	04/19/2024

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Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____ Ann Reese Minerals, LLC 3525 N Washington Rd. Fort Wayne, IN 46802 24394 - Novo Goonch
---	---

PS Form 3800, January 2023 PSN 7530-02-000-8947 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Ann Reese Minerals, LLC 3525 N Washington Rd. Fort Wayne, IN 46802</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8562 3186 0245 55         </div> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9500 89</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Gary Mohler</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Gary Mohler</i></p> <p>C. Date of Delivery            APR 29 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> <div style="text-align: center; font-size: 2em; font-weight: bold; color: green;">RECEIVED</div> <p style="text-align: center; font-size: 1.2em; color: green;">APR 29 2024</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"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

Domestic Return Receipt

**Novo Oil & Gas Northern Delaware, LLC**  
**Case No. 24394**  
**Exhibit C-3**

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

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

City, State, ZIP+4® \_\_\_\_\_

Aplomado Management, LLC  
 P.O. Box 570252  
 Houston, TX 77257

24394 - Novo Goonch

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



**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Aplomado Management, LLC  
 P.O. Box 570252  
 Houston, TX 77257

24394 - Novo Goonch

9590 9402 8562 3186 0245 62

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9500 72

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 WBY CLIFTON 4-17-24

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

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 APR 22 2024

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 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
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24394 - Novo Goonch

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

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_


Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
Street and Apt. No., or PO Box No. Roy G. Barton & Claudia Barton, JTWR0S  
1919 N Turner Street  
City, State, ZIP+4® Hobbs, NM 88240-2712

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Roy G. Barton &amp; Claudia Barton, JTWR0S 1919 N Turner Street Hobbs, NM 88240-2712</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8562 3186 0245 79         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0415 9500 65</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Debra D. Mant</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Debra D. Mant</i> C. Date of Delivery <i>4-12-24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; color: green;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">APR 15 2024</p> <p>3. Service Type <i>Hinkle Shanor LP</i> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_


Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
Street and Apt. No., or PO Box No. Karen M. Bohannon  
118-A Miami Road  
City, State, ZIP+4® Fitzgerald, GA 31750

24394 - Novo Goonch

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Karen M. Bohannon 118-A Miami Road Fitzgerald, GA 31750</p> <p style="text-align: right; font-size: small;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8562 3186 0245 86         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold;">9589 0710 5270 0415 9500 58</p>	<p>A. Signature <b>X</b> <i>Karen Bohannon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen Bohannon</i></p> <p>C. Date of Delivery <i>4-16-24</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> <div style="text-align: center; font-size: 2em; font-weight: bold; border: 2px solid black; padding: 10px;">             RECEIVED               APR 22 2024           </div> <p>3. Service Type <i>Priority Mail Express®</i> <i>Santa Fe NM 87507</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Mail Receipt



9589 0710 5270 0415 9500 41

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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 Bureau of Land Management,  
 United States of America  
 301 Dinosaur Trail  
 Santa Fe, NM 87508  
 24394 - Novo Goench

Postmark Here  
 APR 09 2024  
 SANTA FE, NM 87501  
 USPS

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <b>x R Duran</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <b>4-11-24</b></p> <p><input type="checkbox"/> Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Bureau of Land Management,          United States of America          301 Dinosaur Trail          Santa Fe, NM 87508</b></p> <p>24394 - Novo Goench</p> <p><b>RECEIVED</b>          APR 15 2024          Hinkle Shanor LLP          Santa Fe NM 87504</p> <p><b>BUREAU OF LAND MANAGEMENT          CARLSBAD FIELD OFFICE          620 EAST GREEN STREET          CARLSBAD, NM 88220-6292</b></p>	<p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9589 0710 5270 0415 9500 41</b></p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

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

City, State, ZIP+4® \_\_\_\_\_

Caddo Minerals, LP  
 2714 Bee Cave Road, Suite 202  
 Austin, TX 78746

24394 - Novo Goonch


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

9589 0710 5270 0415 9500 10

SANTA FE, NM 87507

Postmark Here  
 APR 19

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>P. Nguyen</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>P. Nguyen</i></p> <p>C. Date of Delivery  <i>4/15/24</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><b>RECEIVED</b>        APR 19 2024</p>
<p>1. Article Addressed to:</p> <p>Caddo Minerals, LP          2714 Bee Cave Road, Suite 202          Austin, TX 78746</p> <p>24394 - Novo Goonch</p> <p>          9590 9402 8562 3186 0246 16</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>M 87</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</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 0415 9500 10</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0415 9504 23

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No., or PO Box No. Charmar, LLC  
 4815 Vista Del Oso Ct NE  
 City, State, ZIP+4® Albuquerque, NM 87109  
 24394 - Novo Goonch

Postmark Here  
 APR 09 2024  
 SANTA FE, NM 87507


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:

Charmar, LLC  
 4815 Vista Del Oso Ct NE  
 Albuquerque, NM 87109  
 24394 - Novo Goonch

  
 9590 9402 8560 3186 8716 18

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9504 23

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) HARRICA JOHN

C. Date of Delivery 4-10-24

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

**RECEIVED**  
 APR 12 2024

3. Service Type: Hinkle Shanor LLP  
 Priority Mail Express®  
 Adult Signature Restricted Delivery  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

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To  
Street and Apt. No., or PO Box No. Collins & Jones Investments, LLC  
3824 Cedar Springs Road, #414  
City, State, ZIP+4® Dallas, TX 75219 24394 - Novo Goonch

Postmark Here  
**APR 09 2024**

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Collins &amp; Jones Investments, LLC 3824 Cedar Springs Road, #414 Dallas, TX 75219</p> <p style="text-align: right; font-size: small;">24394 - Novo Goonch</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold;">9589 0710 5270 0415 9500 27</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; letter-spacing: 0.5em;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">APR 22 2024</p>
<p style="text-align: center;">9590 9402 8562 3186 0246 23</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Priority Mail Express®</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</span></p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No., or PO Box No. Craig E. Collins  
6021 SW 29th Street, Suite 116  
Topeka, KS 66614

City, State, ZIP+4® 24394 - Novo Gooch

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

9589 0710 5270 0725 3413 24



**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:

Craig E. Collins  
6021 SW 29th Street, Suite 116  
Topeka, KS 66614

24394 - Novo Gooch

9590 9402 8595 3244 3767 30

2. Article Number (Transfer from service label)  
9589 0710 5270 0725 3413 24

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X UPS  
 Agent  
 Addressee

B. Received by (Printed Name)  
UPS

C. Date of Delivery  
4-15-2024

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

**RECEIVED**  
APR 22 2024

3. Service Type Hinkle Shanor LP  
Santa Fe NM 87507

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

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APR 09 2024

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

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

City, State, ZIP+4® \_\_\_\_\_

David W. Cromwell  
2008 Country Club Dr.  
Midland, TX 79701

24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">David W. Cromwell 2008 Country Club Dr. Midland, TX 79701</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3767 47</p>	<p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">APR 18 2024</p> <p style="text-align: center;">Hinkle Shanor Santa Fe NM 87501</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3424 37</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>

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SANTA FE, NM 87501  
APR 01 2024  
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9589 0710 5270 0725 3424 20

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_


Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
Street and Apt. No., or PO Box No. Crown Oil Partners, LP  
P.O. Box 50820  
Midland, TX 79710

City, State, ZIP+4® 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>4-18-24</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; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">APR 22 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Crown Oil Partners, LP P.O. Box 50820 Midland, TX 79710 24394 - Novo Goonch</p> <p style="text-align: center;"> 9590 9402 8595 3244 3767 54</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</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) <b>9589 0710 5270 0725 3424 20</b></p>	<p>Hinkle Shano Santa Fe NM</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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APR 08 2024  
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USPS

9589 0710 5270 0725 3424 13

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	Discovery Exploration 410 N Main Midland, TX 79701
City, State, ZIP+4®	24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Maryalbert</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Maryalbert</i></p> <p>C. Date of Delivery  <i>4/18/2024</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; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">APR 18 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Discovery Exploration 410 N Main Midland, TX 79701</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Goonch</p>  <p style="text-align: center; font-size: 1.1em;">9590 9402 8595 3244 3767 61</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <b>Hinkle Shanor LLP</b> <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)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3424 13</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



9589 0710 5270 0725 3423 90

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or PO Box No. Lois M. Durland & Donald E. Durland  
 1645 Jansen Way  
 City, State, ZIP+4® Woodburn, OR 97071-2703  
 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Hinkie Shanor LRP</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery            4/19</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>Lois M. Durland &amp; Donald E. Durland            1645 Jansen Way            Woodburn, OR 97071-2703            24394 - Novo Goonch</p> <p>9590 9402 8595 3244 3767 85</p>	<p><b>RECEIVED</b>            APR 19 2024</p>
<p>2. Article Number (Transfer from service label)            9589 0710 5270 0725 3423 90</p>	<p>3. Service Type <b>Hinkie Shanor LRP</b> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3423 83

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box No. Enerstar Resources Oil & Gas, LLC  
 P.O. Box 606

City, State, ZIP+4® Carlsbad, NM 88221 24394 - Novo Goonch

PS Form 3800, January 2023 PSN 7530-02-000-8047 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:

Enerstar Resources Oil & Gas, LLC  
 P.O. Box 606  
 Carlsbad, NM 88221

24394 - Novo Goonch

9590 9402 8595 3244 3767 92

2. Article Number (Transfer from service label)  
 9589 0710 5270 0725 3423 83

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

Hinkle Shanor 4/18/24

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

If YES, enter delivery address below:

**RECEIVED**

APR 18 2024

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

9589 0710 5270 0725 3423 76

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or PO Box No. Eric L. Collins Trust,  
 Craig E. Collins as Trustee  
 6021 SW 29th Street, Suite 116  
 Topeka, KS 66614

City, State, ZIP+4® Topeka, KS 66614

24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            x <b>UPS</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>UPS</b> C. Date of Delivery <b>4-15-2024</b></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;"><b>RECEIVED</b>            APR 22 2024</p>
<p>1. Article Addressed to:</p> <p>Eric L. Collins Trust,            Craig E. Collins as Trustee            6021 SW 29th Street, Suite 116            Topeka, KS 66614</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p>9590 9402 8595 3244 3768 08</p>	<p>3. Service Type <b>Hinkle Shanor LLP</b> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <b>Santa Fe NM 87501</b> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input checked="" type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)  <b>9589 0710 5270 0725 3423 76</b></p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3423 69

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

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

Evalyn Swearingen Testamentary Trust,  
 Kristi Jones as Trustee  
 1362 N 80th Road  
 Concordia, KS 66901

24394 - Novo Goonch

PS Form 3800, January 2023 PSN 7530-02-001-6047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Kristi Jones</i></p> <p>B. Received by (Printed Name) <i>Kristi Jones</i></p> <p>C. Date of Delivery <i>04/15/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Evalyn Swearingen Testamentary Trust, Kristi Jones as Trustee          1362 N 80th Road          Concordia, KS 66901</p> <p>24394 - Novo Goonch</p> <p>9590 9402 8595 3244 3768 15</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3423 69</p>	<p><b>RECEIVED</b></p> <p>APR 18 2024</p>

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

Domestic Return Receipt

9589 0710 5270 0725 3423 45

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No., or PO Box No. Gates Properties, LTD  
 P.O. Box 81119

City, State, ZIP+4® Midland, TX 79708-1119

24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Lawrence Gates</i></p> <p>B. Received by (Printed Name) <i>Lawrence Gates</i></p> <p>C. Date of Delivery <i>4/16/2024</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p><b>RECEIVED</b></p> <p>APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>Gates Properties, LTD          P.O. Box 81119          Midland, TX 79708-1119</p> <p>24394 - Novo Goonch</p> <p>9590 9402 8595 3244 3768 39</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 3423 45</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3423 21

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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**  
 Greater Salina Valley Community Foundation,  
 FBO Solomon Valley Community Foundation  
 P.O. Box 369  
 Beloit, KS 67420

24394 - Novo Gooch

Postmark Here  
 APR 09 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Danna M. Evans</i></p> <p>C. Date of Delivery  <i>4/13/24</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:          Greater Salina Valley Community Foundation, FBO Solomon Valley Community Foundation          P.O. Box 369          Beloit, KS 67420</p> <p>24394 - Novo Gooch</p>  <p>9590 9402 8595 3244 3768 53</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> Priority Mail Express®  <input type="checkbox"/> Adult Signature Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><i>Santa Fe NM 87504</i></p> <p><b>RECEIVED</b>          APR 16 2024</p>
<p>2. Article Number (Transfer from service label)          9589 0710 5270 0725 3423 21</p>	

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SANTA FE, NM 87501

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No., or PO Box No. John D. Hamiga  
4815 Vista Del Oso Ct NE  
Albuquerque, NM 87109

City, State, ZIP+4® 24394 - Novo Goonch

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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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">John D. Hamiga 4815 Vista Del Oso Ct NE Albuquerque, NM 87109</p> <p style="text-align: right; font-size: small;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8595 3244 3768 77         </div> <p>2. Article Number (Transfer from service label) <b>9589 0710 5270 0725 3423 07</b></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) HAMIGA JOHN</p> <p>C. Date of Delivery 4-10-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 10px;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0 0 0;">APR 12 2024</p> </div> <p>3. Service Type <b>Hinkle Shanor LLP</b> <input type="checkbox"/> Priority Mail Express® <b>Santa Fe NM 87501</b> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

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Certified Mail Fee  
 \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage  
 \$ \_\_\_\_\_


**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or P.O. Box No. Cecilia D. Haynes, Patricia Haynes AIF  
 1200 Lyndale Dr.  
 Alexandria, VA 22308  
 City, State, ZIP+4® 24394 - Novo Goonch

Postmark Here APR 19 2024

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 4/19/24</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><b>RECEIVED</b>        APR 19 2024</p>
<p>1. Article Addressed to:</p> <p>Cecilia D. Haynes, Patricia Haynes AIF          1200 Lyndale Dr.          Alexandria, VA 22308</p> <p>24394 - Novo Goonch</p>  <p>9590 9402 8595 3244 3768 84</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Shanor L</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery 8750</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 3422 91</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



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**APR 09 2024**

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9589 0710 5270 0725 3422 84

Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street and Apt. No., or PO Box No.	Charles Randall Hicks 4836 Vista Del Oso Ct NE Albuquerque, NM 87109
City, State, ZIP+4®	24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Charles Hicks <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            CHARLES HICKS</p> <p>C. Date of Delivery            4-10-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">APR 12 2024</p>														
<p>1. Article Addressed to:</p> <p style="text-align: center;">Charles Randall Hicks 4836 Vista Del Oso Ct NE Albuquerque, NM 87109</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3768 91</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 Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3422 84</p>															
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt														

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**APR 09 2024**

USPS

9589 0710 5270 0725 3429 18

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_


Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No., or PO Box No. Jesma Hopper  
2926 W Columbine Ln.  
Wichita, KS 67204-5323

City, State, ZIP+4® 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <i>Jesma Hopper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jesma Hopper</i> C. Date of Delivery <i>4/13/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">APR 23 2024</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe, NM 87504</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Jesma Hopper 2926 W Columbine Ln. Wichita, KS 67204-5323</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3769 14</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><b>9589 0710 5270 0725 3429 18</b></p>	<p style="text-align: right;">Domestic Return Receipt</p>

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Postmark Here  
**APR 09 2024**

9589 0710 5270 0725 3429 01

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	J. Cleo Thompson and James Cleo Thompson Jr. LP 325 N Saint Paul Street, Suite 4300 Dallas, TX 75201
City, State, ZIP+4®	Dallas, TX 75201 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> <i>Curt Kneese</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Curt Kneese</i> C. Date of Delivery <i>4/11/24</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; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">APR 22 2024</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">J. Cleo Thompson and James Cleo Thompson Jr. LP 325 N Saint Paul Street, Suite 4300 Dallas, TX 75201 24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3769 21</p>	<p>3. Service Type <i>Hinkle Shanor LP Santa Fe NM 87501</i></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) 9589 0710 5270 0725 3429 01</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 0725 3422 60

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**Certified Mail Fee**  
 \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

**Postage**  
 \$ \_\_\_\_\_

**Total Postage and Fees**  
 \$ \_\_\_\_\_

**Sent To**  
 Street and Apt. No., or PO Box No. James A. Brown Trust dated April 26, 2011,  
 James A. Brown as Trustee  
 P.O. Box 928  
 Elk City, OK 73648

City, State, ZIP+4® 24394 - Novo Gooch

Postmark Here  
 APR 18 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery 4-15-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>James A. Brown Trust dated April 26, 2011, James A. Brown as Trustee          P.O. Box 928          Elk City, OK 73648</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Gooch</p>  <p style="text-align: center;">9590 9402 8595 3244 3769 38</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3422 60</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0415 9509 28

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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  
 James Adelson and Family 2015 Trust,  
 Susannah D. Adelson, Trustee  
 Street and Apt. No. 15 E 5th Street, Suite 3300  
 City, State, ZIP+4® Tulsa, OK 74103 24394 - Novo Goonch

Postmark Here  
 APR 09 2024

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

James Adelson and Family 2015 Trust, Susannah D. Adelson, Trustee  
 15 E 5th Street, Suite 3300  
 Tulsa, OK 74103  
 24394 - Novo Goonch

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9509 28

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]  Agent  Addressee

B. Received by (Printed Name)  
 Alexis Perry

C. Date of Delivery  
 APR 22 2024

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

**RECEIVED**  
 APR 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  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

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**APR 09 2024**

9589 0710 5270 0415 9510 55

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. Samuel H. Jolliffe IV  
1607 17th Street W, APT 303  
Billings, MT 59102

City, State, ZIP. 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Samuel Jolliffe IV</p> <p>C. Date of Delivery APR 22 2024</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; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">APR 22 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Samuel H. Jolliffe IV 1607 17th Street W, APT 303 Billings, MT 59102</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8560 3186 8734 21</p>	<p>3. Service Type <b>Hinkle Shanor LLP</b></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9589 0710 5270 0415 9510 55</b></p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0415 9510 24

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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 The Karen Roberts Special Needs Trust,  
 Dorothy Roberts & Carissa Brown as Trustees  
 Street and Apt. No., 2509 Aspen Street  
 City, State, ZIP+4® Longview, TX 75605 24394 - Novo Goonch

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.

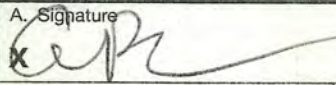
1. Article Addressed to:  
 The Karen Roberts Special Needs Trust,  
 Dorothy Roberts & Carissa Brown as Trustees  
 2509 Aspen Street  
 Longview, TX 75605  
 24394 - Novo Goonch



2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9510 24

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 4/15/24

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

**RECEIVED**  
 APR 15 2024

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

Domestic Return Receipt

9589 0710 5270 0415 9510 17

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. Karylila, LLC  
3 Southpointe  
City, State, ZIP+4 Searcy, AR 72143

24394 - Novo Goonch

Postmark Here  
APR 09 2024  
SANTA FE, NM 87501

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) K. ROSS</p> <p>C. Date of Delivery 4-12-24</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><b>RECEIVED</b> APR 16 2024</p>
<p>1. Article Addressed to:</p> <p>Karylila, LLC 3 Southpointe Searcy, AR 72143</p> <p>24394 - Novo Goonch</p> <p>9590 9402 8560 3186 8734 69</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"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9510 17</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



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Certified Mail Fee \$	
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	
Total Postage and Fees \$	
Sent To	
Street and Apt. #	LMC Energy 262 Carroll Street Fort Worth, TX 76107
City, State, ZIP+4	Fort Worth, TX 76107 24394 - Novo Goonch

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">LMC Energy 262 Carroll Street Fort Worth, TX 76107</p> <p style="text-align: center; font-size: 0.8em;">24394 - Novo Goonch</p> <div style="text-align: center;">         9590 9402 8560 3186 8734 76     </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0415 9510 00</p>	<p>A. Signature <i>[Handwritten 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 <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <div style="text-align: center; font-size: 2em; font-weight: bold; border: 2px solid black; padding: 10px;">       RECEIVED         APR 16 2024     </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail <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 0415 9509 97

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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 \$ \_\_\_\_\_

Sent To

Street and Apt. Beverlee A. Lanning, DBA Trink Minerals, LLC

4002 S Spring Loop

Roswell, NM 88203

City, State, ZIP 24394 - Novo Goonch

Postmark Here APR 03 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>David Lanning</i></p> <p>B. Received by (Printed Name) <i>DAVID LANNING</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>1. Article Addressed to:</p> <p>Beverlee A. Lanning, DBA Trink Minerals, LLC          4002 S Spring Loop          Roswell, NM 88203</p> <p>24394 - Novo Goonch</p> <p>9590 9402 8560 3186 8734 83</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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9509 97</p>	<p>RECEIVED</p> <p>APR 18 2024</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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APR 09 2024

9589 0710 5270 0415 9511 47

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 \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Lonesome Dove Petroleum Co Attn: Mr. Kerlson Sablon P.O. Box 430, Emancipation Garden Station St. Thomas, US VI 00804-0430 24394 - Novo Goonch	
Street and Apt. No., City, State, ZIP+4®	

PS Form 3800, January 2023 PSN 7530-02-000-0047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>S Thomas</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Shania Thomas</i> C. Date of Delivery <i>APR 23 2024</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>Lonesome Dove Petroleum Co          Attn: Mr. Kerlson Sablon          P.O. Box 430, Emancipation Garden Station          St. Thomas, US VI 00804-0430          24394 - Novo Goonch</p>	<p style="text-align: center; font-size: 1.5em; color: red;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">APR 29 2024</p> <p style="text-align: center;">Hinkle Shanor LLP</p>																
<p>2. Article Number (Transfer from service label)          9589 0710 5270 0415 9511 47</p>	<p>3. Service Type</p> <table style="width: 100%;"> <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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

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**APR 09 2024**

9589 0710 5270 0415 9511 30

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.: MRC Permian Company One Lincoln Centre 5400 LBJ Fwy, Suite 1500 Dallas, TX 75240 City, State, ZIP+4: 24394 - Novo Goonch	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>7/12</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">MRC Permian Company          One Lincoln Centre          5400 LBJ Fwy, Suite 1500          Dallas, TX 75240</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8560 3186 8735 06         </div>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">APR 15 2024</p> <p style="text-align: center; font-size: 0.8em;">Hinkle Shanor LP Santa Fe NM 87504</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">9589 0710 5270 0415 9511 30</p>																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span>																	

9589 0710 5270 0415 9511 23

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. **MSH Family Real Estate Partnership II, LLC**  
 4143 Maple Avenue, Suite 500  
 Dallas, TX 75219

City, State, Zip \_\_\_\_\_

24394 - Novo Gooch

PS Form 3800, January 2023 PSN 7530-02-000-9947 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:

**MSH Family Real Estate Partnership II, LLC**  
 4143 Maple Avenue, Suite 500  
 Dallas, TX 75219

24394 - Novo Gooch

9590 9402 8560 3186 8735 13

2. Article Number (Transfer from service label)  
**9589 0710 5270 0415 9511 23**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X \_\_\_\_\_  Agent

B. Received by (Printed Name) \_\_\_\_\_  Address \_\_\_\_\_

C. Date of Delivery \_\_\_\_\_

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

**RECEIVED**  
 APR 15 2024

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

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Postmark Here  
**APR 09 2024**

9589 0710 5270 0415 9511 16

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	\$ _____
<b>Total Postage and Fees</b>	\$ _____
Sent To Street and Apt Marathon Oil Permian, LLC 990 Town & Country Blvd Houston, TX 77024 City, State, Zip Houston, TX 77024 24394 - Novo Gooch	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Marathon Oil Permian, LLC 990 Town &amp; Country Blvd Houston, TX 77024 24394 - Novo Gooch</p> <div style="text-align: center;">             9590 9402 8560 3186 8715 26         </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0415 9511 16</p>	<p>A. Signature <i>Mailroom</i> <input type="checkbox"/> Agent Addressee</p> <p>B. Received by (Printed Name) <b>APR 15 2024</b> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <p style="text-align: center;">APR 18 2024 APR 15 2024</p> <p>3. Service Type <b>Hinkle Shanor LLP Santa Fe NM 87504</b></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail															
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)															
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt														

9589 0710 5270 0415 9510 93

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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 Meredith E. and Helen J. Hardgrave Revocable Living Trust, Brett A. Biery as Trustee  
 2626 E 40th Street  
 Tulsa, OK 74105

24394 - Novo Gooch

Postmark Here APR 09 2024

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:  
 Meredith E. and Helen J. Hardgrave  
 Revocable Living Trust, Brett A. Biery as  
 Tru  
 2626 E 40th Street  
 Tulsa, OK 74105

24394 - Novo Gooch



9590 9402 8560 3186 8715 40

2. Article Number (Transfer from service label)

9589 0710 5270 0415 9510 93

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Hazel Santos* C. Date of Delivery *4/12/24*

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

**RECEIVED**

APR 22 2024

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

Domestic Return Receipt


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Certified Mail Fee \$ _____	Postmark Here 
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Street and Apt. Sharlene Murphy 616 N Burgess Street City, State, ZIP Holdenville, OK 74848-5627 24394 - Novo Goonch	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Sharlene Murphy</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <u>4/13/24</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> <div style="text-align: center; border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold;">             RECEIVED              APR 16 2024         </div>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Sharlene Murphy 616 N Burgess Street Holdenville, OK 74848-5627 24394 - Novo Goonch</p> <div style="text-align: center;">               9590 9402 8560 3186 8715 64         </div>	<p>3. Service Type <i>Hinkle Shanor</i> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)  <b>9589 0710 5270 0415 9510 79</b></p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



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**APR 09 2024**

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. Novo Minerals, LP  
1001 W Wilshire Blvd., Suite 206  
City, State, Zip Oklahoma City, OK 73116  
24394 - Novo Goonch

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Novo Minerals, LP 1001 W Wilshire Blvd., Suite 206 Oklahoma City, OK 73116  24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8560 3186 8715 88         </div>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>P. Schmidt</i> <span style="float: right;"><b>4/12/24</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">APR 18 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0415 9509 11</p>	<p>3. Service Type <span style="float: right; font-size: 0.8em;">Hinkle Shanor LLP Santa Fe NM 87504</span></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 style="font-size: 0.8em;">PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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9589 0710 5270 0415 9504 47

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

OXY USA Inc.  
5 Greenway Plaza, Suite 110  
Houston, TX 77046-0521

Street and Apt. N \_\_\_\_\_

City, State, ZIP+4 \_\_\_\_\_ 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery            4/13/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8560 3186 8715 95</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9504 47</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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APR 09 2024

USPS

9589 0710 5270 0415 9504 30

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To	
Street and Apt Oak Valley Mineral and Land, LP P.O. Box 50820	
City, State, ZIP Midland, TX 79710	24394 - Novo Goonch

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Oak Valley Mineral and Land, LP P.O. Box 50820 Midland, TX 79710</p> <p style="text-align: right; margin-right: 20px;">24394 - Novo Goonch</p> <div style="text-align: center; margin: 10px 0;"> <p>9590 9402 8560 3186 8716 01</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0415 9504 30</p> <p style="font-size: 0.8em;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; margin-right: 20px;">4-18-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; margin: 20px 0;"> <p style="font-size: 2em; font-weight: bold; color: green;">RECEIVED</p> <p style="font-size: 1.2em; color: green;">APR 22 2024</p> </div> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">Hinkle Shanor LP Santa Fe NM 87501</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> 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)																	

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**APR 09 2024**

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Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To  
Office of Natural Resources Revenue, Royalty Management Program  
P.O. Box 25627  
Denver, CO 80225 24394 - Novo Goonch

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

9589 0710 5270 0415 9504 16

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Justin Gunn</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;"><b>RECEIVED</b> APR 15 2024</p>
<p>1. Article Addressed to:</p> <p>Office of Natural Resources Revenue, Royalty Management Program P.O. Box 25627 Denver, CO 80225</p> <p style="text-align: right;">24394 - Novo Goonch</p> <p style="text-align: center;">9590 9402 8560 3186 8716 25</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87501</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9589 0710 5270 0415 9504 16</b></p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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APR 09 2024  
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Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	

**Sent To**

Street or P.O. Box: Ronald Peace, P.O. Box 695  
City, State: Holdenville, OK 74848      24394 - Novo Gooch

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Ronald Peace P.O. Box 695 Holdenville, OK 74848</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Gooch</p> <div style="text-align: center;">             9590 9402 8560 3186 8716 32         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 0415 9504 09</p> <p style="font-size: 0.8em;">PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<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  <input type="checkbox"/> <i>[Signature]</i>      4/24/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em; color: gray;">APR 29 2024</p> <p style="text-align: center; font-size: 0.9em;">Hinkle Shanor LLP Santa Fe NM 87504</p> <p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</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)																	

Domestic Return Receipt

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To Pegasus Resources, LLC  
P.O. Box 470698  
Fort Worth, TX 76147  
24394 - Novo Goonch

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

9589 0710 5270 0415 9503 86



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<p>1. Article Addressed to:</p> <p style="text-align: center;">Pegasus Resources, LLC P.O. Box 470698 Fort Worth, TX 76147 24394 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8562 3186 0246 30</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express®  <i>Santa Fe NM 87504</i> <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)</p> <p>9589 0710 5270 0415 9503 86</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0415 9503 79

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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 Penasco Petroleum, LLC  
 Street and Apt. P.O. Box 4168  
 Roswell, NM 88202  
 City, State, ZIP+4 24394 - Novo Goonch

PS Form 3800, January 2023 PSN 7530-03-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<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>Susanne Hinkle</i></p> <p>C. Date of Delivery  <i>APR 18 2024</i></p>
<p>1. Article Addressed to:</p> <p>Penasco Petroleum, LLC          P.O. Box 4168          Roswell, NM 88202          24394 - Novo Goonch</p> <p> 9590 9402 8562 3186 0246 47</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><b>RECEIVED</b>          APR 18 2024</p>
<p>2. Article Number (Transfer from service label)          9589 0710 5270 0415 9503 79</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 0415 9503 62

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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 No. Permian Development, LLC  
 P.O. Box 136879  
 Fort Worth, TX 76136

City, State, Z. 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>4-13-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below: _____</p> <p style="text-align: center;"><b>RECEIVED</b> APR 16 2024</p>
<p>1. Article Addressed to:</p> <p>Permian Development, LLC          P.O. Box 136879          Fort Worth, TX 76136</p> <p style="text-align: right;">24394 - Novo Goonch</p> <p style="text-align: center;">             9590 9402 8562 3186 0246 54         </p>	<p>3. Service Type <u>Hinkle Shanor</u> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <u>Santa Fe NM 800</u> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9503 62</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



9589 0710 5270 0415 9503 48

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_


Sent To

Street and Apt. Post Oak Crown IV, LLC  
 34 S Wynden, Suite 300  
 Houston, TX 77056

City, State, ZIP 24394 - Novo Goonch

Postmark Here APR 09 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          BLARIMORE 4/15/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>RECEIVED</b> APR 22 2024</p>
<p>1. Article Addressed to:</p> <p>Post Oak Crown IV, LLC          34 S Wynden, Suite 300          Houston, TX 77056</p> <p style="text-align: right;">24394 - Novo Goonch</p> <p>          9590 9402 8562 3186 0246 78</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9503 48</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Postmark Here  
APR 03 2024

9589 0710 5270 0415 9503 31

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: Post Oak Crown IV-B, LLC 34 S Wynden, Suite 300 Houston, TX 77056 City, State: Houston, TX 77056 24394 - Novo Goonch	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<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)  <b>BLARIMORE</b></p> <p>C. Date of Delivery  <b>4/15/24</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Post Oak Crown IV-B, LLC          34 S Wynden, Suite 300          Houston, TX 77056</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Goonch</p> <div style="text-align: center;"> <p>9590 9402 8562 3186 0246 85</p> </div>	<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">APR 22 2024</p>																
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0415 9503 31</p>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	

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

Domestic Return Receipt

9589 0710 5270 0415 9503 24

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

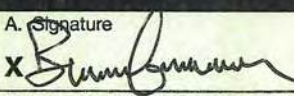

Street and Apt. Post Oak Mavros II, LLC  
 34 S. Wynden Dr., Suite 210  
 Houston, TX 77056

City, State, Zi. Houston, TX 77056

24394 - Novo Gooch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            BLARIMORE</p> <p>C. Date of Delivery            4/15/2024</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;"><b>RECEIVED</b>            APR 22 2024            Hinkle Shanor LLP</p>
<p>1. Article Addressed to:</p> <p>Post Oak Mavros II, LLC            34 S. Wynden Dr., Suite 210            Houston, TX 77056</p> <p style="text-align: right;">24394 - Novo Gooch</p>  <p>9590 9402 8562 3186 0246 92</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <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 0415 9503 24</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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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 A/Ranchito AD4, LP  
 2100 Ross Avenue, Suite 1870  
 Dallas, TX 75201

City, State, Z/24394 - Novo Goonch

Postmark Here: APR 09 2024

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

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) [Signature] C. Date of Delivery 4-12-24</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><b>RECEIVED</b>          APR 19 2024</p>
<p>1. Article Addressed to:</p> <p>Ranchito AD4, LP          2100 Ross Avenue, Suite 1870          Dallas, TX 75201</p> <p>24394 - Novo Goonch</p> <p>9590 9402 8562 3186 0247 08</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9503 17</p>	<p>Hinkie Shanor</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0697 6549 27

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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  
 \$ Kenneth J. Reynolds  
 P.O. Box 10847  
 Midland, TX 79702

City 24394 - Novo Gooch

Postmark Here  
 APR 24 2024

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Christina Ruiz</p> <p>C. Date of Delivery 4-18-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Kenneth J. Reynolds          P.O. Box 10847          Midland, TX 79702</p> <p>24394 - Novo Gooch</p>  <p>9590 9402 8561 3186 6062 71</p>	<p>3. Service Type <b>Priority Mail Express®</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0697 6549 27</p>	<p><b>RECEIVED</b></p> <p>APR 24 2024</p> <p>Hinkle Shanon LLP          Santa Fe NM 87505</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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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  
 John Evan Richardson  
 608 Hwy 70 West  
 Alamogordo, NM 88310  
 24394 - Novo Goonch

Postmark Here  
 APR 09 2024

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>John Evan Richardson          608 Hwy 70 West          Alamogordo, NM 88310          24394 - Novo Goonch</p>  <p>9590 9402 8561 3186 6061 34</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b>          APR 15 2024</p>
<p>2. Article Number (Transfer from previous label)          9589 0710 5270 0697 6549 89</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>


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Certified Mail Fee \$ _____	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Si Wesley Keith Roberts 418 Forest Hills Drive Ci League City, TX 77573 24394 - Novo Goonch	

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

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<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																
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<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)																	

9589 0710 5270 0415 9501 02

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

Sent To  
 Recipient  
 City

Rowan Family Minerals, LLC  
 7651 FM 2125  
 Brownwood, TX 76801  
 24394 - Novo Goonch

Postmark Here  
 APR 09 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Steve Jones</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:  Rowan Family Minerals, LLC 7651 FM 2125 Brownwood, TX 76801  24394 - Novo Goonch   9590 9402 8562 3186 0245 31	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:  
2. Article Number (Transfer from service label) 9589 0710 5270 0415 9501 02	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 0697 6575 53

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**OFFICIAL RECEIPT**

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street Russel T. Rudy Energy, LLC  
 320 Westcott Street  
 City, State Houston, TX 77007

24394 - Novo Gooch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Monica Guerrero</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>Monica Guerrero</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><b>RECEIVED</b></p> <p>APR 22 2024</p>
<p>1. Article Addressed to:</p> <p>Russel T. Rudy Energy, LLC          320 Westcott Street          Houston, TX 77007</p> <p>24394 - Novo Gooch</p> <p>9590 9402 8561 3186 6061 72</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 0697 6575 53</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To

Street SMP Sidecar Titan Mineral Holdings, LP  
4143 Maple Avenue, Suite 500

City Dallas, TX 75219

24394 - Novo Gooch

Postmark Here  
**APR 09 2024**

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

9589 0710 5270 0697 6575 46

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>SMP Sidecar Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Gooch</p> <div style="text-align: center;">             9590 9402 8561 3186 6062 26         </div> <p>2. Article Number (Transfer from service label)</p> <p><b>9589 0710 5270 0697 6575 46</b></p>	<p>A. Signature</p> <p><b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 1.5em; margin: 0;">APR 15 2024</p> </div> <p>3. Service Type <span style="float: right; font-size: 0.8em;">Hinkle Shanon LP Santa Fe NM 87501</span></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 0697 6549 65

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

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_



Sent To

St SMP Titan Flex, LP  
4143 Maple Avenue, Suite 500  
Dallas, TX 75219

Ci 24394 - Novo Goonch

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>[Signature]</u> <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;"><b>RECEIVED</b> APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>SMP Titan Flex, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219</p> <p style="text-align: right;">24394 - Novo Goonch</p>  <p>9590 9402 8561 3186 6062 02</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 (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0697 6549 65</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Postmark Here  
**APR 09 2024**

9589 0710 5270 0697 6549 72

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 SMP Titan Mineral Holdings, LP  
4143 Maple Avenue, Suite 500  
City Dallas, TX 75219

24394 - Novo Goonch

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

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">SMP Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219</p> <p style="text-align: center;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8561 3186 6062 19         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0697 6549 72</p>	<p>A. Signature</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em;">APR 15 2024</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>	

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APR 09 2024

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: Joyce Ann Sasse  
2500 Longview Dr.  
City: Columbia, MO 65203  
24394 - Novo Goonch

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Joyce Ann Sasse 2500 Longview Dr. Columbia, MO 65203</p> <p style="text-align: right; font-size: small;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8561 3186 6062 40         </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: large; font-weight: bold;">9589 0710 5270 0697 6575 39</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>            Joyce Sasse <span style="float: right;">4/16/24</span></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; font-size: large; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">APR 22 2024</p> <p style="text-align: center; font-size: small;">Santa Fe NM 87504</p> <p>3. Service Type</p> <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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Certified Mail Fee \$ _____	Postmark Here 
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street Terri L. Simpson 15672 Broad Oaks Rd. El Cajon, CA 92021-2640 City 24394 - Novo Goonch	

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>David R. Simpson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             Terri L. Simpson              15672 Broad Oaks Rd.              El Cajon, CA 92021-2640              24394 - Novo Goonch           </div>	B. Received by (Printed Name) <i>David R. Simpson</i>
	C. Date of Delivery <i>4/12/24</i>
	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label) <b>9589 0710 5270 0697 6575 22</b>	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">APR 15 2024</div>
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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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: Sitio Permian, LLC 1401 Lawrence Street, Ste. 1750 Denver, CO 80202	
City: _____ 24394 - Novo Goonch	

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:

Sitio Permian, LLC  
1401 Lawrence Street, Ste. 1750  
Denver, CO 80202

24394 - Novo Goonch



9590 9402 8561 3186 6061 96

2. Article Number (Transfer from service label)  
**9589 0710 5270 0697 6575 77**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
**H-11**

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

RECEIVED

APR 15 2024

3. Service Type

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

9589 0710 5270 0697 6575 15

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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 Vikki L. Smith  
 9104 Haines Ave. NE  
 City Albuquerque, NM 87112  
 24394 - Novo Goonch

Postmark Here  
 APR 09 2024

PS Form 3800, January 2023 PSN 7830-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) VIKKI SMITH C. Date of Delivery 4/11</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><b>RECEIVED</b>          APR 15 2024</p>
<p>1. Article Addressed to:</p> <p>Vikki L. Smith          9104 Haines Ave. NE          Albuquerque, NM 87112          24394 - Novo Goonch</p> <p>9590 9402 8561 3186 6062 33</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0697 6575 15</p>	<p>Hinkle Shanor LLC          Santa Fe NM 87504</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



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OFFICIAL USE

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Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street Sortida Resources, LLC  
P.O. Box 50820  
Midland, TX 79710

City, State, ZIP+4® \_\_\_\_\_ 24394 - Novo Goonch

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



9589 0710 5270 0697 6575 60

**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:

Sortida Resources, LLC  
P.O. Box 50820  
Midland, TX 79710

24394 - Novo Goonch

9590 9402 8561 3186 6061 89

2. Article Number (Transfer from service label)  
9589 0710 5270 0697 6575 60

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

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

**RECEIVED**  
APR 22 2024

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Hinke Shano...  
Sortida Resources, LLC

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

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OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ <b>Total Postage and Fees</b> \$ _____ Sent To Street Springwood Minerals 6, LP P.O. Box 3579 Midland, TX 79702 City 24394 - Novo Goonch	
---	--

9501 95 0415 5270 0710 9589

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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">Springwood Minerals 6, LP          P.O. Box 3579          Midland, TX 79702</p> <p style="text-align: right; font-size: 0.8em;">24394 - Novo Goonch</p> <div style="text-align: center;">             9590 9402 8562 3186 0248 21         </div> <p>2. Article Number (Transfer from service label)  <b>9501 95 0415 5270 0710 9589</b> </p>	<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> C. Date of Delivery <i>4-20-24</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> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <p style="font-size: 2em; color: gray;">RECEIVED</p> <p>APR 18 2024</p> </div> <p>3. Service Type <i>Hinkle Shanor LP Santa Fe NM 87501</i></p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

9589 0710 5270 0415 9502 87

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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 Swearingen, LLC  
 1309 Coffeen Ave., Suite 1200  
 Sheridan, WY 82801

City 24394 - Novo Goonch

PS Form 3800, January 2023 PSN 7630-02-000-9047 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Swearingen, LLC  
 1309 Coffeen Ave., Suite 1200  
 Sheridan, WY 82801

24394 - Novo Goonch

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9502 87

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Ambera Tyson*  Agent  
 Addressee

B. Received by (Printed Name)  
 Ambera Tyson

C. Date of Delivery  
 4-12-24

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

**RECEIVED**  
 APR 15 2024

3. Service Type

Adult Signature Restricted Delivery  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery  Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

9589 0710 5270 0415 9502 01

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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

TD Minerals, LLC  
 8111 Westchester, Suite 900  
 Dallas, TX 75225

24394 - Novo Goonch

Postmark Here  
 APR 16 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Rashed Al-Hajjeh</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Rashed Al-Hajjeh</i></p> <p>C. Date of Delivery  <i>4-12-24</i></p>
<p>1. Article Addressed to:</p> <p>TD Minerals, LLC        8111 Westchester, Suite 900        Dallas, TX 75225</p> <p>24394 - Novo Goonch</p>  <p>9590 9402 8562 3186 0248 14</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><b>RECEIVED</b>        APR 16 2024</p>
<p>2. Article Number (Transfer from service label)        9589 0710 5270 0415 9502 01</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Shanor LLC        8750</p>

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

Domestic Return Receipt

9589 0710 5270 0415 9502 49

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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** Terry and Carla White Trust dated May 7,  
 2014, Carla K. White as Trustee  
**Street:** 1302 W Third Street  
**City, St:** Chanute, KS 66720 24394 - Novo Goonch

Postmark Here APR 09 2024

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:

Terry and Carla White Trust dated May 7, 2014, Carla K. White as Trustee  
 1302 W Third Street  
 Chanute, KS 66720  
 24394 - Novo Goonch

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9502 49

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Carla K. White*  Agent  Addressee

B. Received by (Printed Name) CARLA K. WHITE C. Date of Delivery 4-15-24

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

**RECEIVED**  
 APR 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  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0415 9502 63

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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: Tundra AD3, LP  
 2100 Ross Ave., Suite 1870, LB-9  
 Dallas, TX 75201

City, St: 24394 - Novo Goonch

Postmark Here: APR 16 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>4-12-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Tundra AD3, LP          2100 Ross Ave., Suite 1870, LB-9          Dallas, TX 75201</p> <p>24394 - Novo Goonch</p>	<p><b>RECEIVED</b></p> <p>APR 16 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9502 63</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>Hinkle Shanor LLP          Santa Fe, NM 87505</p>

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

9589 0710 5270 0415 9502 32

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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 \$ \_\_\_\_\_

Sent To

Str Gerard G. Vavrek  
 1521 2nd Avenue, APT 1604  
 Seattle, WA 98101

City 24394 - Novo Goonch

Postmark Here APR 22 2024

PS Form 3800, January 2023 PSN 7530-02-000-9947 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Gerard Vavrek</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>GERARD G VAUREK 4/22/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below:</p> <p><b>RECEIVED</b></p> <p>APR 22 2024</p>
<p>1. Article Addressed to:</p> <p>Gerard G. Vavrek          1521 2nd Avenue, APT 1604          Seattle, WA 98101</p> <p>24394 - Novo Goonch</p> <p></p> <p>9590 9402 8562 3186 0247 84</p>	<p>3. Service Type <i>Pinkie Shanor LLC</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>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0415 9502 32</p>	

9589 0710 5270 0415 9502 18

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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

Str H. Jason Wacker  
 5518 San Saba Ave.  
 Cit Midland, TX 79707

24394 - Novo Goonch

PS Form 3800, January 2023 PSN 7630-02-000-8047 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:

H. Jason Wacker  
 5518 San Saba Ave.  
 Midland, TX 79707

24394 - Novo Goonch

9590 9402 8562 3186 0248 07

2. Article Number (Transfer from service label)

9589 0710 5270 0415 9502 18

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Jason Wacker

C. Date of Delivery 4/16/24

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

**RECEIVED**  
 APR 18 2024

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Hinkle Shanor LLP  
 State Bar No. 8758

Domestic Return Receipt



9589 0710 5270 0415 9502 25

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To: Charlotte E. Wells & Kaiulani Lei Bumpus, JT  
 Street: 900 Broken Feather Trail, #219  
 City: Pflugerville, TX 78660  
 24394 - Novo Goonch

Postmark Here: APR 09 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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Charlotte E. Wells <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            CHARLOTTE E. WELLS</p> <p>C. Date of Delivery            4/14/24</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>807 Debus Dr            Taylor, TX 76574</p> <p><b>RECEIVED</b>  <b>RECEIVED</b>            APR 26 2024</p>
<p>1. Article Addressed to:</p> <p>Charlotte E. Wells &amp; Kaiulani Lei Bumpus, JT            900 Broken Feather Trail, #219            Pflugerville, TX 78660</p> <p>807 Debus Dr            Taylor, TX 76574 24394 - Novo Goonch</p> <p>9590 9402 8562 3186 0247 91</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 0415 9502 25</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0415 9501 57

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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

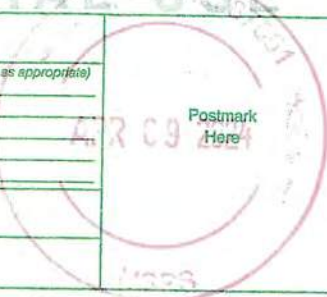
Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street Wes-Tex Drilling Company, LP  
 P.O. Box 3739  
 Abilene, TX 79604

City, 24394 - Novo Goonch

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:

Wes-Tex Drilling Company, LP  
 P.O. Box 3739  
 Abilene, TX 79604

24394 - Novo Goonch

9590 9402 8562 3186 0248 69

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9501 57

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Chadlaone*  Agent  
 Addressee

B. Received by (Printed Name)  
*Cristyn Adelson*

C. Date of Delivery

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

**RECEIVED**  
 APR 19 2024

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

9589 0710 5270 0415 9501 64

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**OFFICIAL USE**

Certified Mail Fee  
 \$ \_\_\_\_\_

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

Postage  
 \$ \_\_\_\_\_

Total Postage and Fees  
 \$ \_\_\_\_\_

Sent To  
 Street Wing Resources VI, LLC  
 2100 McKinney Ave., Suite 1540  
 Dallas, TX 75201  
 City 24394 - Novo Goonch

Postmark Here  
 APR 09 2024

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:

Wing Resources VI, LLC  
 2100 McKinney Ave., Suite 1540  
 Dallas, TX 75201

24394 - Novo Goonch



9590 9402 8562 3186 0248 52

2. Article Number (Transfer from service label)  
 9589 0710 5270 0415 9501 64

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Santalberto

C. Date of Delivery  
 4/12/24

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

**RECEIVED**  
 APR 15 2024

3. Service Type Hinkle Shanor LLP  
 Santa Fe NM 87508

Priority Mail Express®  
 Adult Signature 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)

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9589 0710 5270 0415 9501 88

Certified Mail Fee \$ _____	Postmark Here  
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
<b>Total Postage and Fees</b> \$ _____	
Sent To Street Yosemite Creek Oil & Gas LLLP 4350 S Monaco Street, 5th Floor Denver, CO 80237 City, State, ZIP+4® 24394 - Novo Goonch	

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:

Yosemite Creek Oil & Gas LLLP  
4350 S Monaco Street, 5th Floor  
Denver, CO 80237

24394 - Novo Goonch

9590 9402 8562 3186 0248 38

2. Article Number (Transfer from service label)

9589 0710 5270 0415 9501 88

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery \_\_\_\_\_

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

RECEIVED  
 APR 15 2024

3. Service Type

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

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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: **Zunis Energy**  
15 East 5th St., Suite 3300  
Tulsa, OK 74103

City: \_\_\_\_\_ 24394 - Novo Goonch

Postmark Here  
APR 09 2024

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:

**Zunis Energy**  
15 East 5th St., Suite 3300  
Tulsa, OK 74103

24394 - Novo Goonch

2. Article Number (Transfer from service label)

**9589 0710 5270 0415 9501 40**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Alexis Perry*

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

RECEIVED

APR 19 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  Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

4E 0056 5140 0225 0120 6956

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

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

City, State, ZIP+4® \_\_\_\_\_

CBR Oil Properties, LLC  
 P.O. Box 1518  
 Roswell, NM 88202  
 24394 - Novo Goench

Postmark Here  
 APR 23 2024

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9589 0710 5270 0415 9500 34

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

ALBUQUERQUE NM 870

APR 23 2024 PM 3 L

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US POSTAGE™ PITNEY BOWES  
ZIP 87501 \$ 008.69<sup>0</sup>  
02 7H  
0006052409 APR 09 2024

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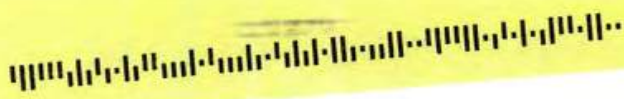
Hinkle Shanor LLP  
Santa Fe NM 87504

CBR Oil Properties, LLC  
P.O. Box 1518  
Roswell, NM 88202

*[Signature]* VAC

-R-T-S- 882024245-1N 009 04/17/24  
RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD  
RETURN TO SENDER

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HT E2HE 5220 0225 0720 6956

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Certified Mail Fee \$ \_\_\_\_\_

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

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No., or PO Box No. Carrie Denise Hall  
3526 American Legion Road  
Abbeville, GA 31001

City, State, ZIP+4® 24394 - Novo Gooch

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POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504

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9589 0710 5270 0725 3423 14

FIRST-CLASS

**US POSTAGE** IM PITNEY BOWES

ZIP 87501 \$ **008.69<sup>0</sup>**  
02 7H  
0006052409 APR 09 2024

*Handwritten initials: JH*

Carrie Denise Hall  
3526 American Legion Road  
Abbeville, GA 31001

24394 - Novo Gooch

*Handwritten: AH*  
**RECEIVED** -13

MAY 28 2024

Hinkle Shanor LLP  
Santa Fe NM 87504

NIXIE 331 FE 1 0005/19/24

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 87504206868 \*1687-00475-19-24

31001-520626

44 224E 5220 0225 0120 6956

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



Postage	\$
Total Postage and Fees	\$

Sent To	
Street and Apt. No., or PO Box No.	Sean Hill 1716 Indian Springs Drive Edmond, OK 73003
City, State, ZIP+4®	24394 - Novo Gooch
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

**HINKLE SHANOR LLP**  
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POST OFFICE BOX 2068  
SANTA FE, NEW MEXICO 87504

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ZIP 87501 \$ 008.69<sup>00</sup>  
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APR 18 2024

Hinkle Shanor LLP  
Santa Fe NM 87504

Sean Hill  
1716 Indian Springs Drive  
Edmond, OK 73003

24394 - Novo Gooch

NIXIE 731 TE 1 0004/13/24  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 87504206868 \*0668-02626-09-37

UTF  
87504-2434



94 0156 5140 0225 0120 6956

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Certified Mail Fee  
\$ \_\_\_\_\_

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
\$ \_\_\_\_\_

**Total Postage and Fees**  
\$ \_\_\_\_\_

Sent To  
 Street and Apt: Teresa H. Jolliffe  
 1610 North N St  
 Midland, TX 79701  
 City, State, Zip: 24394 - Novo Gooch

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 POST OFFICE BOX 2068  
 SANTA FE, NEW MEXICO 87504

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 APR 2024 PM 3 L

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**US POSTAGE**™  
 ZIP 87501 \$ **008.69<sup>0</sup>**  
 02 7H  
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MAY 03 2024  
 Hinkle Shanor LLP  
 Santa Fe NM 87504

Teresa H. Jolliffe  
 1610 North N St.  
 Midland, TX 79701

NIXIE 799 DE 1 8084/30/24

RETURN TO SENDER  
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 UNABLE TO FORWARD

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. #	KMF Land, LLC 1144 15th Street, Suite 2650
City, State, ZIP+4	Denver, CO 80202 24394 - Novo Goench

Postmark Here: APR 09 2024

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



9589 0710 5270 0415 9510 31

ALBUQUERQUE NM 870  
 APR 2024 PM 3 L



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 PITNEY BOWES  
 ZIP 87501 \$ **008.69**<sup>0</sup>  
 02 7H  
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*1/2*  
*4/22*

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APR 23 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

KMF Land, LLC  
 1144 15th Street, Suite 2650  
 Denver, CO 80202

NIXIE 808 DE 1 0004/17/24  
 RETURN TO SENDER  
 INSUFFICIENT ADDRESS  
 UNABLE TO FORWARD  
 BC: 87504206868 \*0668-02066-09-37

IA  
 5025 000000

98 DT56 ST40 0225 0T20 6956

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Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To

Street and Apt. No. Mike Moylett AKA Michael Moylett  
 2506 Terrace Ave.

City, State, ZIP+4® Midland, TX 79705-7324  
 24394 - Novo Gooch

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 SANTA FE, NEW MEXICO 87504

5/23/2024

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ATTY 4/13/24  
 20/555

Hinkle Shanor LLP  
 Santa Fe NM 87504

Mike Moylett AKA Michael Moylett  
 2506 Terrace Ave.  
 Midland, TX 79705-7324

NIXIE 799 DE 1 0005/08/24

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

BC: 87504206868 \*0268-01137-09-43

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent Th	
SI Dale M. Richardson	
5093 E US Hwy 82	
CI Gainsville, TX 76240	
	24394 - Novo Goonch

Postmark Here  
APR 09 2024

PS Form 3800, January 2023 PSN 7530-02-000-0047 See Reverse for Instructions

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 SANTA FE, NEW MEXICO 87504

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9589 0710 5270 0697 6549 96

ALBUQUERQUE NM 870  
9 APR 2024 PM 3:12

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 02 7H  
 0006052409 APR 09 2024

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APR 25 2024

Hinkle Shanor LLP  
Santa Fe NM 87504

Dale M. Richardson  
 5093 E US Hwy 82  
 Gainsville, TX 76240

24394 - Novo Goonch

NIXIE 750 FE 1 6884/19/24

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76240-4620768

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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: Harry J. Richardson  
 5093 E US Hwy 82  
 Gainesville, TX 76240

24394 - Novo Goanch

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ALBUQUERQUE NM 870

9 APR 2024 PM 3 L

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02 7H  
0006052409 APR 09 2024

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

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APR 25 2024

Hinkle Shanor LLP  
Santa Fe NM 87504

UTF

Harry J. Richardson  
5093 E US Hwy 82  
Gainesville, TX 76240

NIXIE 750 FE 1 0004/15/24  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
SC: 87504206868 \*0668-02886-09-37  
76240-02886

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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

Str Linda Richardson  
 410 Aspen Street  
 Drexel, MO 67472

City 24394 - Novo Goonch

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



HE 6459 2690 0225 0720 6956

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

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9589 0710 5270 0697 6549 34

ALBUQUERQUE NM 870

9 APR 2024 PM 3 L

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US POSTAGE™PITNEY BOWES

ZIP 87501 \$ 008.69<sup>0</sup>  
 02 7H  
 0006052409 APR 09 2024

RECEIVED

MAY 07 2024

Hinkle Shanor LLP  
 Santa Fe NM 87504

REF  
 4/16

Linda Richardson  
 410 Aspen Street  
 Drexel, MO 67472

4/15

24394 - Novo Goonch

NIXIE 553 DE 1 0005/03/24

RETURN TO SENDER  
 REFUSED  
 UNABLE TO FORWARD

REF BC: 87504206868 \*0668-01964-09-37

REF 87504206868

4/25/24

92 T056 5T40 0225 0T20 6856

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Certified Mail Fee  
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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 Toni Rogers  
 16305 E 125th Street N  
 Collinsville, OK 74021

City: 24394 - Novo Gooch

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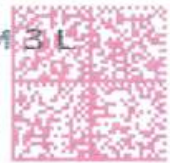
**CERTIFIED MAIL®**



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9 APR 2024 PM 3 L

FIRST-CLASS



**US POSTAGE™** PITNEY BOWES

ZIP 87501 \$ **008.69<sup>0</sup>**  
 02 7H  
 0006052409 APR 09 2024

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

RECEIVED

MAY 03 2024

Hinkle Shanor LLP  
Santa Fe NM 87504

Toni Rogers  
 16305 E 125th Street N  
 Collinsville, OK 74021

24394 - Novo Gooch

1st NOTICE 4.12 ✓  
 2nd NOTICE 4.17 ✓  
 RETURNED 4.27

NIXIE 731 DE 1 0004/29/24

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD

UNC BC: 87504206868 \*0668-03505-09-37

UNC  
87504-2068

9589 0710 5270 0725 3424 06

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<b>OFFICIAL USE</b>	
Certified Mail Fee	
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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	
\$	
<b>Total Postage and Fees</b>	
\$	
<b>Sent To</b>	
Street and Apt. No., or PO Box No.	Deane Durham 5101 FM 1148 Graham, TX 76450
City, State, ZIP+4®	24394 - Novo Goonch
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	





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Delivered, Left with Individual

GRAHAM, TX 76450

April 12, 2024, 12:09 pm

#### Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

April 11, 2024, 10:30 pm

#### Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

April 11, 2024, 3:45 am

#### In Transit to Next Facility

April 10, 2024

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

April 9, 2024, 6:46 pm

Feedback

● **Arrived at USPS Facility**  
ALBUQUERQUE, NM 87101  
April 9, 2024, 6:34 pm

● **Hide Tracking History**

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

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0725 3423 52

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

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

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

Postage

\$ \_\_\_\_\_

Total Postage and Fees

\$ \_\_\_\_\_

Sent To

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

Jesse A. Faight Jr.

City, State, ZIP+4®

P.O. Box 52603  
Midland, TX 79710

24394 - Novo Goonch



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700725342352

Copy

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

### Latest Update

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

#### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

April 17, 2024

**Arrived at USPS Regional Facility**

MIDLAND TX DISTRIBUTION CENTER

April 12, 2024, 5:35 pm

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 6:46 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

Feedback

April 9, 2024, 6:35 pm

● Hide Tracking History

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

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 0725 3423 38

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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

Sheryl Swearingen Gilchrist FKA Sheryl Swearingen  
Johnson Collins and James L. Gilchrist, H/W  
1242 NW 43rd Street  
Topeka, KS 66618

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

City, State, ZIP+4®

24394 - Nova Gouch



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700725342338

Copy

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

### Latest Update

Your item was delivered to an individual at the address at 3:18 pm on April 15, 2024 in TOPEKA, KS 66618.

#### Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

#### Delivered

Delivered, Left with Individual

TOPEKA, KS 66618  
April 15, 2024, 3:18 pm

#### Arrived at USPS Regional Facility

KANSAS CITY MO DISTRIBUTION CENTER  
April 13, 2024, 11:47 am

#### In Transit to Next Facility

April 12, 2024

#### Departed USPS Facility

ALBUQUERQUE, NM 87101  
April 9, 2024, 6:46 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101  
April 9, 2024, 6:35 pm

● **Hide Tracking History**

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

---

**Text & Email Updates**



---

**USPS Tracking Plus®**



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**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**



9589 0710 5270 0415 9511 09

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt

Mavros Minerals II LLC  
P.O. Box 50820  
Midland, TX 79710

City, State, ZIP

24394 - Novo Goonch



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415951109

Copy

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

### Latest Update

Your item was delivered to an individual at the address at 11:38 am on April 16, 2024 in HOUSTON, TX 77056.

#### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

#### Delivered

**Delivered, Left with Individual**

HOUSTON, TX 77056

April 16, 2024, 11:38 am

#### In Transit to Next Facility

April 15, 2024

#### Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER

April 14, 2024, 8:56 am

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

April 9, 2024, 9:33 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 9, 2024, 9:33 pm

Feedback

● **Hide Tracking History**

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

---

**Text & Email Updates**



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**USPS Tracking Plus®**



---

**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0415 9510 62

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Certified Mail Fee	\$
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<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	\$
<b>Total Postage and Fees</b>	\$

**Sent To**

Street and A Elizabeth Ann Nguyen  
1324 Bernardo Ct NE  
City, State, ZIP+4® Albuquerque, NM 87113-0007  
24394 - Novo Goonch

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



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415951062

Copy

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

### Latest Update

Your item was delivered to an individual at the address at 10:50 am on April 11, 2024 in ALBUQUERQUE, NM 87113.

#### Get More Out of USPS Tracking:

USPS Tracking Plus®

#### Delivered

Delivered, Left with Individual

ALBUQUERQUE, NM 87113

April 11, 2024, 10:50 am

#### In Transit to Next Facility

April 10, 2024

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

April 9, 2024, 9:33 pm

#### Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 9, 2024, 9:33 pm

Hide Tracking History

Feedback

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

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0415 9503 55

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<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ _____
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<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	\$ _____
<b>Total Postage and Fees</b>	\$ _____
<b>Sent To</b>	Donna Phillips AKA Donna M. Phillips
<b>Street and Apt. N</b>	Birdwell P.O. Box 1058
<b>City, State, ZIP+4</b>	Seminole, OK 74818-1058 24194 - Novo Gooch
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415950355

Copy

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

### Latest Update

Your item was picked up at the post office at 9:15 am on April 13, 2024 in SEMINOLE, OK 74868.

Get More Out of USPS Tracking:

USPS Tracking Plus®

#### Delivered

Delivered, Individual Picked Up at Post Office

SEMINOLE, OK 74868

April 13, 2024, 9:15 am

#### Available for Pickup

SEMINOLE

120 E OAK AVE

SEMINOLE OK 74868-9998

M-F 0830-1630; SAT 0900-1200

April 12, 2024, 7:51 am

#### Departed USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

April 11, 2024, 8:01 am

#### Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

April 11, 2024, 7:57 am

#### In Transit to Next Facility

Feedback



April 10, 2024

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 6:46 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 6:35 pm

**Hide Tracking History**

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

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0435 9500 96

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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 Robert D. Richardson  
12981 E 131st Street  
City Fishers, IN 46037

24394 - Novo Goonch



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415950096

Copy

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

### Latest Update

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

#### Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

April 19, 2024

**Arrived at USPS Regional Facility**

INDIANAPOLIS IN DISTRIBUTION CENTER

April 13, 2024, 1:46 pm

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 6:46 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

Feedback

April 9, 2024, 6:35 pm

● Hide Tracking History

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

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 0415 9501 33

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Certified Mail Fee	\$
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<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	\$
<b>Total Postage and Fees</b>	\$



**Sent To**

Street: Ruth D. Roberts  
P.O. Box 6368  
Austin, TX 78762

City, State, ZIP+4: 24394 - Novo Goench

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

ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415950133

Copy

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

### Latest Update

Your item arrived at the Post Office at 11:25 am on April 13, 2024 in AUSTIN, TX 78702.

### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Delivered

Out for Delivery

### Preparing for Delivery

**Arrived at Post Office**

AUSTIN, TX 78702  
April 13, 2024, 11:25 am

**Arrived at USPS Regional Facility**

AUSTIN TX DISTRIBUTION CENTER  
April 12, 2024, 1:18 pm

**In Transit to Next Facility**

April 11, 2024

**Departed USPS Facility**

ALBUQUERQUE, NM 87101  
April 9, 2024, 9:33 pm

**Arrived at USPS Facility**

Feedback

ALBUQUERQUE, NM 87101  
April 9, 2024, 7:10 pm

● Hide Tracking History

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

Text & Email Updates



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

9589 0710 5270 0697 6575 84

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<b>OFFICIAL USE</b>	
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	
\$	
<b>Total Postage and Fees</b>	
\$	
<b>Sent To</b>	
<b>Str</b>	Kaleb Smith
	2501 Lubbock Ave.
<b>City</b>	Fort Worth, TX 76109
	24394 - Novo Goonch
PS Form 3800, January 2023. PSN 7530-02-000-9047 See Reverse for Instructions	





ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700697657584

Copy

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

### Latest Update

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

#### Get More Out of USPS Tracking:

**USPS Tracking Plus®**

Delivered

Out for Delivery

Preparing for Delivery

### Moving Through Network

**In Transit to Next Facility**

April 16, 2024

**Departed USPS Regional Facility**

FORT WORTH TX DISTRIBUTION CENTER

April 11, 2024, 10:30 pm

**Arrived at USPS Regional Facility**

FORT WORTH TX DISTRIBUTION CENTER

April 11, 2024, 3:45 am

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

Feedback

April 9, 2024, 9:33 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 7:10 pm

**Hide Tracking History**

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

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0415 9502 56

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<b>OFFICIAL USE</b>	
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 \$	
Ser <sup>+</sup> Grant Swearingen Str 209 S Ashley Park City Wichita, KS 67209 24394 - Novo Goonch	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415950256

Copy

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

### Latest Update

Your item was delivered to an individual at the address at 1:08 pm on April 13, 2024 in WICHITA, KS 67209.

#### Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

#### Delivered

Delivered, Left with Individual

WICHITA, KS 67209

April 13, 2024, 1:08 pm

#### Notice Left (No Authorized Recipient Available)

WICHITA, KS 67209

April 13, 2024, 1:04 pm

#### Arrived at USPS Regional Facility

WICHITA KS DISTRIBUTION CENTER

April 12, 2024, 1:11 pm

#### In Transit to Next Facility

April 11, 2024

#### Departed USPS Facility

ALBUQUERQUE, NM 87101

April 9, 2024, 6:46 pm

● **Arrived at USPS Facility**  
 ALBUQUERQUE, NM 87101  
 April 9, 2024, 6:40 pm

● **Hide Tracking History**

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

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less** ^

Track Another Package

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**

9589 0710 5270 0415 9502 70

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<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ _____
<b>Extra Services &amp; Fees (check box, add fee as appropriate)</b>	
<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	\$ _____
<b>Total Postage and Fees</b>	\$ _____
<b>Sent To</b>	
Street	Wells Fargo Central Pacific Holdings Inc. 1000 Louisiana St., 9th Floor
City, St	Houston, TX 77002 24394 - Novo Gooch
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415950270

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

### Latest Update

Your item has been delivered to an agent for final delivery in HOUSTON, TX 77002 on April 16, 2024 at 10:20 am.

#### Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

#### Delivered to Agent

##### Delivered to Agent for Final Delivery

HOUSTON, TX 77002  
April 16, 2024, 10:20 am

#### Available for Pickup

HOUSTON  
1500 HADLEY ST  
HOUSTON TX 77002-9998  
M-F 0700-1900; SAT 0800-1230  
April 13, 2024, 10:49 am

#### Out for Delivery

HOUSTON, TX 77002  
April 13, 2024, 10:24 am

#### Arrived at Post Office

HOUSTON, TX 77002  
April 13, 2024, 10:13 am

#### Arrived at USPS Regional Facility

NORTH HOUSTON TX DISTRIBUTION CENTER  
April 12, 2024, 12:18 pm

**In Transit to Next Facility**

April 11, 2024

**Departed USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 9:33 pm

**Arrived at USPS Facility**

ALBUQUERQUE, NM 87101

April 9, 2024, 7:10 pm

**Hide Tracking History**

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

**Text & Email Updates**



**USPS Tracking Plus®**



**Product Information**



**See Less**

Track Another Package

Enter tracking or barcode numbers

## Need More Help?

Contact USPS Tracking support for further assistance.

**FAQs**



9589 0710 5270 0415 9501 71

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

Postmark Here  
APR 03 2024

Postage \$  
Total Postage and Fees \$

Sent To  
Stn Winston Resources, LLC  
1520 W Canal Ct., Suite 250  
City Littleton, CO 80120 24394 - Novo Gouch

ALERT: FLOODING AND SEVERE WEATHER IN THE SOUTHERN AND CENTRAL U.S. MAY IMPA...

# USPS Tracking®

FAQs >

Tracking Number:

Remove X

## 9589071052700415950171

Copy

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

### Latest Update

Your item was delivered to the front desk, reception area, or mail room at 11:43 am on April 11, 2024 in LITTLETON, CO 80120.

### Get More Out of USPS Tracking:

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LITTLETON, CO 80120

April 11, 2024, 8:56 am

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April 10, 2024, 12:07 pm

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April 9, 2024, 9:33 pm

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April 9, 2024, 7:10 pm

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STATE OF WISCONSIN, COUNTY OF BROWN

The Carlsbad Current Argus, a newspaper published in the city of Carlsbad, Eddy County, State of New Mexico, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

04/12/2024

and that the fees charged are legal.  
Sworn to and subscribed before on 04/12/2024

This is to notify all interested parties, including Ann Reese Minerals, LLC; Aptomado Management, LLC; Roy G. Barton and Claudia Barton, JTWROS; Karen M. Bohannon; Bureau of Land Management, United States of America; CBR Oil Properties, LLC; Caddo Minerals, LP; Charming, LLC; Collins & Jones Investments, LLC; Craig E. Collins; David W. Cromwell; Crown Oil Partners, LP; Discovery Exploration; Deane Durham; Lois M. Durland and Donald E. Durland; Enerstar Resources Oil and Gas, LLC; Eric L. Collins Trust; Craig E. Collins as Trustee; Evelyn Swearingen Testamentary Trust; Kristi Jones as Trustee; Jesse A. Faught Jr.; Gates Properties, LTD; Sheryl Swearingen Gilchrist FKA Sheryl Swearingen Johnson Collins and James L. Gilchrist, H/W; Greater Salina Valley Community Foundation, FBO Solomon Valley Community Foundation; Carrie Denise Hall; John D. Hamiga; Cecilia D. Haynes; Patricia Haynes AIF; Charles Randall Hicks; Sean Hill; Jesma Hopper; J. Cleo Thompson and James Cleo Thompson Jr. LP; James A. Brown Trust dated April 26, 2011, James A. Brown as Trustee; James Adelson and Family 2015 Trust; Susannah D. Adelson; Trustee; Samuel H. Jolliffe IV; Teresa H. Jolliffe; KMF Land, LLC; The Karen Roberts Special Needs Trust; Dorothy Roberts and Carissa Brown as Trustees; Korylita, LLC; LMC Energy; Beverlee A. Lanning, DBA Trink Minerals, LLC; Lonesome Dove Petroleum, c/o Attn: Mr. Kerison Sablon; MRC Permian Company; MSH Family Real Estate Partnership II, LLC; Marathon Oil Permian, LLC; Mavros Minerals II LLC; Meredith E. and Helen J. Hardgrave Revocable Living Trust; Brett A. Biery as Trustee; Mike Moylett AKA Michael Moylett; Sharlene Murphy; Elizabeth Ann Nuyven; Novo Minerals LP; OXY USA Inc.; Oak Valley Mineral and Land, LP; Office of Natural Resources Revenue, Royalty Management Program; Ronald Peace; Pegasus Resources, LLC; Penasco Petroleum, LLC; Permian Development, LLC; Donna Phillips AKA Donna M. Phillips Birdwell; Post Oak Crown IV, LLC; Post Oak Crown IV-B, LLC; Post Oak Mavros II, LLC; Rancho AD4, LP; Kenneth J. Reynolds; Dale M. Richardson; Harry J. Richardson; John Evan Richardson; Linda Richardson; Robert D. Richardson; Ruth D. Roberts; Wesley Keith Roberts; Toni Rogers; Rowan Family Minerals, LLC; Russel T. Rudy Energy, LLC; SMP Sidecar Titan Mineral Holdings, LP; SMP Titan Flex, LP; SMP Titan Mineral Holdings, LP; Joyce Ann Sasse; Terri L. Simpson; Silio Permian, LLC; Kaleb Smith; Vikki L. Smith; Sorilda Resources, LLC; Springwood Minerals 6, LP; Swearingen, LLC; Grant Swearingen; TD Minerals, LLC; Terry and Carla White Trust dated May 7, 2014, Carla K. White as Trustee; Tundra AD3, LP; Gerard G. Vavrek; H. Jason Wacker; Wells Fargo Central Pacific Holdings Inc.; Charlotte E. Wells and Kauloni Lei Bumpus, JT; Wes-Tex Drilling Company, LP; Wingo Resources VI, LLC; Winston Resources, LLC; Yosemite Creek Oil & Gas LLLP; Zunis Energy; and their successors and assigns, that the New Mexico Oil Conservation Division will conduct a hearing on an application submitted by Novo Oil & Gas Northern Delaware, LLC (Case No. 24394). The hearing will be conducted on May 16, 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/](https://www.emnrd.nm.gov/ocd/hearing-info/). Novo Oil & Gas Northern Delaware, LLC ("Novo" or "Applicant") applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 160.2-acre, more or less, standard horizontal spacing unit comprised of the W/2 W/2 of Section 4, Township 23 South, Range 28 East, Eddy County, New Mexico ("Unit"). The Unit will be dedicated to the Gooch Federal Com 111H and Gooch Federal Com 121H wells ("Wells"), which will be drilled from surface hole locations in the SW/4 SW/4 (Unit M) of Section 4 to bottom hole locations in the NW/4 NW/4 (Unit D) of Section 4. 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 Applicant as operator of the Wells, and a 200% charge for the risk involved in drilling and completing the Wells. The Wells are located approximately 9.5 miles southeast of Carlsbad, New Mexico. 10059971, Current Argus, April 12, 2024

*[Signature]*  
Legal Clerk  
*[Signature]*  
Notary, State of WI, County of Brown  
1-735

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**KATHLEEN ALLEN**  
Notary Public  
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