

**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. 24395

EXHIBIT INDEX

Compulsory Pooling Checklist

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A-2	Application & Proposed Notice of Hearing
A-3	C-102
A-4	Plat of Tracts, Tract Ownership, Applicable Lease Numbers, Unit Recapitulation, Pooled Parties
A-5	Sample Well Proposal Letter & AFEs
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Exhibit B	Self-Affirmed Statement of Tyler Chesworth
B-1	Regional Locator Map
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B-3	Bone Spring Subsea Structure Map
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COMPULSORY POOLING APPLICATION CHECKLIST	
ALL INFORMATION IN THE APPLICATION MUST BE SUPPORTED BY SIGNED AFFIDAVITS	
Case: 24395	APPLICANT'S RESPONSE
Date: August 8, 2024	
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
Formation/Pool	
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
Spacing Unit	
Type (Horizontal/Vertical)	Horizontal
Size (Acres)	160.21 acres
Building Blocks:	quarter-quarter
Orientation:	South to North
Description: TRS/County	E/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.
Other Situations	
Depth Severance: Y/N. If yes, description	No.
Proximity Tracts: If yes, description	No.
Proximity Defining Well: if yes, description	N/A
Applicant's Ownership in Each Tract	Exhibit A-4
Well(s)	
Name & API (if assigned), surface and bottom hole location, footages, completion target, orientation, completion status (standard or non-standard)	Add wells as needed
Well #1	Goonch Fed Com 112H (API # pending) SHL: 1080' FSL & 910' FWL (Unit M), Section 4, T23S-R28E BHL: 50' FNL & 1620' FWL (Lot 3), Section 4, T23S-R28E Completion Target: Bone Spring (Approx. 6,900' TVD)
Well #2	Goonch Fed Com 122H (API # pending) SHL: 1080' FSL & 970' FWL (Unit M), Section 4, T23S-R28E BHL: 50' FNL & 1620' FWL (Lot 3), Section 4, T23S-R28E Completion Target: Bone Spring (Approx. 7,670' TVD)
AFE Capex and Operating Costs	
Drilling Supervision/Month \$	\$10,000
Production Supervision/Month \$	\$1,000
Justification for Supervision Costs	Exhibit A-5
Requested Risk Charge	200%
Notice of Hearing	
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
Ownership Determination	
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
Joinder	
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
Geology	
Summary (including special considerations)	Exhibit B
Spacing Unit Schematic	Exhibit B-1
Gunbarrel/Lateral Trajectory Schematic	Exhibit B-5
Well Orientation (with rationale)	Exhibit B
Target Formation	Exhibit B
HSU Cross Section	Exhibit B-2
Depth Severance Discussion	N/A
Forms, Figures and Tables	
C-102	Exhibit A-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
Additional Information	
Special Provisions/Stipulations	N/A
CERTIFICATION: I hereby certify that the information provided in this checklist is complete and accurate.	
Printed Name (Attorney or Party Representative):	Dana S. Hardy
Signed Name (Attorney or Party Representative):	/s/ Dana S. Hardy
Date:	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. 24395

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 160.21 acre, more or less, standard horizontal spacing unit comprised of the E/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 112H** and **Goonch Federal Com 122H** 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 NE/4 NW/4 (Unit C) 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. 24395
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

Texas Tech University, Rawls College of Business	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"> • Accumulated GPA: 3.43 	

FOREIGN STUDY

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

EMPLOYMENT HISTORY

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

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

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

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

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. 24395

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. 24395

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 160.21-acre, more or less, standard horizontal spacing unit comprised of the E/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 112H** and **Goonch Federal Com 122H** 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 NE/4 NW/4 (Unit C) 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. 24395
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 160.21-acre, more or less, standard horizontal spacing unit comprised of the E/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 112H** and **Goonch Federal Com 122H** 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 NE/4 NW/4 (Unit C) 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>C-102</p> <p>Submit Electronically Via OCD Permitting</p>	<p>State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION</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 96721	Pool Name LAGUNA SALADO; BONE SPRING
Property Code	Property Name GOONCH FEDERAL COM	Well Number 122H
OGRID No. 372165	Operator Name Novo Oil & Gas Northern Delaware, LLC	Ground Level Elevation 3,020'
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
M	4	23 S	28 E		1,080' FSL	970' FWL	32.330382	-104.097811	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
LOT 3	4	23 S	28 E		50' FNL	1,620' FWL	32.341785	-104.095226	EDDY

Dedicated Acres 160	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
M	4	23 S	28 E		1,080' FSL	970' FWL	32.330382	-104.097811	EDDY

First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
N	4	23 S	28 E		100' FSL	1,620' FWL	32.327412	-104.095831	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
LOT 3	4	23 S	28 E		100' FNL	1,620' FWL	32.341648	-104.095232	EDDY

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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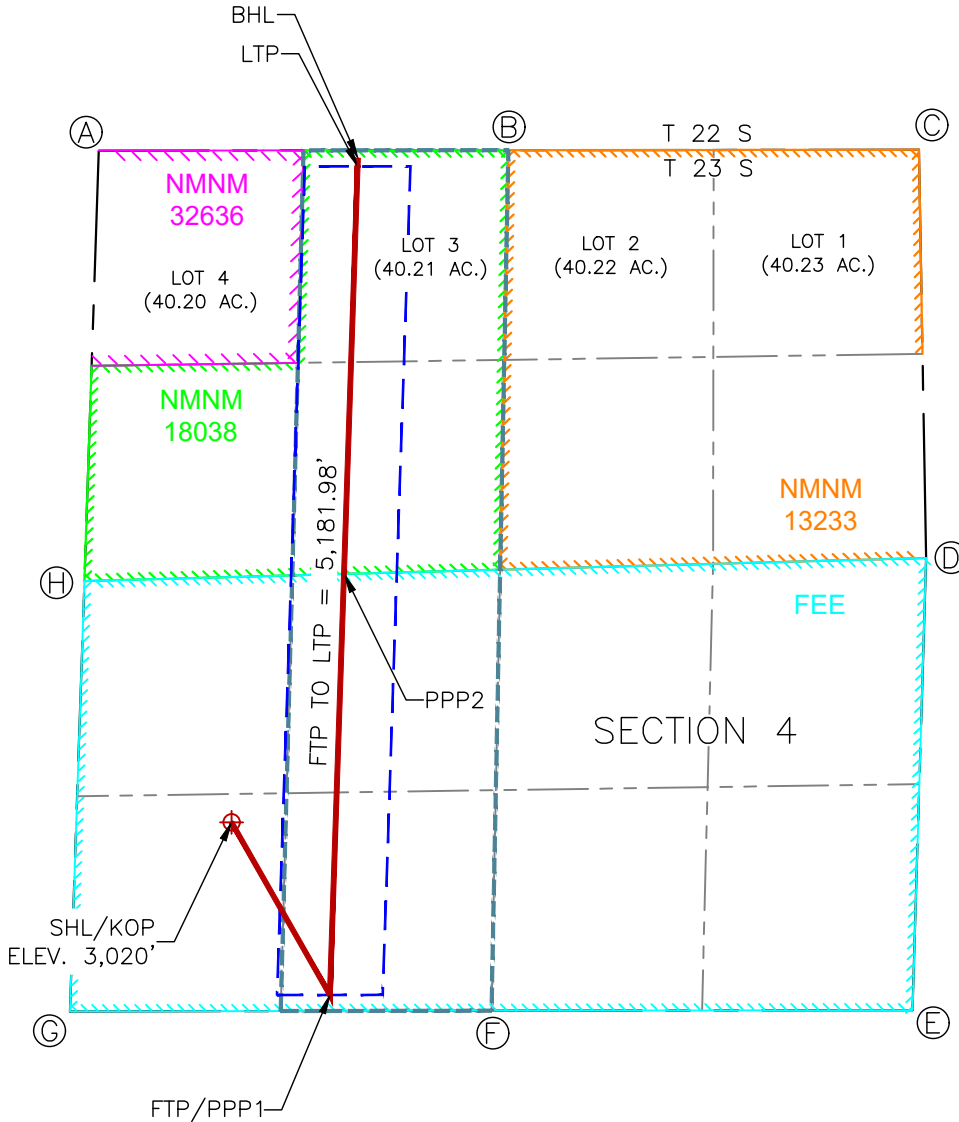
<p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including 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>SURVEYOR CERTIFICATIONS</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 12177 Date of Survey 7/31/2024
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 & 970' FWL
 ELEV. = 3,020'
 NAD 83 X = 614,083.61'
 NAD 83 Y = 484,005.00'
 NAD 83 LAT = 32.330382°
 NAD 83 LONG = -104.097811°

FIRST TAKE POINT & PENETRATION POINT 1
 100' FSL & 1,620' FWL
 NAD 83 X = 614,697.80'
 NAD 83 Y = 482,926.02'
 NAD 83 LAT = 32.327412°
 NAD 83 LONG = -104.095831°

PENETRATION POINT 2
 2,647' FNL & 1,620' FWL
 NAD 83 X = 614,785.90'
 NAD 83 Y = 485,557.53'
 NAD 83 LAT = 32.334645°
 NAD 83 LONG = -104.095526°

LAST TAKE POINT
 100' FNL & 1,620' FWL
 NAD 83 X = 614,871.18'
 NAD 83 Y = 488,105.10'
 NAD 83 LAT = 32.341648°
 NAD 83 LONG = -104.095232°

BOTTOM HOLE LOCATION
 50' FNL & 1,620' FWL
 NAD 83 X = 614,872.85'
 NAD 83 Y = 488,155.10'
 NAD 83 LAT = 32.341785°
 NAD 83 LONG = -104.095226°

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'

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

API Number	Pool Code 96721	Pool Name LAGUNA SALADO; BONE SPRING
Property Code	Property Name GOONCH FEDERAL COM	Well Number 112H
OGRID No. 372165	Operator Name Novo Oil & Gas Northern Delaware, LLC	Ground Level Elevation 3,020'
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
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Bottom Hole Location

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Dedicated Acres 160	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
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First Take Point (FTP)

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Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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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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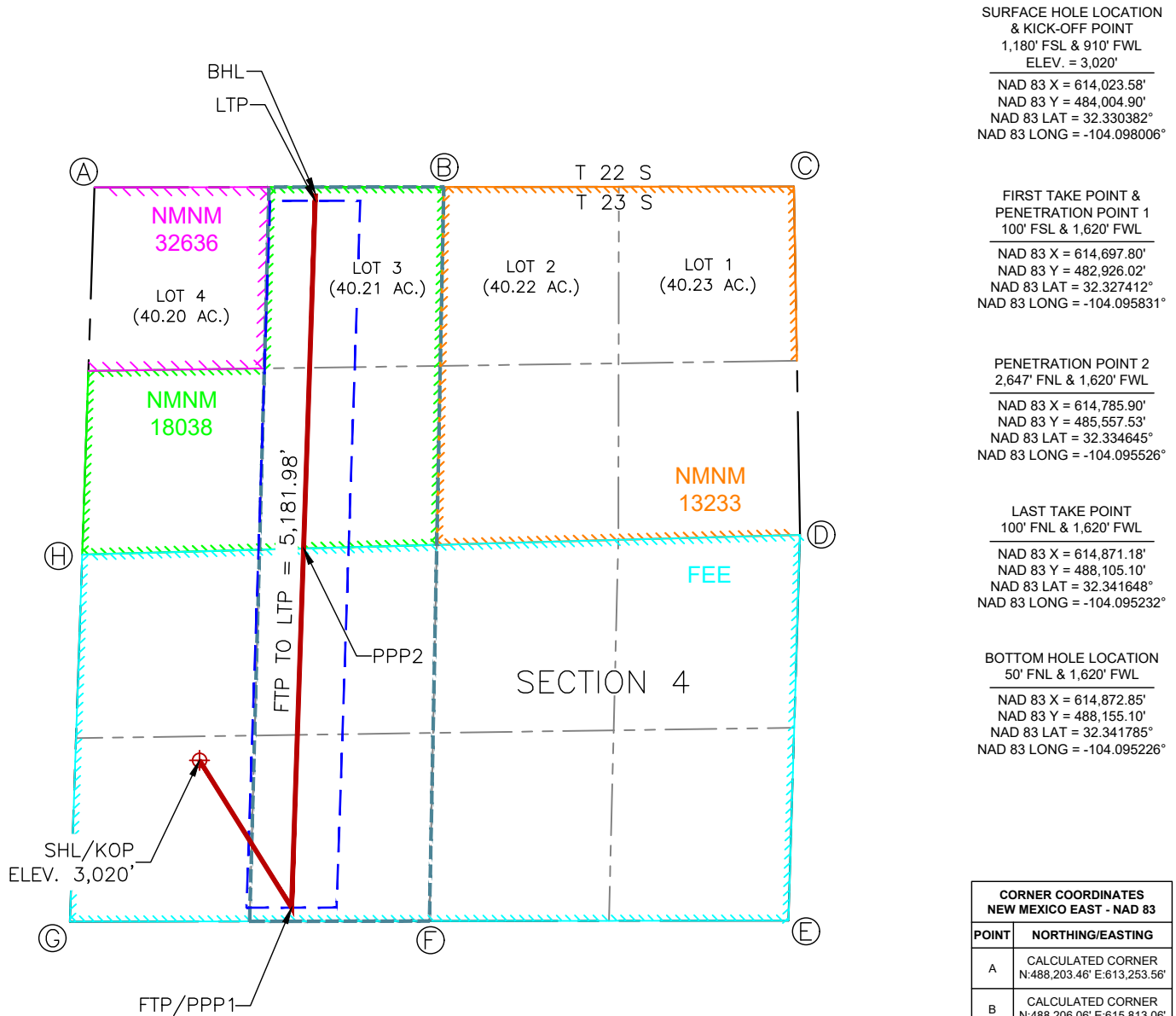
<p>OPERATOR CERTIFICATIONS</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including 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>SURVEYOR CERTIFICATIONS</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 12177
Email Address _____	Date of Survey 7/31/2024

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.

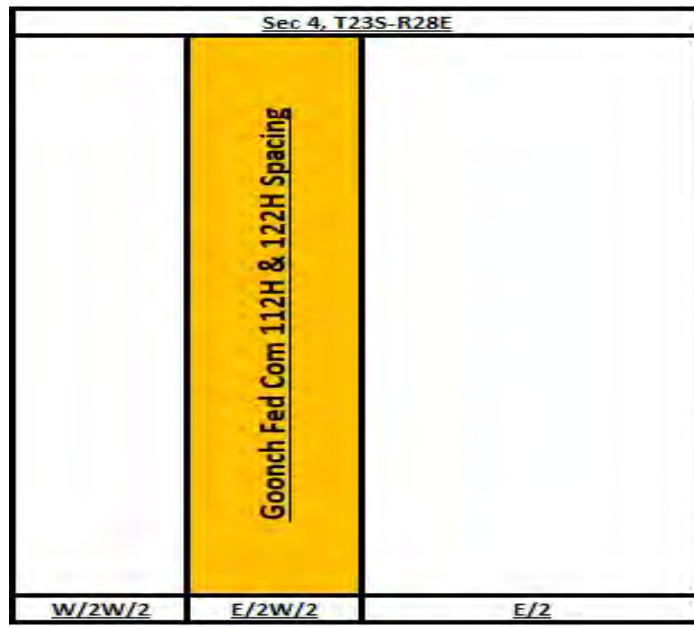
ACREAGE DEDICATION PLATS

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.



Land Exhibit: Goonch Fed Com 112H & 122H
 Section 4: E/2W/2, T23S-R28E, Eddy Co., NM



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	
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	
Novo Oil & Gas Northern Delaware LLC	Y	N/A	N/A	N/A	ORRI Owner
Northern Oil and Gas 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 3 & SE/4NW/4
Novo Oil & Gas Northern Delaware	50.000000%
Northern Oil & Gas	25.000000%
Oxy USA Inc	25.000000%

Leasehold Ownership	
Owner	Sec 4: E/2SW/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 Capitulation	
Owner	WI
Novo Oil & Gas Northern Delaware	53.380979%
Northern Oil & Gas Inc	26.690490%
Oxy USA Inc	12.516385%
Yosemite Creek Oil & Gas LLLP	5.617627%
Bad Water LLC	0.624181%
Russell T Rudy Energy LLC	0.390113%
Roy G. Barton and Claudia Barton	0.624181%
Ruth D Roberts	0.156045%
TOTAL	100.000000%

Novo Oil & Gas Northern Delaware, LLC
Case No. 24395
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, 5th 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. 24395
Exhibit A-5



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

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

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.

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:

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

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	-	-	-	-
TOTAL INTANGIBLES >	2,013,460	3,061,355	521,737	5,596,553
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
TOTAL TANGIBLES >	703,370	0	805,508	1,508,878
TOTAL COSTS >	2,716,830	3,061,355	1,327,246	7,105,431

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 obligations 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 in 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 an extent 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.:	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	105,859	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	-	-	-	-
TOTAL INTANGIBLES >	2,013,460	3,061,355	521,737	5,596,553
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 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
TOTAL TANGIBLES >	703,370	0	805,508	1,508,878
TOTAL COSTS >	2,716,830	3,061,355	1,327,246	7,105,431

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 an estimate 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, the Participant agrees to pay its proportionate share of actual costs incurred, including legal, 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	-	-	-	-
TOTAL INTANGIBLES >	2,099,919	3,195,569	542,967	5,838,455
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
TOTAL TANGIBLES >	734,206	0	840,792	1,574,998
TOTAL COSTS >	2,834,126	3,195,569	1,383,759	7,413,453

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:
	5.127002%	
Signed by:	Date:	
Title:	Approval:	Yes <input type="checkbox"/> No <input type="checkbox"/> (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 Participant agrees to pay its 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	-	-	-	-
TOTAL INTANGIBLES >	2,099,919	3,195,569	542,967	5,838,455

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
TOTAL TANGIBLES >	734,206	0	840,792	1,574,998
TOTAL COSTS >	2,834,126	3,195,569	1,383,759	7,413,453

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 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 112H & 122H – 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.

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. 24395
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

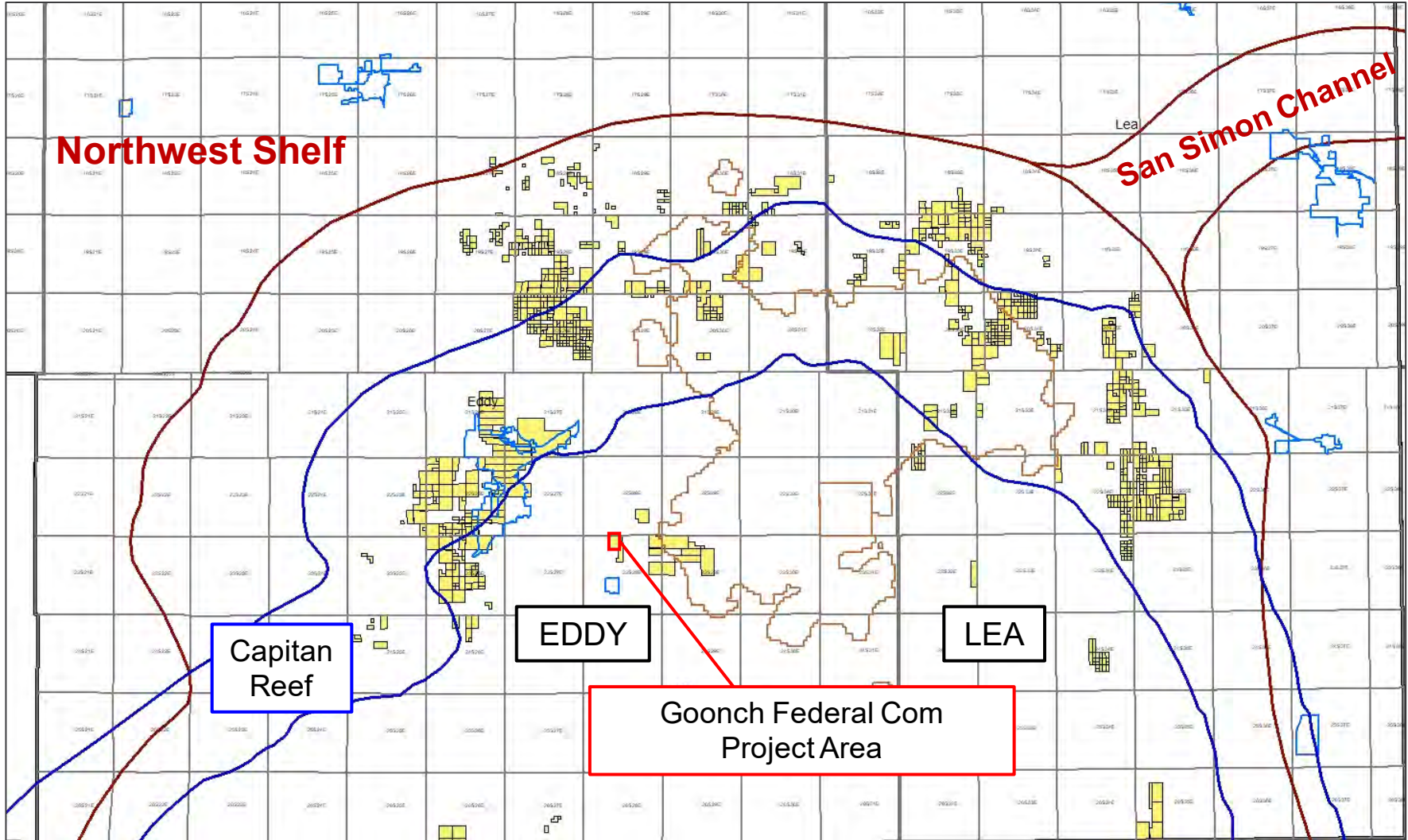
7-31-2024
Date

Regional Locator Map

Goonch Federal Com

Permian Resources Operating, LLC
Case No. 24395
Exhibit B-1

Exhibit B-1

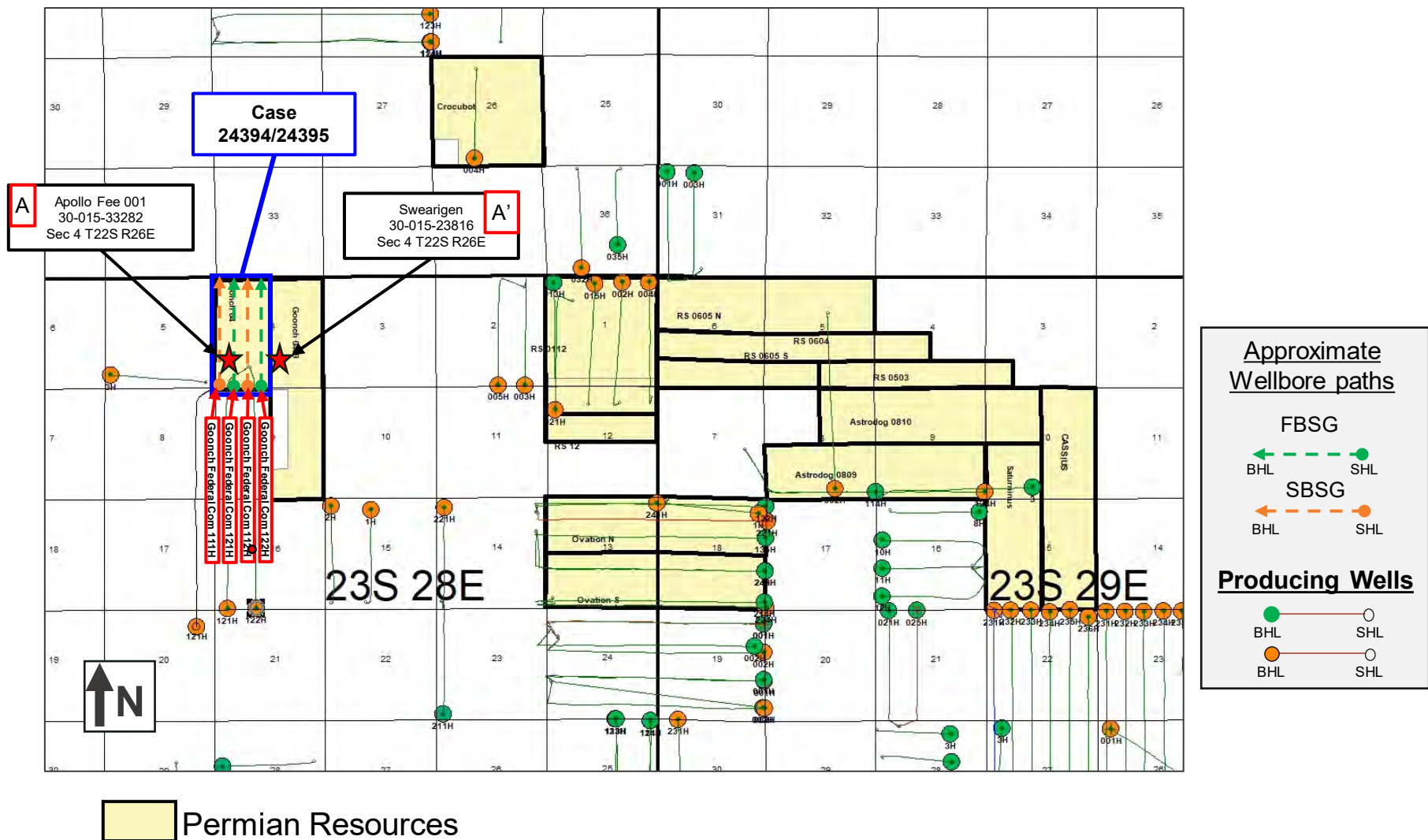


Cross-Section Locator Map

Goonch Federal Com

Permian Resources Operating, LLC
Case No. 24395
Exhibit B-2

Exhibit B-2

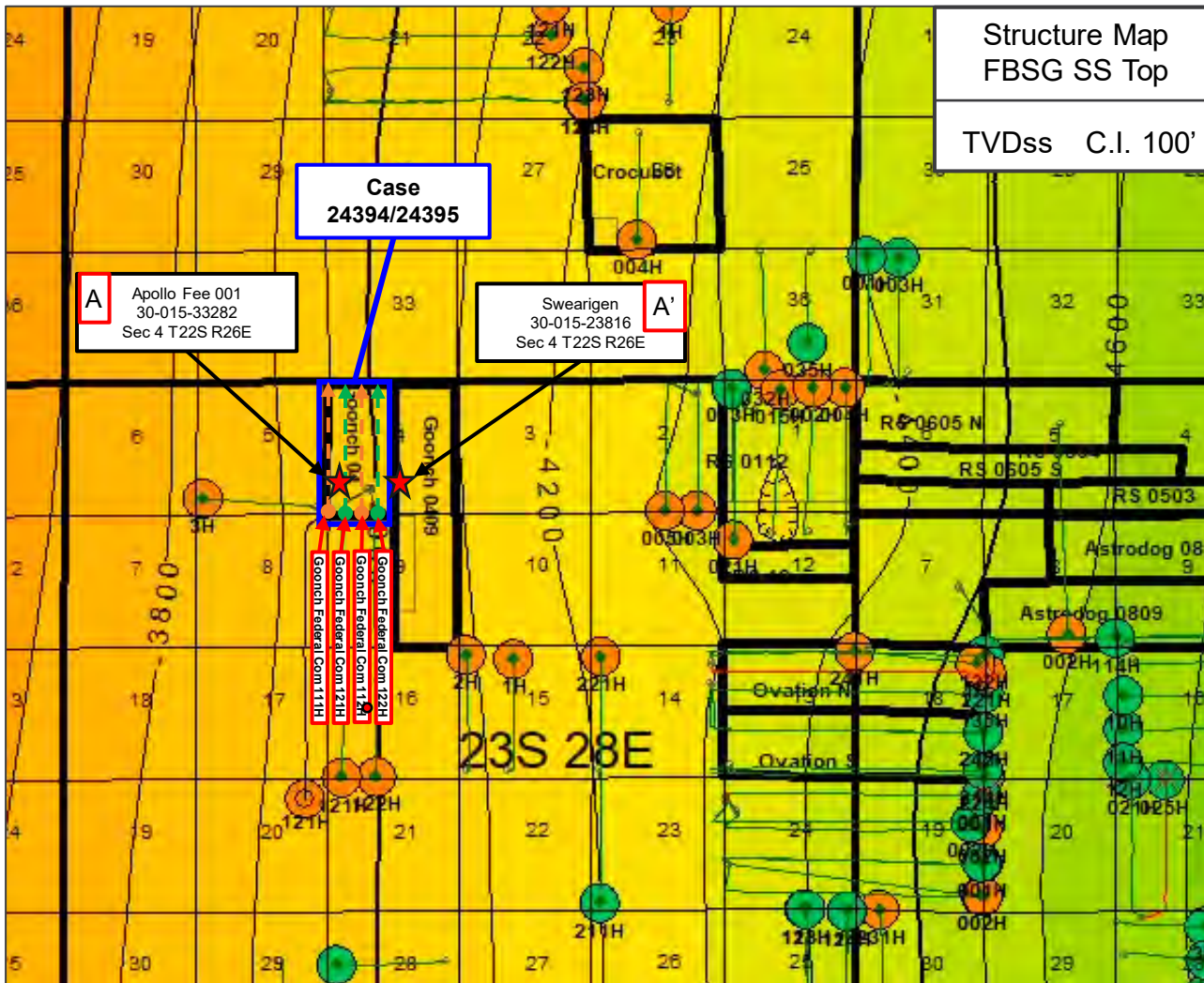


Bone Spring – Structure Map

Goonch Federal Com

Permian Resources Operating, LLC
Case No. 24395
Exhibit B-3

Exhibit B-3



Approximate Wellbore paths

FBSG

BHL SHL

SBSG

BHL SHL

Producing Wells

BHL SHL

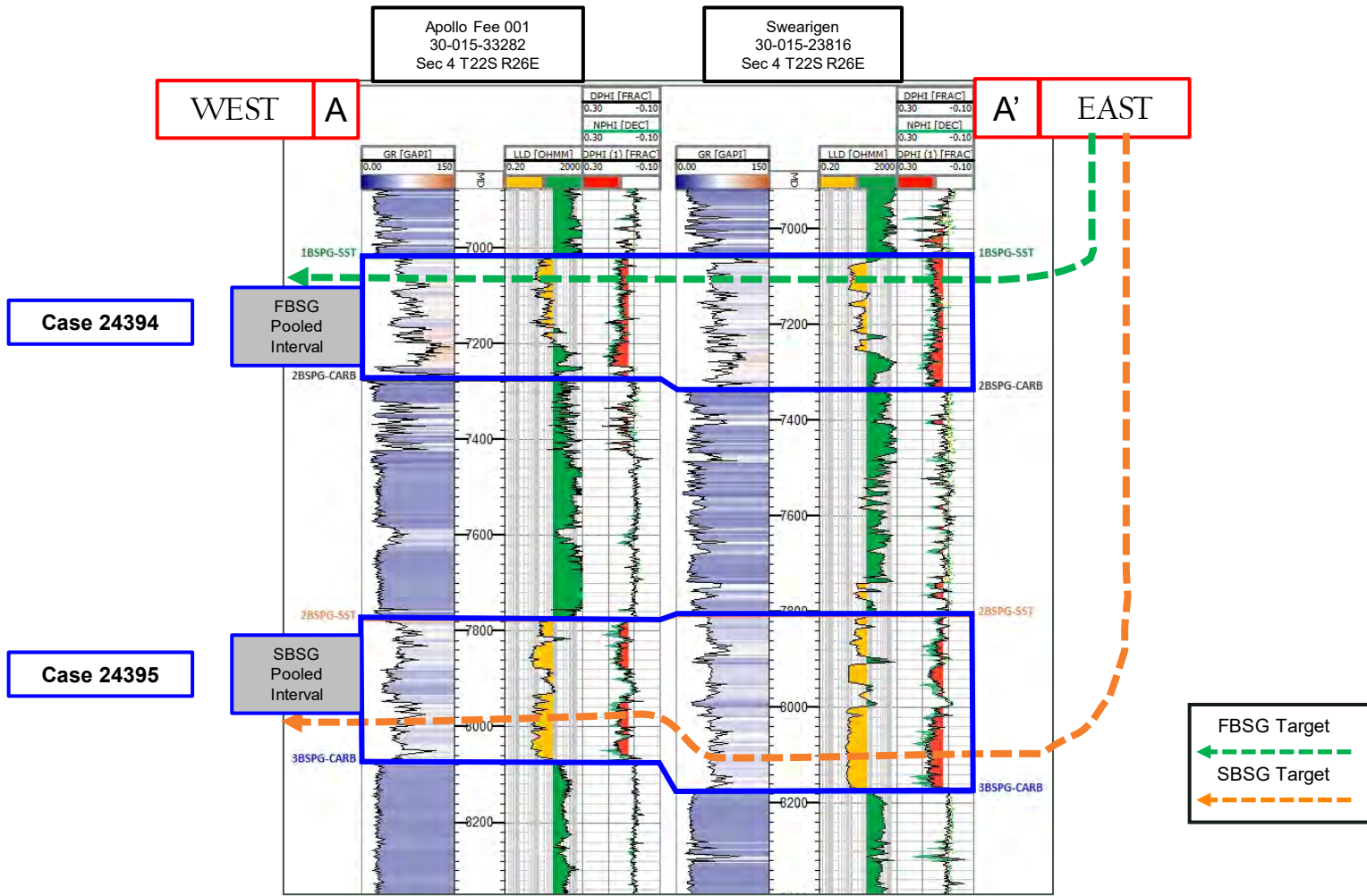
BHL SHL

Stratigraphic Cross-Section A-A'

Goonch Federal Com

Permian Resources Operating, LLC
Case No. 24395
Exhibit B-4

Exhibit B-4

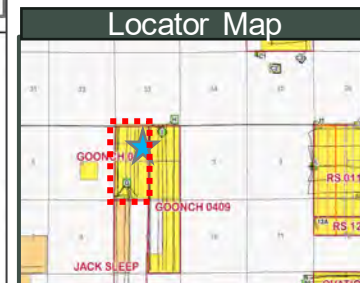
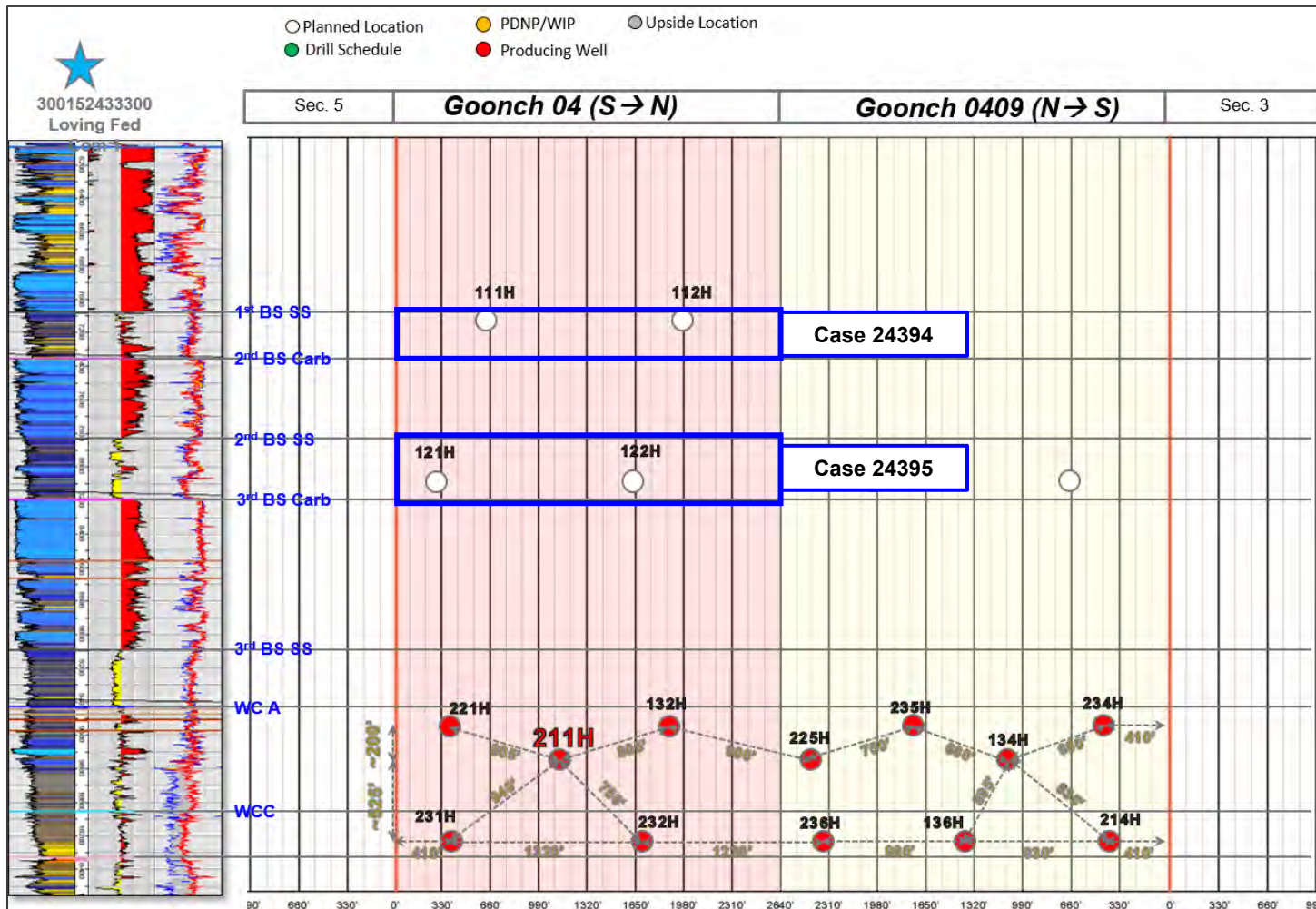


Gun Barrel Development Plan

Goonch Federal Com

Permian Resources Operating, LLC
Case No. 24395
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. 24395

**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. 24395
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 10, 2024

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL PARTIES ENTITLED TO NOTICE

Re: Case No. 24395 – 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 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, 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

Exhibit C-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. 24395

NOTICE LETTER CHART

PARTY	NOTICE LETTER SENT	RETURN RECEIVED
Ann Reese Minerals, LLC 3525 N Washington Rd. Fort Wayne, IN 46802	04/10/24	04/22/2024
Aplomado Management, LLC P.O. Box 570252 Houston, TX 77257	04/10/24	04/22/2024
Roy G. Barton & Claudia Barton, JTWROS 1919 N Turner Street Hobbs, NM 88240-2712	04/10/24	04/18/2024
Karen M. Bohannon 118-A Miami Road Fitzgerald, GA 31750	04/10/24	04/22/2024
Bureau of Land Management, United States of America 301 Dinosaur Trail Santa Fe, NM 87508	04/10/24	04/18/2024
CBR Oil Properties, LLC P.O. Box 1518 Roswell, NM 88202	04/10/24	04/23/2024
CEP Minerals, LLC 4000 N Big Spring Street, #310 Midland, TX 79705	04/10/24	04/18/2024
Caddo Minerals, LP 2714 Bee Cave Road, Suite 202 Austin, TX 78746	04/10/24	04/22/2024
Collins & Jones Investments, LLC 3824 Cedar Springs Road, #414 Dallas, TX 75219	04/10/24	04/18/2024
Craig E. Collins 6021 SW 29th Street, Suite 116 Topeka, KS 66614	04/10/24	04/22/2024
David W. Cromwell 2008 Country Club Dr. Midland, TX 79701	04/10/24	04/18/2024

**Novo Oil & Gas Northern Delaware, LLC
Case No. 24395
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. 24395

NOTICE LETTER CHART

Crown Oil Partners, LP P.O. Box 50820 Midland, TX 79710	04/10/24	04/22/2024
Discovery Exploration 410 N Main Midland, TX 79701	04/10/24	04/18/2024
Deane Durham 5101 FM 1148 Graham, TX 76450	04/10/24	04/22/2024
Lois M. Durland & Donald E. Durland 1645 Jansen Way Woodburn, OR 97071-2703	04/10/24	04/22/2024
Enerstar Resources Oil & Gas, LLC P.O. Box 606 Carlsbad, NM 88221	04/10/24	04/18/2024
Eric L. Collins Trust, Craig E. Collins as Trustee 6021 SW 29th Street, Suite 116 Topeka, KS 66614	04/10/24	04/22/2024
Evalyn Swearingen Testamentary Trust, Kristi Jones as Trustee 1362 N 80th Road Concordia, KS 66901	04/10/24	04/18/2024
Jesse A. Faught Jr. P.O. Box 52603 Midland, TX 79710	04/10/24	04/24/2024
Gates Properties, LTD P.O. Box 81119 Midland, TX 79708-1119	04/10/24	04/22/2024
Sheryl Swearingen Gilchrist FKA Sheryl Swearingen Johnson Collins and James L. Gilchrist, H/W 3242 NW 43rd Street Topeka, KS 66618	04/10/24	USPS Tracking last checked on 07/30/2024: Item delivered 04/15/2024

**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. 24395

NOTICE LETTER CHART

Greater Salina Valley Community Foundation, FBO Solomon Valley Community Foundation P.O. Box 369 Beloit, KS 67420	04/10/24	04/18/2024
Carrie Denise Hall 3526 American Legion Road Abbeville, GA 31001	04/10/24	05/24/2024 Returned to Sender
Cecilia D. Haynes, Patricia Haynes AIF 1200 Lyndale Dr. Alexandria, VA 22308	04/10/24	04/22/2024
Sean Hill 1716 Indian Springs Drive Edmond, OK 73003	04/10/24	04/23/2024 Returned to Sender
Jesma Hopper 2926 W Columbine Ln. Wichita, KS 67204-5323	04/10/24	04/22/2024
J. Cleo Thompson and James Cleo Thompson Jr. LP 325 N Saint Paul Street, Suite 4300 Dallas, TX 75201	04/10/24	04/22/2024
James A. Brown Trust dated April 26, 2011, James A. Brown as Trustee P.O. Box 928 Elk City, OK 73648	04/10/24	04/18/2024
James Adelson and Family 2015 Trust, Susannah D. Adelson, Trustee 15 E 5th Street, Suite 3300 Tulsa, OK 74103	04/10/24	04/22/2024
Samuel H. Jolliffe IV 1607 17th Street W, APT 303 Billings, MT 59102	04/10/24	04/23/2024
Teresa H. Jolliffe 1610 North N St. Midland, TX 79701	04/10/24	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. 24395

NOTICE LETTER CHART

KMF Land, LLC 1144 15th Street, Suite 2650 Denver, CO 80202	04/10/24	04/23/2024 Returned to Sender
The Karen Roberts Special Needs Trust, Dorothy Roberts & Carissa Brown as Trustees 2509 Aspen Street Longview, TX 75605	04/10/24	04/16/2024
Karylila, LLC 3 Southpointe Searcy, AR 72143	04/10/24	04/22/2024
LMC Energy 262 Carroll Street Fort Worth, TX 76107	04/10/24	04/18/2024
Beverlee A. Lanning, DBA Trink Minerals, LLC 4002 S Spring Loop Roswell, NM 88203	04/10/24	04/18/2024
Lonesome Dove Petroleum Co Attn: Mr. Kerlson Sablon P.O. Box 430, Emancipation Garden Station St. Thomas, US VI 00804-0430	04/10/24	04/29/2024
MRC Permian Company One Lincoln Centre 5400 LBJ Fwy, Suite 1500 Dallas, TX 75240	04/10/24	04/22/2024
MSH Family Real Estate Partnership II, LLC 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/10/24	USPS Tracking last checked on 07/30/2024: Item in transit to next facility 04/17/2024
Marathon Oil Permian, LLC 990 Town & Country Blvd Houston, TX 77024	04/10/24	04/18/2024
Mavros Minerals II LLC P.O. Box 50820 Midland, TX 79710	04/10/24	USPS Tracking last checked on 07/30/2024: Item delivered 04/16/2024

**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. 24395

NOTICE LETTER CHART

Meredith E. and Helen J. Hardgrave Revocable Living Trust, Brett A. Biery as Trustee 2626 E 40th Street Tulsa, OK 74105	04/10/24	04/22/2024
Mike Moylett AKA Michael Moylett 2506 Terrace Ave. Midland, TX 79705-7324	04/10/24	04/18/2024
Sharlene Murphy 616 N Burgess Street Holdenville, OK 74848-5627	04/10/24	05/24/2024 Returned to Sender
Elizabeth Ann Nguyen 1324 Bernardo Ct NE Albuquerque, NM 87113-0007	04/10/24	04/15/2024
Novo Minerals, LP 1001 W Wilshire Blvd., Suite 206 Oklahoma City, OK 73116	04/10/24	05/16/2024 Returned to Sender
OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521	04/10/24	04/22/2024
Oak Valley Mineral and Land, LP P.O. Box 50820 Midland, TX 79710	04/10/24	04/22/2024
Office of Natural Resources Revenue, Royalty Management Program P.O. Box 25627 Denver, CO 80225	04/10/24	04/18/2024
Ronald Peace P.O. Box 695 Holdenville, OK 74848	04/10/24	04/29/2024
Pegasus Resources, LLC P.O. Box 470698 Fort Worth, TX 76147	04/10/24	04/29/2024
Penasco Petroleum, LLC P.O. Box 4168 Roswell, NM 88202	04/10/24	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. 24395

NOTICE LETTER CHART

Permian Development, LLC P.O. Box 136879 Fort Worth, TX 76136	04/10/24	04/19/2024
Donna Phillips AKA Donna M. Phillips Birdwell P.O. Box 1058 Seminole, OK 74818-1058	04/10/24	USPS Tracking last checked on 07/30/2024: Item picked up at Post Office 04/13/2024
Post Oak Crown IV, LLC 34 S Wynden, Suite 300 Houston, TX 77056	04/10/24	04/22/2024
Post Oak Crown IV-B, LLC 34 S Wynden, Suite 300 Houston, TX 77056	04/10/24	04/29/2024
Post Oak Mavros II, LLC 34 S. Wynden Dr., Suite 210 Houston, TX 77056	04/10/24	04/22/2024
Ranchito AD4, LP 2100 Ross Avenue, Suite 1870 Dallas, TX 75201	04/10/24	04/29/2024
Kenneth J. Reynolds P.O. Box 10847 Midland, TX 79702	04/10/24	04/24/2024
Dale M. Richardson 5093 E US Hwy 82 Gainsville, TX 76240	04/10/24	04/25/2024 Returned to Sender
Harry J. Richardson 5093 E US Hwy 82 Gainsville, TX 76240	04/10/24	05/03/2024 Returned to Sender
John Evan Richardson 608 Hwy 70 West Alamogordo, NM 88310	04/10/24	04/18/2024
Linda Richardson 410 Aspen Street Drexel, MO 67472	04/10/24	05/07/2024 Returned to Sender
Robert D. Richardson 12981 E 131st Street Fishers, IN 46037	04/10/24	USPS Tracking last checked on 07/30/2024: Item delivered 04/16/2024

**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. 24395

NOTICE LETTER CHART

Ruth D. Roberts P.O. Box 6368 Austin, TX 78762	04/10/24	USPS Tracking last checked 07/30/2024: Item in transit to next facility 04/20/2024
Wesley Keith Roberts 418 Forest Hills Drive League City, TX 77573	04/10/24	04/29/2024
Toni Rogers 16305 E 125th Street N Collinsville, OK 74021	04/10/24	04/22/2024
Rowan Family Minerals, LLC 7651 FM 2125 Brownwood, TX 76801	04/10/24	USPS Tracking last checked on 07/30/2024: Item in transit to next facility
Russel T. Rudy Energy, LLC 320 Westcott Street Houston, TX 77007	04/10/24	04/22/2024
SMP Sidecar Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/10/24	USPS Tracking last checked on 07/30/2024: Item delivered 04/15/2024
SMP Titan Flex, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/10/24	USPS Tracking last checked 07/30/2024: Item delivered 04/15/2024
SMP Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219	04/10/24	USPS Tracking last checked on 07/30/2024: Item delivered 04/15/2024
Joyce Ann Sasse 2500 Longview Dr. Columbia, MO 65203	04/10/24	04/22/2024
Sitio Permian, LLC 1401 Lawrence Street, Ste. 1750 Denver, CO 80202	04/10/24	04/15/2024
Kaleb Smith 2501 Lubbock Ave. Fort Worth, TX 76109	04/10/24	USPS Tracking last checked on 07/30/2024: Item in transit to next facility 04/17/2024

**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. 24395

NOTICE LETTER CHART

Sortida Resources, LLC P.O. Box 50820 Midland, TX 79710	04/10/24	04/22/2024
Springwood Minerals 6, LP P.O. Box 3579 Midland, TX 79702	04/10/24	04/18/2024
Swearingen, LLC 1309 Coffeen Ave., Suite 1200 Sheridan, WY 82801	04/10/24	04/18/2024
Grant Swearingen 209 S Ashley Park Wichita, KS 67209	04/10/24	04/18/2024
TD Minerals, LLC 8111 Westchester, Suite 900 Dallas, TX 75225	04/10/24	04/16/2024
Terry and Carla White Trust dated May 7, 2014, Carla K. White as Trustee 1302 W Third Street Chanute, KS 66720	04/10/24	04/22/2024
Tundra AD3, LP 2100 Ross Ave., Suite 1870, LB-9 Dallas, TX 75201	04/10/24	04/18/2024
Gerard G. Vavrek 1521 2nd Avenue, APT 1604 Seattle, WA 98101	04/10/24	04/18/2024
H. Jason Wacker 5518 San Saba Ave. Midland, TX 79707	04/10/24	USPS Tracking last checked on 07/30/2024: Item in transit to next facility 04/19/2024
Wells Fargo Central Pacific Holdings Inc. 1000 Louisiana St., 9th Floor Houston, TX 77002	04/10/24	USPS Tracking last checked on 07/30/2024: Item delivered 04/16/2024
Charlotte E. Wells & Kaiulani Lei Bumpus, JT 900 Broken Feather Trail, #219 Pflugerville, TX 78660	04/10/24	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. 24395

NOTICE LETTER CHART

Wes-Tex Drilling Company, LP P.O. Box 3739 Abilene, TX 79604	04/10/24	04/19/2024
Wing Resources VI, LLC 2100 McKinney Ave., Suite 1540 Dallas, TX 75201	04/10/24	04/19/2024
Yosemite Creek Oil & Gas LLLP 4350 S Monaco Street, 5th Floor Denver, CO 80237	04/10/24	04/18/2024
Zunis Energy 15 East 5th St., Suite 3300 Tulsa, OK 74103	04/10/24	04/19/2024

9589 0710 5270 0725 3428 33

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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____
Sent To	
Street and	Ann Reese Minerals, LLC 3525 N Washington Rd.
City, State	Fort Wayne, IN 46802
	24395 - Novo Goonch

Postmark Here
APR 10 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 items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Ann Reese Minerals, LLC
 3525 N Washington Rd.
 Fort Wayne, IN 46802
 24395 - Novo Goonch



9590 9402 8595 3244 3774 92

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3428 33

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Gary Miller Agent
 Addressee

B. Received by (Printed Name)
Gary Miller

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 *Hinkle Shanor LLC* Priority Mail Express®
 Adult Signature Restricted Delivery *3750* 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)

Novo Oil & Gas Northern Delaware, LLC
Case No. 24395
Exhibit C-3

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SANTA FE, NM 87507

Postmark Here
APR 16 2024

9589 0710 5270 0725 3428 26

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

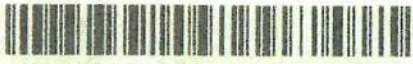
Total Postage and Fees \$ _____

Sent To

Street and Apt. 1 Aplomado Management, LLC
P.O. Box 570252
Houston, TX 77257

City, State, ZIP+4 24395 - Novo Goonch

PS Form 3800, January 2023 PSN 7530-02-000-6047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <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>4-17-24</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;">APR 22 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Aplomado Management, LLC P.O. Box 570252 Houston, TX 77257</p> <p style="text-align: right;">24395 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3774 85</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 3428 26</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3428 19

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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 \$ _____

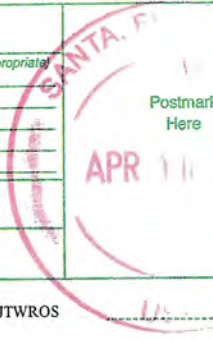
Sent To Roy G. Barton & Claudia Barton, JTWROS

Street and A 1919 N Turner Street

Hobbs, NM 88240-2712

City, State, Z 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>S. Baggio</i></p>
<p>1. Article Addressed to:</p> <p>Roy G. Barton & Claudia Barton, JTWROS 1919 N Turner Street Hobbs, NM 88240-2712</p> <p>24395 - Novo Goonch</p> <p>9590 9402 8595 3244 3774 78</p>	<p>B. Received by (Printed Name) <i>Sherry Ann Baggio</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>RECEIVED</p> <p>APR 18 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3428 19</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i> <input type="checkbox"/> Priority Mail Express®</p> <p><i>Santa Fe, NM 87506</i> <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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9589 0710 5270 0725 3428 02

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.		Karen M. Bohannon 118-A Miami Road Fitzgerald, GA 31750
City, State, ZIP+4		24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Karen Bohannon <input type="checkbox"/> Agent <input type="checkbox"/> Addresssee</p> <p>B. Received by (Printed Name) C. Date of Delivery Karen Bohannon 4-16-24</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; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">APR 22 2024</p> </div>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Karen M. Bohannon 118-A Miami Road Fitzgerald, GA 31750 24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8595 3244 3774 61 </div>	<p>3. Service Type Finkle Shanon LLP Santa Fe NM 87501</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 0725 3428 02</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

9589 0710 5270 0725 3427 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 Bureau of Land Management, United States of America
Street and 301 Dinosaur Trail
City, State Santa Fe, NM 87508 24395 - Novo Gooch

Postmark Here
SANTA FE, NM 87501
APR 10 2024
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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature x R Duman <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 4-12-24</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>1. Article Addressed to:</p> <p>Bureau of Land Management, United States of America 301 Dinosaur Trail Santa Fe, NM 87508 24395 - Novo Gooch</p> <p>RECEIVED APR 8 4 Hinkle Shanor LLP Santa Fe, NM 87504</p> <p>9590 9402 8595 3244 3774 54</p>	<p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE 620 EAST GREEN STREET CARLSBAD, NM 88220-6292</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3427 96</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3427 72

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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. CEP Minerals, LLC
 4000 N Big Spring Street, #310

City, State, ZIP+4 Midland, TX 79705 24395 - 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:

CEP Minerals, LLC
 4000 N Big Spring Street, #310
 Midland, TX 79705

24395 - Novo Goonch

9590 9402 8595 3244 3774 30

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3427 72

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) T. Nelson C. Date of Delivery 4/10/2024

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

RECEIVED
 APR 10 2024

3. Service Type Certified Mail® Priority Mail Express®

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0725 3427 65

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

City, State, ZIP+4® 24395 - Novo Goonch

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

SANTA FE, NM 87501
 APR 10 2024
 USPS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> P. Nguyen <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery P. Nguyen 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; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center;">APR 22 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Caddo Minerals, LP 2714 Bee Cave Road, Suite 202 Austin, TX 78746</p> <p style="text-align: right;">24395 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3774 23</p>	<p>3. Service Type Santa Fe NM 87501</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em;">9589 0710 5270 0725 3427 65</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Postmark Here
APR 10 2024

USPS

9589 0710 5270 0725 3427 58

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 a Collins & Jones Investments, LLC
3824 Cedar Springs Road, #414
Dallas, TX 75219
City, Sta 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Anne W. Prose</i> <input checked="" type="checkbox"/> Add</p> <p>B. Received by (Printed Name) <i>Anne Prose</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 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 style="text-align: center;">Collins & Jones Investments, LLC 3824 Cedar Springs Road, #414 Dallas, TX 75219</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8595 3244 3774 16 </div>	<p>3. Service Type <i>First Class Letter</i></p> <p><input type="checkbox"/> Adult Signature <i>Santa Fe NM 87507</i></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 Rest. 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 style="font-size: 1.2em;">9589 0710 5270 0725 3427 58</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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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 Ap Craig E. Collins
6021 SW 29th Street, Suite 116
City, State, Zip Topeka, KS 66614

24395 - Novo Gooch

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

9589 0710 5270 0725 3427 41



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X UPS <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) UPS 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 type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em;">RECEIVED</p> <p style="text-align: center;">APR 22 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Craig E. Collins 6021 SW 29th Street, Suite 116 Topeka, KS 66614</p> <p style="text-align: right;">24395 - Novo Gooch</p>  <p style="text-align: center;">9590 9402 8595 3244 3774 09</p>	<p>3. Service Type Hinkle Shanor LLP <input type="checkbox"/> Priority Mail Express® Santa Fe NM 87501 <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3427 41</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3420 31

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and # David W. Cromwell
2008 Country Club Dr.
City, State, Midland, TX 79701


24395 - Novo Goonch

Postmark Here
APR 10 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>David Cromwell</i></p> <p>B. Received by (Printed Name) <i>David Cromwell</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 <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>David W. Cromwell 2008 Country Club Dr. Midland, TX 79701</p> <p>24395 - Novo Goonch</p> <p></p> <p>9590 9402 8595 3244 3773 93</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 3420 31</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3420 24

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and City, State, ZIP+4®
 Crown Oil Partners, LP
 P.O. Box 50820
 Midland, TX 79710
 24395 - Novo Goonch

Postmark Here
 APR 10 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:

Crown Oil Partners, LP
 P.O. Box 50820
 Midland, TX 79710
 24395 - Novo Goonch

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3420 24

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

RECEIVED
 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 Insured Mail Restricted Delivery (over \$500)

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OFFICIAL MAIL 87501

APR 18 2024
Postmark Here

USPS

9589 0710 5270 0725 3420 17

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. Discovery Exploration
410 N Main
Midland, TX 79701

City, State, Zip 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Marta Barton</i></p> <p>B. Received by (Printed Name) <i>Marta Barton</i></p> <p>C. Date of Delivery <i>4/15/2024</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;">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;">24395 - Novo Goonch</p> <p style="text-align: center;"> 9590 9402 8595 3244 3773 79</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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 3420 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 fee 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. Deane Durham
5101 FM 1148

City, State, ZIP+4® Graham, TX 76450

24395 - Novo Goonch

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

9589 0710 5270 0725 3420 00



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>Deane Durham</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Deane Durham 5101 FM 1148 Graham, TX 76450</p> <p style="text-align: right;">24395 - Novo Goonch</p>	<p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em;">APR 22 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 0725 3420 00</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 style="text-align: right; font-size: 0.8em;">Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



9589 0710 5270 0725 3419 97

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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. Lois M. Durland & Donald E. Durland
 1645 Jansen Way
 Woodburn, OR 97071-2703

City, State, ZIP+4® _____ 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Karen E Durland</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen E Durland</i> C. Date of Delivery <i>4-15-</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED APR 22 2024</p>
<p>1. Article Addressed to:</p> <p>Lois M. Durland & Donald E. Durland 1645 Jansen Way Woodburn, OR 97071-2703</p> <p style="text-align: right;">24395 - Novo Goonch</p>	<p>3. Service Type <i>Hinkie Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <i>Santa Fe NM 87507</i> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3419 97</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3419 80

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

24395 - Novo Goonch

Postmark Here: APR 10 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Tommy W. Folsom 4/18/24</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>Enerstar Resources Oil & Gas, LLC P.O. Box 606 Carlsbad, NM 88221</p> <p>24395 - Novo Goonch</p> <p>9590 9402 8595 3244 3773 48</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3419 80</p>	

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

Domestic Return Receipt

9589 0710 5270 0725 3419 73

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. 1 Eric L. Collins Trust,
 Craig E. Collins as Trustee
 6021 SW 29th Street, Suite 116
 City, State, ZIP+4 Topeka, KS 66614 24395 - Novo Goonch

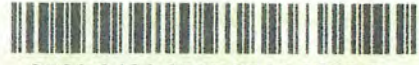
PS Form 3800, January 2023 PSN 7530-02-000-8047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature XUPS <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Eric L. Collins Trust, Craig E. Collins as Trustee 6021 SW 29th Street, Suite 116 Topeka, KS 66614 24395 - Novo Goonch	B. Received by (Printed Name) UPS C. Date of Delivery 4-15-2024 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3419 73	3. Service Type Hinkle Shanor LLC <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

RECEIVED

APR 22 2024



9590 9402 8595 3244 3773 31

9589 0710 5270 0725 3419 66

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. Evalyn Swearingen Testamentary Trust,
 Kristi Jones as Trustee
 1362 N 80th Road
 City, State, ZIP+4 Concordia, KS 66901 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kristi Jones</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kristi Jones</i> C. Date of Delivery <i>04/15/24</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>Evalyn Swearingen Testamentary Trust, Kristi Jones as Trustee 1362 N 80th Road Concordia, KS 66901 24395 - Novo Goonch</p>	<p>RECEIVED APR 18 2024</p>
<p>9590 9402 8595 3244 3773 24</p> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3419 66</p>	<p>3. Service Type <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" 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

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Apt. Jesse A. Faught Jr.
P.O. Box 52603
Midland, TX 79710

City, State, Zi 24395 - Novo Goonch

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

9589 0710 5270 0725 3419 59



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Jesse A. Faught Jr. P.O. Box 52603 Midland, TX 79710</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p> <div style="text-align: center;"> <p>9590 9402 8595 3244 3773 17</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3419 59</p>	<p>A. Signature</p> <p><i>Jesse A. Faught Jr.</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jesse A. Faught Jr.</i> <i>4-19-24</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: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">APR 24 2024</p> </div> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

9589 0710 5270 0725 3419 42

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com™.

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and City, State, ZIP+4®
 Gates Properties, LTD
 P.O. Box 81119
 Midland, TX 79708-1119
 24395 - Novo Goonch

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

APR 10 2024
 Postmark Here
 USPS

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:

Gates Properties, LTD
P.O. Box 81119
Midland, TX 79708-1119
 24395 - Novo Goonch


 9590 9402 8595 3244 3773 00

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3419 42

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)
Lawrence Gates

C. Date of Delivery
4/18/24

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

RECEIVED
APR 22 2024

3. Service Type *Hinkle Shanor LLP*

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Signature Confirmation™

Collect on Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

9589 0710 5270 0725 3419 28

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

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

24395 - Novo Gooch

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Vonda L. Johnson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Vonda L. Johnson</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>1. Article Addressed to: Greater Salina Valley Community Foundation, FBO Solomon Valley Community Foundation P.O. Box 369 Beloit, KS 67420</p> <p>24395 - Novo Gooch</p> <p>9590 9402 8595 3244 3772 87</p>	<p>RECEIVED APR 18 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3419 28</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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APR 10 2024
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USPS

7022 1670 0002 1188 8269

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
Cecilia D. Haynes, Patricia Haynes AIF
1200 Lyndale Dr.
Alexandria, VA 22308
24395 - Novo Gooch

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Cecilia D. Haynes, Patricia Haynes AIF 1200 Lyndale Dr. Alexandria, VA 22308 24395 - Novo Gooch</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="font-size: 2em; text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">APR 22 2024</p>
<p style="text-align: center;">  9590 9402 8595 3244 3772 63 </p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 8269</p>	<p>Hinke Shano Santa Fe NM</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1188 8245

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. Jesma Hopper
 2926 W Columbine Ln.
 City, State, Zip Wichita, KS 67204-5323
 24395 - Novo Goonch

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jesma Hopper
 2926 W Columbine Ln.
 Wichita, KS 67204-5323

24395 - Novo Goonch



9590 9402 8595 3244 3772 49

2. Article Number (Transfer from service label)

7022 1670 0002 1188 8245

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jesma Hopper* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 4/17/24

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)

Hinkle Shanor LLP
 Santa Fe NM 87508

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OFFICIAL USE

APR 10 2024
USPS

Postmark Here

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 \$

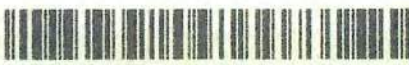
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To J. Cleo Thompson and James Cleo Thompson
Jr. LP
325 N Saint Paul Street, Suite 4300
Dallas, TX 75201 24395 - Novo Goonch

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">J. Cleo Thompson and James Cleo Thompson Jr. LP 325 N Saint Paul Street, Suite 4300 Dallas, TX 75201 24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8595 3244 3772 32 </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 1670 0002 1188 8238</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="font-size: 1.5em; color: blue;">Curt Kneese</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: 5px;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 0;">APR 22 2024</p> </div> <p>3. Service Type Santa Fe NM 85701</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></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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OFFICIAL USE

APR 10 2024
81501
USPS

7022 1670 0002 1188 8221

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 A. Brown Trust dated April 26, 2011,
James A. Brown as Trustee
Street and A P.O. Box 928
Elk City, OK 73648
City, State, ZIP+4® 24395 - Novo Goonch

Postmark Here

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. Brown</i> C. Date of Delivery <i>4-15-24</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 style="text-align: center; font-size: 2em; font-weight: bold; color: green;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">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 24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8595 3244 3772 25 </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 8221</p>	<p>Hinkle Shanor State Co. NM 87508</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

7022 1670 0002 1188 8214

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Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: James Adelson and Family 2015 Trust,
 Susannah D. Adelson, Trustee
 Street and Apt.: 15 E 5th Street, Suite 3300
 City, State, ZIP+4: Tulsa, OK 74103 24395 - Novo Gooch

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Pam Crandall</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Pam Crandall</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>James Adelson and Family 2015 Trust, Susannah D. Adelson, Trustee 15 E 5th Street, Suite 3300 Tulsa, OK 74103 24395 - Novo Gooch</p>	<p>RECEIVED</p> <p>APR 22 2024</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 8214</p>	<p>3. Service Type <i>Hinkle Shanor</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

7022 1670 0002 1188 7859

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. 1 Samuel H. Jolliffe IV
 1607 17th Street W, APT 303
 Billings, MT 59102

City, State, ZIP+4 24395 - Novo Goonch

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Jolliffe Samuel</i> 2/1/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED APR 23 2024 Hinkle Shanor LLP Santa Fe, NM 87504</p>
<p>1. Article Addressed to:</p> <p>Samuel H. Jolliffe IV 1607 17th Street W, APT 303 Billings, MT 59102</p> <p style="text-align: right;">24395 - Novo Goonch</p> <p>9590 9402 8595 3244 3772 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 <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0002 1188 7859</p>	

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

Domestic Return Receipt

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DEFICIENCY NOTICE: NM 81501
APR 10 2024
USPS

9589 0710 5270 0725 3428 40

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. Teresa H. Jolliffe
1610 North N St.
City, State, ZIP+4® Midland, TX 79701

24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Teresa H. Jolliffe</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Teresa H. Jolliffe 1610 North N St. Midland, TX 79701</p> <p style="text-align: right; font-size: small;">24395 - Novo Goonch</p>	<p style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">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 0725 3428 40</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)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

9589 0710 5270 0725 3425 29

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OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____ Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	The Karen Roberts Special Needs Trust, Dorothy Roberts & Carissa Brown as Trustees 2509 Aspen Street Longview, TX 75605 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <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>																
<p>1. Article Addressed to:</p> <p>The Karen Roberts Special Needs Trust, Dorothy Roberts & Carissa Brown as Trustees 2509 Aspen Street Longview, TX 75605 24395 - Novo Goonch</p>	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;">RECEIVED</div> <p>APR 16 2024</p>																
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3425 29</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</p>	<p>Domestic Return Receipt</p>																

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

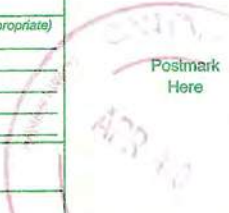
Total Postage and Fees
\$ _____

Sent To
Street and Apt. No., or PO Box No. Karylila, LLC
3 Southpointe
Searcy, AR 72143

City, State, ZIP+4® 24395 - Novo Gooch

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

9589 0710 5270 0725 3419 04



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:

Karylila, LLC
3 Southpointe
Searcy, AR 72143

24395 - Novo Gooch

9590 9402 8595 3244 3751 91

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3419 04

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Karylila* Agent
 Addressee

B. Received by (Printed Name)
KARYLILA

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 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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OFFICIAL U.S. MAIL
APR 18 2024
1501
USPS
Postmark Here

9589 0710 5270 0725 3418 98

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. LMC Energy
262 Carroll Street
Fort Worth, TX 76107
City, State, ZIP+4® 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 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> <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 style="text-align: center;">LMC Energy 262 Carroll Street Fort Worth, TX 76107</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p>  <p style="text-align: center;">9590 9402 8595 3244 3751 84</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 3418 98</p>	<p>Hinkle Shanco Santa Fe NM</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3418 81

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Street and Apt. No., or PO Box No. Beverlee A. Lanning, DBA Trink Minerals, LLC
 4002 S Spring Loop
 City, State, ZIP+4® Roswell, NM 88203

24395 - Novo Goonch

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

APR 10 2024
USPS
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DAVID LANNING</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">USPS APR 18 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Beverlee A. Lanning, DBA Trink Minerals, LLC 4002 S Spring Loop Roswell, NM 88203</p> <p style="text-align: right;">24395 - Novo Goonch</p> <p style="text-align: center;">  9590 9402 8595 3244 3751 77 </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 3418 81</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3418 74

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OFFICIAL USE
 APR 10 2024
 87501

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 Lonesome Dove Petroleum Co
 Street and Apt. No., or PO Box No. Attn: Mr. Kerlson Sablon
 P.O. Box 430, Emancipation Garden Station
 City, State, ZIP+4® St. Thomas, US VI 00804-0430
 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <u>Shania Thomas</u> C. Date of Delivery <u>APR 23 2024</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No APR 29 2024 Hinkle Shanor LLP 24395 - Novo Goonch
1. Article Addressed to: Lonesome Dove Petroleum Co Attn: Mr. Kerlson Sablon P.O. Box 430, Emancipation Garden Station St. Thomas, US VI 00804-0430 24395 - Novo Goonch  9590 9402 8595 3244 3751 60	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 9589 0710 5270 0725 3418 74	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3418 67

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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® _____

MRC Permian Company
 One Lincoln Centre
 5400 LBJ Fwy, Suite 1500
 Dallas, TX 75240

24395 - 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:

MRC Permian Company
 One Lincoln Centre
 5400 LBJ Fwy, Suite 1
 Dallas, TX 75240

Novo Goonch

9590 9402 8595 3244 3751 53

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3418 67

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X APR 15 2024 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. Signature _____ Hinkle Shanor LLP
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

9589 0710 5270 0725 3418 43

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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
 \$ _____

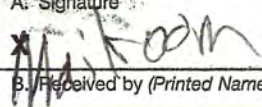
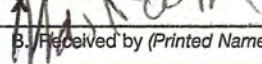
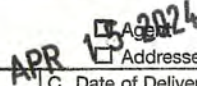

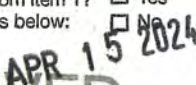
Total Postage and Fees
 \$ _____

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

Marathon Oil Permian, LLC
 990 Town & Country Blvd
 Houston, TX 77024
 24395 - Novo Goonch

Postmark Here
 APR 10 2024
 Santa Fe NM 87501

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery </p>
<p>1. Article Addressed to:</p> <p>Marathon Oil Permian, LLC 990 Town & Country Blvd Houston, TX 77024 24395 - Novo Goonch</p>  <p>9590 9402 8595 3244 3751 39</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> <p>RECEIVED  APR 18 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3418 43</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3418 29

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

City, State, ZIP+4®
 24395 - 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:
 Meredith E. and Helen J. Hardgrave Revocable Living Trust, Brett A. Biery as Trustee
 2626 E 40th Street
 Tulsa, OK 74105
 24395 - Novo Goonch

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3418 29



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 *Misty Abrey Agent
 Addressee

B. (Received by) (Printed Name)
 Misty Abrey

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 22 2024

3. Service Type
 Adult Signature Hinkle Shanor
 Adult Signature Restricted Delivery Santa Fe NM 87505
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

9589 0710 5270 0725 3418 12

U.S. Postal ServiceSM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

Certified Mail Fee \$ _____

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

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. Mike Moylett AKA Michael Moylett
2506 Terrace Ave.

City, State, ZIP+4[®] Midland, TX 79705-7324

24395 - 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:

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

24395 - Novo Goonch

9590 9402 8595 3244 3751 08

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3418 12

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Age _____
 Adult Signature Adult Signature Restricted Delivery

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

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 Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

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

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

OFFICIAL USE

SANTA FE, NM 87500

APR 10 2024

Postmark Here

9589 0710 5270 0725 3417 99

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.	Elizabeth Ann Nguyen 1324 Bernardo Ct NE Albuquerque, NM 87113-0007
City, State, ZIP+4®	24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Elizabeth Ann Nguyen 1324 Bernardo Ct NE Albuquerque, NM 87113-0007</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8595 3244 3750 85 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0725 3417 99</p>	<p>A. Signature</p> <p style="font-size: 1.5em; color: blue;">Elizabeth Ann Nguyen</p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Elizabeth Ann Nguyen</p> <p>C. Date of Delivery 4-15-24</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> <div style="text-align: center; font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <p style="text-align: center; font-size: 1.5em; color: blue;">APR 15 2024</p> <p>3. Service Type Hinkle Shanor LLP Priority Mail Express® Santa Fe NM 87500 Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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


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

OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	 Postmark Here APR 10 2024 USPS
--	---

Sent To
 Street and Apt. No., or PO Box No. OXY USA Inc.
5 Greenway Plaza, Suite 110
 City, State, ZIP+4® Houston, TX 77046-0521
 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">OXY USA Inc. 5 Greenway Plaza, Suite 110 Houston, TX 77046-0521 24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8595 3244 3750 61 </div> <p>2. Article Number (Transfer from service label) 9590 9402 8595 3244 3750 61</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4/15/24</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;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">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><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														

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

9589 0710 5270 0725 3417 68

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____


Postage \$ _____

Total Postage and Fees \$ _____

Sent To
 Street and Apt. No., or PO Box No. Oak Valley Mineral and Land, LP
 P.O. Box 50820
 Midland, TX 79710
 City, State, ZIP+4® 24395 - Novo Goonch

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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. K...</i></p> <p>C. Date of Delivery <i>4-18-24</i></p>
<p>1. Article Addressed to:</p> <p>Oak Valley Mineral and Land, LP P.O. Box 50820 Midland, TX 79710</p> <p>24395 - Novo Goonch</p>  <p>9590 9402 8595 3244 3750 54</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED APR 22 2024</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>Hinkle Shanor LP Santa Fe NM 87508 <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3417 68</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

9589 0710 5270 0725 3417 51

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OFFICIAL USE

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

Sent To
 Street and Apt. No., or P.O. Box No. Office of Natural Resources Revenue, Royalty Management Program
 P.O. Box 25627
 City, State, ZIP+4® Denver, CO 80225 24395 - Novo Goonch

Postmark Here
 APR 10 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Justin Gurnea</p> <p>C. Date of Delivery</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>24395 - Novo Goonch</p>  <p>9590 9402 8595 3244 3750 47</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED APR 18 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3417 51</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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

Domestic Return Receipt

9589 0710 5270 0725 3417 44

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

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. Ronald Peace
 P.O. Box 695
 City, State, ZIP+4® Holdenville, OK 74848
 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <u>Ronald Peace</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4/24/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">APR 29 2024</p> <p style="text-align: center;">Hinkle Shanor LLP Santa Fe NM 87504</p>
<p>1. Article Addressed to:</p> <p>Ronald Peace P.O. Box 695 Holdenville, OK 74848 24395 - Novo Gooch</p> <p> 9590 9402 8595 3244 3750 30</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) 9589 0710 5270 0725 3417 44</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Domestic Mail Only

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

OFFICIAL USE

9589 0710 5270 0751 2456 72

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. No., or PO Box No. _____ City, State, ZIP+4® _____	
Pegasus Resources, LLC P.O. Box 470698 Fort Worth, TX 76147 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Reanna Miller</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Reanna Miller</i> 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> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">APR 29 2024</p> <p style="text-align: center; font-size: 0.8em; opacity: 0.5;">Hinkle Shanor LLP Santa Fe, NM 87501</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Pegasus Resources, LLC P.O. Box 470698 Fort Worth, TX 76147</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Gooch</p> <div style="text-align: center;">  9590 9402 8560 3186 8742 20 </div>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 0751 2456 72</p>	<p style="text-align: right; font-size: 0.8em;">Domestic Return Receipt</p>																

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

9589 0710 5270 0751 2455 35

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Penasco Petroleum, LLC
 P.O. Box 4168
 Roswell, NM 88202

City, State, ZIP+4® _____ 24395 - 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:

Penasco Petroleum, LLC
 P.O. Box 4168
 Roswell, NM 88202

24395 - Novo Goonch

9590 9402 8560 3186 8742 37

2. Article Number (Transfer from service label)
 9589 0710 5270 0751 2455 35

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Signature]

B. Received by (Printed Name) Susan Hinkle

C. Date of Delivery APR 18 2024

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

If YES, enter delivery address below:

RECEIVED
 APR 15 2024
 APR 18 2024

3. Service Type Hinkle Shanor LP

Adult Signature Registered Mail™

Adult Signature Restricted Delivery Registered Mail Restricted Delivery

Certified Mail® Signature Confirmation™

Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery

Collect on Delivery Insured Mail (over \$500)

Collect on Delivery Restricted Delivery

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

Domestic Return Receipt

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


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

OFFICIAL USE

9589 0710 5270 0751 2455 28

Certified Mail Fee \$ _____	SANTA FE, NM 87501  Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
Permian Development, LLC P.O. Box 136879 Fort Worth, TX 76136 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center; font-weight: bold;">Permian Development, LLC P.O. Box 136879 Fort Worth, TX 76136</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8560 3186 8742 44 </div>	<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <p style="text-align: center; font-size: 1.2em;">APR 19 2024</p> <p style="text-align: center; font-size: 0.8em;">Hinkle Shanon, LLC Santa Fe, NM 87501</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0751 2455 28</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>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

9589 0710 5270 0751 2455 04

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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____ Post Oak Crown IV, LLC
 34 S Wynden, Suite 300
 City, State, ZIP+4® _____ Houston, TX 77056
 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>P. LARMORE</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>1. Article Addressed to:</p> <p>Post Oak Crown IV, LLC 34 S Wynden, Suite 300 Houston, TX 77056 24395 - Novo Goonch</p>	<p>RECEIVED APR 22 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0751 2455 04</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

9589 0710 5270 0751 2454 98

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OFFICIAL USE

Certified Mail Fee
\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
\$ _____

Total Postage and Fees
\$ _____

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

Post Oak Crown IV-B, LLC
 34 S Wynden, Suite 300
 Houston, TX 77056
 24395 - 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:

Post Oak Crown IV-B, LLC
 34 S Wynden, Suite 300
 Houston, TX 77056

24395 - Novo Goonch

9590 9402 8560 3186 8742 75

2. Article Number (Transfer from service label)
 9589 0710 5270 0751 2454 98

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)
 S. LARMORE

C. Date of Delivery
 4/15/24

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

RECEIVED
 APR 29 2024

3. Service Type *Hinkle Shanor LLC* Priority Mail Express®
 Adult Signature *Santa Fe NM 87506* Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Insured Mail
 Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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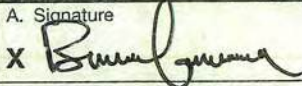
APR 10 2024
Postmark Here

USPS

9589 0710 5270 0751 2454 81

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.	Post Oak Mavros II, LLC 34 S. Wynden Dr., Suite 210 Houston, TX 77056
City, State, ZIP+4®	24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Post Oak Mavros II, LLC 34 S. Wynden Dr., Suite 210 Houston, TX 77056</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Gooch</p> <div style="text-align: center;">  9590 9402 8560 3186 8742 82 </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">9589 0710 5270 0751 2454 81</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="font-size: 1.2em; font-weight: bold;">B. LARMORE</p> <p>C. Date of Delivery</p> <p style="font-size: 1.2em; font-weight: bold;">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> <div style="text-align: center; border: 2px solid black; padding: 5px;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">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>	<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 0751 2455 97

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

City, State, ZIP+4® 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 4-13-24</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>APR 29 2024</p> <p>Hinkle Shanor LLP Santa Fe, NM 87501</p>
<p>1. Article Addressed to:</p> <p>Ranchito AD4, LP 2100 Ross Avenue, Suite 1870 Dallas, TX 75201</p> <p>24395 - Novo Goonch</p>  <p>9590 9402 8560 3186 8742 99</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 0751 2455 97</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0751 2455 80

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

City, State, ZIP+4® 24395 - Novo Goonch

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

APR 24 2024
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery CHRISTINA SUZ 4-17-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED APR 24 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kenneth J. Reynolds P.O. Box 10847 Midland, TX 79702</p> <p style="text-align: right;">24395 - Novo Goonch</p> <p style="text-align: center;">  9590 9402 8560 3186 8743 05</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"/> Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0751 2455 80</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt


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Certified Mail Fee \$ _____	APR 10 2024 ALAMOGORDO, NM 87501 USPS
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Str: John Evan Richardson 608 Hwy 70 West City: Alamogordo, NM 88310 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>H. Moreno</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>H. Moreno</i> C. Date of Delivery <i>04-15-24</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> <div style="text-align: center; border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;"> RECEIVED APR 18 2024 </div>
<p>1. Article Addressed to:</p> <p style="text-align: center;">John Evan Richardson 608 Hwy 70 West Alamogordo, NM 88310 24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8561 3186 6060 66 </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <i>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 style="font-size: 1.2em;">9589 0710 5270 0697 6549 10</p>	
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 St Wesley Keith Roberts 418 Forest Hills Drive League City, TX 77573 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Wesley Keith Roberts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Wesley Keith Roberts</i> <i>4/24/24</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> <div style="text-align: center;">  <i>Hinkle Shanor LLP</i> <i>Santa Fe, NM 87504</i> </div>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Wesley Keith Roberts 418 Forest Hills Drive League City, TX 77573</p> <p style="text-align: right;">24395 - Novo Goonch</p> <div style="text-align: center;">  9590 9402 8561 3186 6060 42 </div>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0697 6549 41</p>																	

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

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9589 0710 5270 0697 6549 58

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 Si Toni Rogers 16305 E 125th Street N Collinsville, OK 74021 C 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Timothy M. Rogers</u></p> <p>C. Date of Delivery <u>4/15/24</u></p> <p>D. Is delivery/address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">APR 22 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Toni Rogers 16305 E 125th Street N Collinsville, OK 74021 24395 - Novo Gooch</p>	<p>3. Service Type <u>Hinkle Shanor LP</u> <input type="checkbox"/> Adult Signature <u>Santa Fe NM 87101</u> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">9589 0710 5270 0697 6549 58</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

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OFFICIAL

9589 0710 5270 0697 6548 97

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	Russel T. Rudy Energy, LLC	
	320 Westcott Street	
City	Houston, TX 77007	
	24395 - Novo Goonch	

PS Form 3800, January 2023 PSN 7590-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Russel T. Rudy Energy, LLC 320 Westcott Street Houston, TX 77007</p> <p style="text-align: right;">24395 - Novo Goonch</p>	<p>RECEIVED</p> <p>APR 22 2024</p>																
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0697 6548 97</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																

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9589 0710 5270 0725 3420 62

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
St	Joyce Ann Sasse 2500 Longview Dr. Columbia, MO 65203
City	24395 - Novo Goonch

Postmark Here
APR 10 2024

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Joyce Ann Sasse 2500 Longview Dr. Columbia, MO 65203</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p> <div style="text-align: center; margin: 10px 0;">  9590 9402 8595 3244 3771 33 </div> <p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3420 62</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Joyce Ann Sasse</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Joyce Sasse 4/16/24</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> <div style="text-align: center; border: 2px solid black; padding: 10px; margin: 10px 0;"> RECEIVED APR 22 2024 </div> <p>3. Service Type Hinkle Shanor LLP Santa Fe NM 87501</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

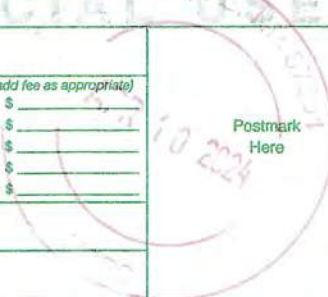
9589 0710 5270 0725 3420 46

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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	24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>Sitio Permian, LLC 1401 Lawrence Street, Ste. 1750 Denver, CO 80202</p> <p>24395 - Novo Goonch</p>  9590 9402 8595 3244 3771 57	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery APR 15 2024</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3420 46</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery																		
<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																		

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

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Postmark Here

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 Sortida Resources, LLC
P.O. Box 50820
City, Midland, TX 79710
24395 - Novo Gooch

PS Form 3800, January 2023 PSN 7530-02-000-6047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>RTH</u> C. Date of Delivery <u>4-18-24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; 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;">Sortida Resources, LLC P.O. Box 50820 Midland, TX 79710 24395 - Novo Gooch</p> <div style="text-align: center;">  9590 9402 8595 3244 3771 64 </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3428 95</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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9589 0710 5270 0725 3428 71

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	
Springwood Minerals 6, LP P.O. Box 3579 Midland, TX 79702	
24395 - 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:

Springwood Minerals 6, LP
P.O. Box 3579
Midland, TX 79702

24395 - Novo Goonch



9590 9402 8595 3244 3771 88

2. Article Number (Transfer from service label)
9589 0710 5270 0725 3428 71

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

Hinkle Shanor LP 4/26/24
Santa Fe NM 87500

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

RECEIVED

APR 18 2024

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

9589 0710 5270 0725 3421 09

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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 24395 - Novo Goonch

APR 10 2024
 Postmark Here
 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Amanda Tyson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Amanda Tyson</i> C. Date of Delivery <i>4-15-24</i></p>
<p>1. Article Addressed to:</p> <p>Swearingen, LLC 1309 Coffeen Ave., Suite 1200 Sheridan, WY 82801</p> <p>24395 - Novo Goonch</p>  <p>9590 9402 8595 3244 3770 96</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED</p> <p>APR 18 2024</p> <p>3. Service Type <i>Linkle Shanor LLP</i> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> 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) 9589 0710 5270 0725 3421 09</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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9589 0710 5270 0725 3420 93

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	\$	 11095
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage \$		
Total Postage and Fees \$		
Sent To		
Street	Grant Swearingen 209 S Ashley Park Wichita, KS 67209	
City, State	Wichita, KS 67209 24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Grant Swearingen 209 S Ashley Park Wichita, KS 67209</p> <p style="text-align: right; font-size: 0.8em;">24395 - Novo Goonch</p>	<p>B. Received by (Printed Name) C. Date of Delivery  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3420 93</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 style="text-align: center;">  9590 9402 8595 3244 3771 02 </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>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

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OFFICIAL USE

9589 0710 5270 0725 3420 79

Certified Mail Fee \$ _____		Postmark Here APR 10 2024 USP
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	TD Minerals, LLC 8111 Westchester, Suite 900 Dallas, TX 75225	
City	24395 - 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"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paul Hanc</i> C. Date of Delivery <i>4/14/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid black; padding: 10px;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 0;">APR 16 2024</p> </div>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">TD Minerals, LLC 8111 Westchester, Suite 900 Dallas, TX 75225</p> <p style="text-align: center; font-size: 0.8em;">24395 - Novo Goonch</p> <div style="text-align: center;">  <p>9590 9402 8595 3244 3771 26</p> </div>	<p>3. Service Type <i>Hinkie Shanor D.D. Santa Fe NM 8255</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 checked="" 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 checked="" 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 checked="" 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: 1.5em; font-weight: bold;">9589 0710 5270 0725 3420 79</p>																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>																	

9589 0710 5270 0725 3422 08

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

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

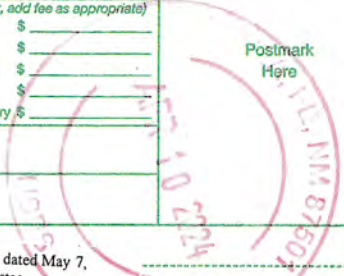
OFFICIAL USE

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

Sent To: Terry and Carla White Trust dated May 7,
 Street: 2014, Carla K. White as Trustee
 1302 W Third Street
 City: Chanute, KS 66720

24395 - 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:
 Terry and Carla White Trust dated May 7, 2014, Carla K. White as Trustee
 1302 W Third Street
 Chanute, KS 66720

24395 - Novo Goonch

9590 9402 8595 3244 3769 90

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3422 08

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)

9589 0710 5270 0725 3421 92

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 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to

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

24395 - Novo Goonch

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

Postmark Here
APR 18 2024

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:

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

24395 - Novo Goonch

9590 9402 8595 3244 3770 03

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3421 92

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 4-18-24

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

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)

Hinkle Shanor
 Santa Fe NM 87505

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

9589 0710 5270 0725 3421 16

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____


Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Str Gerard G. Vavrek
 1521 2nd Avenue, APT 1604
 City Seattle, WA 98101 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Gerard G. Vavrek</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>GERARD G. VAVREK</i> 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 style="text-align: center;">RECEIVED APR 18 2024</p>
<p>1. Article Addressed to:</p> <p>Gerard G. Vavrek 1521 2nd Avenue, APT 1604 Seattle, WA 98101</p> <p style="text-align: right;">24395 - Novo Goonch</p>  <p>9590 9402 8595 3244 3770 89</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <i>Hinkle Shanor LL</i> <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <i>875</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) 9589 0710 5270 0725 3421 16</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3421 54

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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 \$ _____

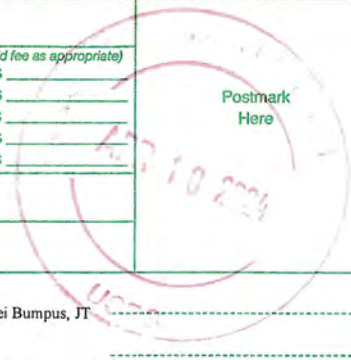
Total Postage and Fees \$ _____

Sent To _____

Str Charlotte E. Wells & Kaiulani Lei Bumpus, JT
 900 Broken Feather Trail, #219
 Pflugerville, TX 78660

City 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Charlotte E Wells</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>HARLOTTE E WELLS</i> C. Date of Delivery <i>4/23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 26 2024</p>
<p>1 Article Addressed to:</p> <p>Charlotte E. Wells & Kaiulani Lei Bumpus, JT 900 Broken Feather Trail, #219 Pflugerville, TX 78660</p> <p style="text-align: right;">24395 - Novo Goonch</p>	<p>3. Service Type <i>Hinkle Shanor LLC</i></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2 Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3421 54</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

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Domestic Mail Only

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OFFICIAL USE

9589 0710 5270 0725 3421 61

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Chadleron</i></p> <p>B. Received by (Printed Name) <i>Cristyn Adkison</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; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">APR 19 2024</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Wes-Tex Drilling Company, LP P.O. Box 3739 Abilene, TX 79604</p> <p style="text-align: right;">24395 - Novo Goonch</p> <p style="text-align: center;">9590 9402 8595 3244 3770 34</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 <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0725 3421 61</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3421 78

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Postmark Here

Send To
 Wing Resources VI, LLC
 2100 McKinney Ave., Suite 1540
 Dallas, TX 75201
 24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Saul Wilson</u> C. Date of Delivery <u>4/15/24</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">RECEIVED APR 19 2024</p>
<p>1. Article Addressed to:</p> <p>Wing Resources VI, LLC 2100 McKinney Ave., Suite 1540 Dallas, TX 75201</p> <p style="text-align: right;">24395 - Novo Goonch,</p> <p> 9590 9402 8595 3244 3770 27</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature Hinkle Sharon <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery Saul Wilson <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) 9589 0710 5270 0725 3421 78</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

9589 0710 5270 0725 3421 30

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 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

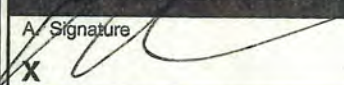
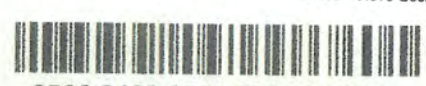
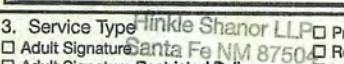
Postmark Here

Send To:

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

24395 - 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"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Yosemite Creek Oil & Gas LLLP 4350 S Monaco Street, 5th Floor Denver, CO 80237</p> <p>24395 - Novo Goonch</p>  <p>9590 9402 8595 3244 3770 65</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>RECEIVED APR 18 2024</p>
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0725 3421 30</p>	<p>3. Service Type  <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

9589 0710 5270 0725 3421 23

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

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

City: 24395 - 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:

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

24395 - Novo Goonch

2. Article Number (Transfer from service label)
 9589 0710 5270 0725 3421 23

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Tam Crandall* Agent Addressee

B. Received by (Printed Name)
Tam Crandall

C. Date of Delivery
 APR 19 2024

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

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 3427 89

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

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

OFFICIAL USE

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

Sent To
 Street and Apt. No. CBR Oil Properties, LLC
 P.O. Box 1518
 City, State, ZIP+4® Roswell, NM 88202
 24395 - Novo Geoch

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



CERTIFIED MAIL®



9589 0710 5270 0725 3427 89

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

FIRST-CLASS



US POSTAGE™ PITNEY BOWES
 ZIP 87501 \$ 008.69⁰
 02 7H
 0006052409 APR 10 2024

VAC
RECEIVED

APR 23 2024

Hinkle Shanor LLP
 Santa Fe NM 87504



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

NIXIE 750 DE 1 0004/15/24
 RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD

BC: 87504206868 *0968-00331-10-45

9589 0710 5270 0725 3419 11

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To

Street and Ap. Carrie Denise Hall
3526 American Legion Road
City, State, Zip Abbeville, GA 31001
24395 - Novo Goonch

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

APR 10 2024
Postmark Here

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

CERTIFIED MAIL®



9589 0710 5270 0725 3419 11

FIRST-CLASS



US POSTAGE™ PITNEY BOWES

ZIP 87501 \$ 008.690
02 7H
0006052409 APR 10 2024

$\frac{1}{2}$
 $\frac{5}{20}$

4-16-24 [Signature]

RECEIVED

MAY 24 2024

Hinkle Shanor LLP
Santa Fe NM 87504
7504>2068

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<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: Sean Hill
 Street and Apt.: 1716 Indian Springs Drive
 City, State, ZIP: Edmond, OK 73003
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 1144 15th Street, Suite 2650

City, State, ZIP+4® _____ Denver, CO 80202
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 Denver, CO 80202

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616 N Burgess Street
City, State, ZIP+4® Holdenville, OK 74848-5627

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Sharlene Murphy
 616 N Burgess Street
 Holdenville, OK 74848-5627

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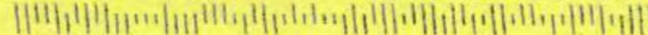
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1001 W Wilshire Blvd., Suite 206
Oklahoma City, OK 73116

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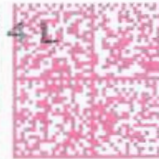
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Postage		
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Total Postage and Fees		
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 Gainsville, TX 76240

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Adult Signature Restricted Delivery \$ _____

Postage \$ _____

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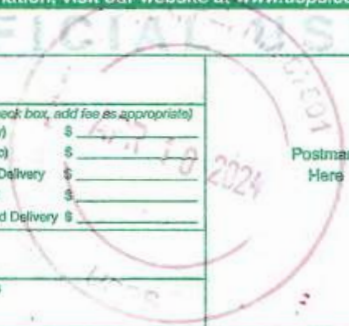
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St: Linda Richardson
410 Aspen Street
Drexel, MO 67472

City: _____
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3242 NW 43rd Street	
Topcka, KS 66618	24395 - Novo Gooch
Street and A	
City, State, &	
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TOPEKA, KS 66618

April 15, 2024, 3:18 pm

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Dallas, TX 75219

City, State, ZIP+4® 24395 - Novo Goonch

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Preparing for Delivery

Moving Through Network

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April 17, 2024

Arrived at USPS Regional Facility

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April 12, 2024, 12:51 pm

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Mavros Minerals II LLC
P.O. Box 50820
Midland, TX 79710

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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 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 10, 2024, 11:18 pm

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



Postage	\$
Total Postage and Fees	\$

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Street and Apt. No., or PO Box No.	Birdwell P.O. Box 1058
City, State, ZIP+4®	Seminole, FL 32481-1058 24395 - Novo Goonch

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Delivered, Individual Picked Up at Post Office

SEMINOLE, OK 74868

April 13, 2024, 9:15 am

Available for Redelivery or Pickup

SEMINOLE

120 E OAK AVE

SEMINOLE OK 74868-9998

M-F 0830-1630; SAT 0900-1200

April 13, 2024, 7:52 am

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

April 12, 2024, 8:36 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 10, 2024, 11:18 pm

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Extra Services & Fees <i>(check box, add fee as appropriate)</i>	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
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<input type="checkbox"/> Adult Signature Restricted Delivery \$	
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Total Postage and Fees	
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Sent To	
Robert D. Richardson	
12981 E 131st Street	
Fishers, IN 46037	
24395 - Novo Goonch	
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Your item was delivered to an individual at the address at 11:37 am on April 16, 2024 in FISHERS, IN 46037.

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Delivered, Left with Individual

FISHERS, IN 46037

April 16, 2024, 11:37 am

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- Adult Signature Restricted Delivery \$ _____



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Total Postage and Fees

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St: Ruth D. Roberts
 P.O. Box 6368
 City: Austin, TX 78762

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Moving Through Network

In Transit to Next Facility

April 20, 2024

Departed USPS Regional Facility

AUSTIN TX DISTRIBUTION CENTER

April 16, 2024, 9:56 am

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Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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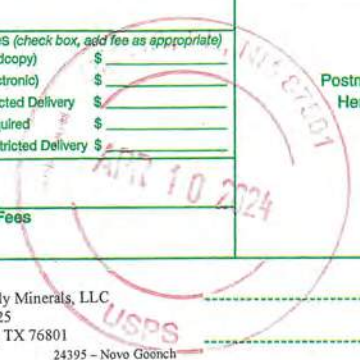
St Rowan Family Minerals, LLC

7651 FM 2125

City Brownwood, TX 76801

24395 - Novo Goonch

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April 18, 2024

Departed USPS Regional Facility

ABILENE TX DISTRIBUTION CENTER

April 13, 2024, 8:23 pm

Arrived at USPS Regional Facility

ABILENE TX DISTRIBUTION CENTER

April 13, 2024, 2:01 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 1:49 am

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Contact USPS Tracking support for further assistance.

FAQs

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

City 24395 - 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...

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Delivered, Left with Individual

DALLAS, TX 75219

April 15, 2024, 12:42 pm

In Transit to Next Facility

April 14, 2024

Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

April 13, 2024, 12:45 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 1:49 am

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FAQs

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Postage

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

City 24395 - Novo Goonch

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FAQs >

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Feedback

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Latest Update

Your item was delivered to an individual at the address at 12:41 pm on April 15, 2024 in DALLAS, TX 75219.

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USPS Tracking Plus®

Delivered

Delivered, Left with Individual

DALLAS, TX 75219

April 15, 2024, 12:41 pm

See All 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>)

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Product Information



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Need More Help?

Contact USPS Tracking support for further assistance.

[FAQs](#)

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<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		
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Total Postage and Fees		
\$		

Sent	
Street	SMP Titan Mineral Holdings, LP 4143 Maple Avenue, Suite 500 Dallas, TX 75219
City	24395 - Novo Goonch

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FAQs >

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Your item was delivered to an individual at the address at 12:41 pm on April 15, 2024 in DALLAS, TX 75219.

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Delivered

Delivered, Left with Individual

DALLAS, TX 75219

April 15, 2024, 12:41 pm

Arrived at USPS Regional Facility

DALLAS TX DISTRIBUTION CENTER

April 12, 2024, 1:03 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 10, 2024, 11:18 pm

Hide Tracking History

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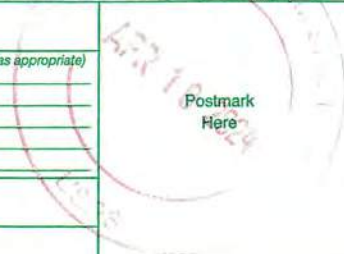
FAQs

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<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
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Total Postage and Fees		
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Sent To		
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	Fort Worth, TX 76109	_____
City	24395 - Novo Gooch	_____

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Feedback

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Latest Update

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

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

April 17, 2024

Departed USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

April 12, 2024, 9:46 pm

Arrived at USPS Regional Facility

FORT WORTH TX DISTRIBUTION CENTER

April 12, 2024, 7:19 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 10, 2024, 11:18 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



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Track Another Package

Enter tracking or barcode numbers

Need More Help?

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FAQs

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____



Postage	
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Total Postage and Fees	
\$	

Street	
H. Jason Wacker	
5518 San Saba Ave.	
Midland, TX 79707	
City	
24395 - Novo Goonch	

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

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FAQs >

Tracking Number:

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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.

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Delivered

Out for Delivery

Preparing for Delivery

Moving Through Network

In Transit to Next Facility

April 19, 2024

Arrived at USPS Regional Facility

MIDLAND TX DISTRIBUTION CENTER

April 14, 2024, 12:26 am

Departed USPS Facility

ALBUQUERQUE, NM 87101

April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101

April 10, 2024, 11:18 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



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Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

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



Sent To:	
Street:	Wells Fargo Central Pacific Holdings Inc. 1000 Louisiana St., 9th Floor Houston, TX 77002
City:	24395 - Novo Goonch

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

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FAQs >

Tracking Number:

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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.

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USPS Tracking Plus®

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, 12:45 pm

Departed USPS Facility

ALBUQUERQUE, NM 87101
April 11, 2024, 9:01 am

Arrived at USPS Facility

ALBUQUERQUE, NM 87101
April 10, 2024, 11:18 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



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Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs



Texas/New Mexico

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AFFIDAVIT OF PUBLICATION

Everett Holmes
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Santa Fe NM 87504

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; Aplomado Management, LLC; Roy G. Barton and Claudia Barton, JTWR0S; Karen M. Bohannon; Bureau of Land Management, United States of America; CBR Oil Properties, LLC; CEP Minerals, LLC; Caddo Minerals, LP; Collins & Jones Investments, LLC; Craig E. Collins; David W. Cronwell; 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; Evalyn 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; Cecilia D. Haynes, Patricia Haynes AIF; 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 Dave Petroleum, c/o Attn: Mr. Kerlson 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 Nguyen; 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; Ranchito 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; Rudy Energy, LLC; SMP Sidecar Titan Mineral Holdings, LP; SMP Titan Flex, LP; SMP Titan Mineral Holdings, LP; Joyce Ann Sasse; Sifto Permian, LLC; Kaleb Smith; Sortida 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 Kaiulani Lei Bumpus, JT; Wes-Tex Drilling Company, LP; Wing Resources VI, 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. 24395). 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/>. Novo Oil & Gas Northern Delaware, LLC ("Novo" or "Applicant") applies for an order pooling all uncommitted interests in the Bone Spring formation underlying a 160.21-acre, more or less, standard horizontal spacing unit comprised of the E/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 112H and Gooch Federal Com 122H 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 NE/4 NW/4 (Unit C) 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. 10060022, Current Argus, April 12, 2024

[Signature]
Legal Clerk

Notary, State of WI, County of Brown
[Signature]

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